

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) 2019 Continuum of Care (CoC) Program Competition. For more information see FY 2019 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2019 CoC Program NOFA and the FY 2019 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 navigational guides, which are also found on the HUD Exchange.
- New projects may only be submitted as either Reallocated, Bonus Projects, Reallocated + Bonus or DV Bonus. These funding methods are determined in collaboration with local CoC and it is critical that applicants indicate the correct funding method. Project applicants must communicate with their CoC to make sure that the CoC submissions reflect the same funding method.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- HUD reserves the right to reduce or reject any new project that fails to adhere to (24 CFR part 578 and application requirements set forth in FY 2019 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:

2. Type of Application: New Project Application

If Revision, select appropriate letter(s):

If "Other", specify:

3. Date Received: 09/06/2019

4. Applicant Identifier:

5a. Federal Entity Identifier:

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Washington County Department of Housing Services

b. Employer/Taxpayer Identification Number (EIN/TIN): 93-6002316

	c. Organizational DUNS:	060588563	PLUS 4:	
--	--------------------------------	-----------	----------------	--

d. Address

Street 1: 111 NE Lincoln Street, Suite 200-L, MS 63

Street 2:

City: Hillsboro

County: Washington

State: Oregon

Country: United States

Zip / Postal Code: 97124-3082

e. Organizational Unit (optional)

Department Name: Washington County Department of Housing Services

Division Name:

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

Prefix: Ms.

First Name: Annette

Middle Name: M.

Last Name: Evans

Suffix:

Title: Homeless Program Manager

Organizational Affiliation: Washington County Department of Housing

Services

Telephone Number: (503) 846-4760

Extension:

Fax Number: (503) 846-4795

Email: Annette_Evans@co.washington.or.us

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-6300-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): Oregon
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: Sojourner's House Expansion

16. Congressional District(s):

a. Applicant: OR-001
b. Project: OR-001
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 07/01/2020
b. End Date: 06/30/2021

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: Komi

Middle Name: P.

Last Name: Kalevor

Suffix:

Title: Director

Telephone Number: (503) 846-4755
(Format: 123-456-7890)

Fax Number: (503) 846-4795
(Format: 123-456-7890)

Email: Komi_Kalevor@co.washington.or.us

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

Date Signed: 09/06/2019

1G. HUD 2880

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

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: Washington County Department of Housing Services

Prefix: Mr.

First Name: Komi

Middle Name: P.

Last Name: Kalevor

Suffix:

Title: Director

Organizational Affiliation: Washington County Department of Housing Services

Telephone Number: (503) 846-4755

Extension:

Email: Komi_Kalevor@co.washington.or.us

City: Hillsboro

County: Washington

State: Oregon

Country: United States

Zip/Postal Code: 97124-3082

2. Employer ID Number (EIN): 93-6002316

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$196,706.00

(Requested amounts will be automatically entered within applications)

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

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

Part I Threshold Determinations

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

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
Washington County Department of Housing Services, 111 NE Lincoln Street, Suite 200L MS-63, Hillsboro, OR 97123	County General Fund (Local Government)	\$38,213.00	Administration Costs Grants 25% Match
Washington County Department of Housing Services	County General Fund (Local Government)	\$28,147.00	CoC Planning Grant 25% Match
Washington County Department of Housing Services	County General Fund (Local Government)	\$9,936.00	HMIS Grant 25% Match
NA	NA	\$0.00	NA
NA	NA	\$0.00	NA

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

Part III Interested Parties

You must disclose:

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

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation	Financial Interest in Project/Activity (\$)	Financial Interest in Project/Activity (%)
WellSky	NA	HMIS ServicePoint Software Vendor: Annual Bandwidth Fee, Report Gallery Access, Software Maintenance.	\$25,205.00	26%
City Of Portland, Portland Housing Bureau	NA	HMIS ServicePoint: Annual Administrative Support	\$21,150.00	22%
NA	NA	NA	\$0.00	0%
NA	NA	NA	\$0.00	0%
NA	NA	NA	\$0.00	0%

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

Certification

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

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

I AGREE:

Name / Title of Authorized Official: Komi Kalevor, Director

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

Date Signed: 09/06/2019

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Washington County Department of Housing Services

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:	
<p>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.</p>	<p>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;</p>
<p>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.</p>	<p>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;</p>
<p>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.;</p>	<p>g. Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.</p>
<p>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;</p>	

2. Sites for Work Performance.

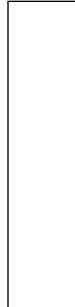
The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address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

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

I certify that the information provided on this

X

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



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: Komi

Middle Name: P.

Last Name: Kalevor

Suffix:

Title: Director

Telephone Number: (503) 846-4755
(Format: 123-456-7890)

Fax Number: (503) 846-4795
(Format: 123-456-7890)

Email: Komi_Kalevor@co.washington.or.us

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

Date Signed: 09/06/2019

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: Washington County Department of Housing Services

Name / Title of Authorized Official: Komi Kalevor, Director

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

Date Signed: 09/06/2019

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? Yes

- 1. Type of Federal Action:** Grant
- 2. Status of Federal Action:** Application
- 3. Report Type:** Initial Filing

4. Name and Address of Reporting Entity: Prime

Refer to project name, addresses and contact information entered into the attached project application on screen 1B.

Congressional District, if known: OR-001

6. Federal Department/Agency: Department of Housing and Urban Development

7. Federal Program Name/Description and (CFDA Number): Continuum of Care (CoC) Program (14.267)

8. Federal Action Number: FR-6300-N-25

9. Award Amount: \$196,706.00

10a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI):

Washington County
155 N First Avenue
Hillsboro, OR 97124

10b. Individuals Performing Services (including address if different from

No. 10a) (last name, first name, MI):

Steve Palmer, Vice President
Van Scoyuc Associates
800 Maine Street SW, Suite 800
Washington D.C. 20024

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: Komi

Middle Name: P.

Last Name: Kalevor

Suffix:

Title: Director

Telephone Number: (503) 846-4755
(Format: 123-456-7890)

Fax Number: (503) 846-4795
(Format: 123-456-7890)

Email: Komi_Kalevor@co.washington.or.us

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

Date Signed: 09/06/2019

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: \$49,230

Organization	Type	Sub-Award Amount
Domestic Violence Resource Center, Inc.	M. Nonprofit with 501C3 IRS Status	\$49,230

2A. Project Subrecipients Detail

a. Organization Name: Domestic Violence Resource Center, Inc.

b. Organization Type: M. Nonprofit with 501C3 IRS Status
If "Other" specify:

c. Employer or Tax Identification Number: 93-0665804

	* d. Organizational DUNS:	798517132	PLUS 4:	
--	----------------------------------	-----------	----------------	--

e. Physical Address

Street 1: 735 SW 158 Avenue, Suite 100

Street 2:

City: Beaverton

State: Oregon

Zip Code: 97006

f. Congressional District(s): OR-001
(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: \$49,230

j. Contact Person

Prefix: Ms.

First Name: Rosemary

Middle Name:

Last Name: Taylor

Suffix:

Title: Executive Director

E-mail Address: rowie@dvrc-or.org

Confirm E-mail Address: rowie@dvrc-or.org

Phone Number: 503-640-5352

Extension: 143

Fax Number: 503-906-1223

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

1. Describe the experience of the applicant and potential subrecipients (if any), in effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations.

Washington County Department of Housing Services (WCDHS) is the applicant recipient that currently manages \$3.8 million annually in federal CoC Program funds. Established in 1992, WCDHS is the Lead CoC Agency administering homeless programs, and through an intergovernmental agreement, administers funds for Housing Authority of Washington County programs to include Section 8, HUD-VASH, Public and Affordable housing. Washington County has 27 years of experience serving survivors of domestic violence and will administer the tenant-based rent assistance (TRA) on behalf of the Sojourner's House participants, will complete Housing Quality Standard (HQS) unit inspections, tenant rent calculation and calculation of assets and expenses, and payment of deposit/monthly rent subsidy to landlords.

WCDHS will subaward the supportive services and administration to the Domestic Violence Resource Center (DVRC) to assist the survivors with housing placement and survivor-centered support services. DVRC has 40 years of experience providing a continuum of confidential support services and programs to victims/survivors of domestic violence (DV). A fiscal audit performed by Winkel CPA for fiscal year ending June 2018 reports DVRC manages government grants with no audit findings.

WCDHS and DVRC have existing landlord partnerships and an established outreach system to support a rapid implementation within 45-days of grant signing. DVRC is recognized as an equal opportunity employer and has experience in hiring highly skilled staff.

2. Describe the experience of the applicant and potential subrecipients (if any) in leveraging other Federal, State, local, and private sector funds.

The Domestic Violence Resource Center (DVRC) has extensive experience in leveraging public and private funds to assist survivors and their children. Washington County and DVRC will provide 25% cash match with County General Funds and Federal Victims of Crime Act (VOCA) Assistance funds.

The project will leverage additional funds and resources to support participants in partnership with the Oregon Department of Human Services (OR-DHS) DV grants and child care services through alignment with the OR-DHS Employment Related Day Care program for survivors receiving TANF. Health care will be leveraged through community partnerships with local clinics and Qualified Healthcare Providers (QHP), and assistance in completing the application for Oregon Health Plan benefits.

DVRC is co-located with partner agencies in the Family Justice Center (FJC) and will leverage these partner agency in-kind services; e.g. legal services provided by Oregon Law Center and Victim Rights Law Center, access to restraining order and remote court services provided by government offices within FJC, enrollment in mainstream resources to include food stamps provided by OR-DHS, counseling services provided by Abuse Recovery Ministry Services (ARMS) and Voices Set Free, and enrollment of children in education opportunities Early Head Start and Head Start programs as well as utility assistance funds provided by Community Action. Outside of the FJC, partners exist with behavioral health and addiction treatment agencies to provide mental health and substance addiction treatment.

3. Describe the basic organization and management structure of the applicant and subrecipients (if any). Include evidence of internal and external coordination and an adequate financial accounting system.

Washington County Department of Housing Services (WCDHS) is a division of local county government, with management reporting to the County Administrator and a five member elected Board of County Commissioners. Talbot, Korvola & Warwick, LLP (TKW) audits the financial statements of the WCDHS with no findings or concerns reported in the most recent audit report for year ending June 30, 2018.

Domestic Violence Resource Center (DVRC) is a nonprofit agency structured as a 501.c.3 corporation in the State of Oregon. Members of DVRC's Board of Directors are committed to the mission of the agency in serving victims and survivors of all ages, genders, races, ethnicities, sexual orientation/identifications, and mental/physical abilities. The Board of Directors set policy, perform strategic planning that embraces the mission to educate, support and empower survivors and their children who are affected by violence. The Board hires the Executive Director to serve as a professional administrator to oversee the day-to-day operations of the agency, both programmatic and financial.

WCDHS is the CoC Lead Agency that works with nearly 60 agencies to address the socioeconomic factors of homelessness. DVRC is the only Victims Against Women's Act (VAWA) provider agency and is an active participant in the local CoC known as the Housing and Supportive Services Network (HSSN). Both agencies collaborate with community provider agencies to create new funds for housing and services programs that address gaps in the CoC, to develop system change that provides equal access and culturally specific and trauma informed services as identified in the county's homeless plan A Road Home.

4a. Are there any unresolved monitoring or audit findings for any HUD grants(including ESG) operated by the applicant or potential subrecipients (if any)? No

3A. Project Detail

1a. CoC Number and Name: OR-506 - Hillsboro, Beaverton/Washington County CoC

1b. CoC Collaborative Applicant Name: Washington County Department of Housing Services

2. Project Name: Sojourner's House Expansion

3. Project Status: Standard

4. Component Type: PH

4a. Will the PH project provide PSH or RRH? RRH

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

6. Is this new project application requesting to transition from eligible renewal project(s) that were awarded to the same recipient and fully eliminated through reallocation in the FY 2019 CoC Program Competition? (Section II.B.2. and Section III.C.3.q. of the FY 2019 NOFA). No

7. Under CoC Interim Rules, new grant funding cannot replace state or local funds. Can you confirm that this project application for new CoC Program funding will not replace state or local funds?

X

3B. Project Description

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

The Sojourner’s House is a Housing First rapid rehousing program serving survivors of domestic violence to include sexual assault, dating violence, stalking, and/or victims of human trafficking. This project will address a gap in housing and services for more than 300 survivors that see assistance in any given month. This project follows the Sojourner Truth model for inspirational supportive housing through tenant-based rental assistance administered by WCDHS, a component of local government, and trauma-informed survivor-centered services provided by DVRC, a nonprofit VAWA agency with nearly 40 years of experience providing shelter, transitional housing and services.

The Sojourner’s House Expansion will expand permanent housing capacity in the continuum of care dedicated to serve survivors of DV. Survivors have equal access to CoC housing programs through the coordinated entry (CE) that includes 50 units of rapid re-housing serving the general homeless population; however, with the high demand for housing assistance these units are rarely available at the time survivor safety concerns have been met and they are ready to transition from living in subsidized hotel/motel or Monika’s House Shelter into community-based housing.

This one-year DV bonus project will align with the CoC CE and operate using a Housing First model that prioritizes the safety needs of survivors and their children first. When the survivor’s safety, emotional and physical needs are resolved, DVRC and the participant will begin developing a housing plan to move swiftly toward permanent housing. Housing placement will be in scattered site affordable units leveraging relationships with existing landlords to identify available units and support survivors to overcome barriers to access permanent housing.

Survivor services include case management, life skills, legal services, Rent Well, cohort services, and connection to mainstream resources. Survivors receive trauma-related support and advocacy to address violence-related issues. The case management focuses on individualized goal plans based on the survivor’s strengths and needs. The cohort services include group-based services to enhance peer supports and social connections, increase motivation and celebrate progress and success.

DVRC works with survivors to access and increase income as they work to become financially stable. Survivors will receive support in resume writing, soft skill development, budgeting, subsidized child care, accessing Supplemental Nutritional Assistance Program (SNAP), Temporary Assistance to Needy Families (TANF), Oregon Health Plan, and other resources.

The CE and DVRC are physically co-located in the Family Justice Center (FJC), a one-stop location with counselors, mainstream providers, police officers, legal, and others. Sojourner’s House Expansion supports A Road Home, the CoC homeless plan, and the federal priority to focus on rehousing services for

survivors of DV.

2. For each primary project location or structure in the project, enter the number of days from the execution of the grant agreement that each of the following milestones will occur as related to CoC Program funds requested in this project application. If a milestone is not applicable, leave the associated fields blank. If the project has only one location or structure, or no structures, complete only column A. If multiple structures, complete one column for each structure.

Note: To expend funds within statutorily required deadlines, project applicants must be able to begin assistance within 12 months of conditional award. The one exception is for applicants who are conditionally awarded sponsor-based and project-based rental assistance. These conditional award recipients will have 24 months to execute a grant agreement; however, HUD encourages all recipients conditionally awarded funds to begin assistance within 12 months. The estimated schedule should reflect these statutorily required deadlines.

Project Milestones	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement
	A	B	C	D
New project staff hired, or other project expenses begin?	30			
Participant enrollment in project begins?	45			
Participants begin to occupy leased units or structure(s), and supportive services begin?	60			
Leased or rental assistance units or structure, and supportive services near 100% capacity?	75			
Closing on purchase of land, structure(s), or execution of structure lease?	0			
Rehabilitation started?	0			
Rehabilitation completed?	0			
New construction started?	0			
New construction completed?	0			

3. Will your project participate in a CoC Coordinated Entry Process? Yes

*** 4. Please identify the project's specific population focus.**

(Select ALL that apply)

Chronic Homeless	<input type="checkbox"/>	Domestic Violence	<input checked="" type="checkbox"/>
Veterans	<input type="checkbox"/>	Substance Abuse	<input type="checkbox"/>
Youth (under 25)	<input type="checkbox"/>	Mental Illness	<input type="checkbox"/>
Families	<input type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>

Other (Click 'Save' to update)	<input type="checkbox"/>
-----------------------------------	--------------------------

5. Housing First

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

b. 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"/>

c. 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 checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

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

6. If applicable, describe the proposed development activities and the responsibilities that the applicant and potential subrecipients (if any) will have in developing, operating, and maintaining the property.

Not applicable.

7. Will participants be required to live in a particular structure, unit, or locality, at some point during the period of participation? No

8. Will more than 16 persons live in one structure? No

3C. Project Expansion Information

1. Is this New project application requesting a "Project Expansion" of an eligible renewal project of the same component type? Yes

Enter the PIN number (first 6 numbers of the grant number) and Project Name for the renewal project application applying for renewal in this year's CoC Program Competition.

1a. Eligible Renewal Grant PIN Number: OR0267

1b. Eligible Renewal Grant Project Name: Sojourner's House

2. Will this expansion project Increase the number of homeless persons served? Yes

2a. Indicate how the project is proposing to "increase the number of homeless persons served."

Current level of effort	
# of persons served at a point-in-time	14
# of units	10
# of beds	14
New effort	
# of additional persons served at a point in time that this project will provide	14
# of additional units this project will provide	10
# of additional beds this project will provide	12

3. Will this Expansion Project bring additional supportive services to homeless persons? Yes

3a. Indicate how the project is proposing to "provide additional supportive services to the homeless persons served."

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

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

4A. Supportive Services for Participants

1. Applicants requesting funds to provide housing or services to children and youth, with or without families, must establish policies and practices that are consistent with and do not restrict the exercise of rights provided by subtitle B of title VII of the McKinney-Vento Act (42 U.S.C. 11431, et seq.), and other laws (e.g. Head Start, part C of the Individuals with Disabilities Education Act) relating to the provision of educational and related services to individuals and families experiencing homelessness. Projects serving households with children or youth must have a staff person that is designated to ensure children or youth are enrolled in school and connected to the appropriate services within the community. Reminder: failure to comply with federal education assurances may result in Federal sanctions and significantly reduce the likelihood of receiving funding through the CoC Program Competition.

Please check the box that you acknowledge you will be required to meet the above requirements if you have any qualifying participants.

2. Describe how participants will be assisted to obtain and remain in permanent housing.

Washington County Department of Housing Services (WCDHS), in partnership with Domestic Violence Resource Center (DVRC), will assist participants to access affordable permanent housing. WCDHS administers the Housing Authority programs to include a portfolio of affordable housing units and maintains a list of affordable housing units owned by nonprofits/for-profit landlords. DVRC will assist survivors with housing placement to obtain safe, accessible housing located near community amenities and transportation. The safety and housing stability of participants is a primary objective, with a focus on maintaining housing through landlord relationships and client-centered services. Survivors will be provided the opportunity to participate in Rent Well, a tenant education course on budgeting, education on tenant rights and provides a state-sponsored landlord guarantee fund. DVRC will work closely with landlords to assist participants overcome rental/eviction history and debt owed to landlords.

3. What specific plan does this project have to specifically coordinate and integrate with other mainstream health, social services, and employment programs for which program participants may be eligible?

At program entry, DVRC will assess the survivor's financial stability to include employment status and need for mainstream benefits and help to apply for Food Stamps, Veterans Programs, Medicaid/Oregon Health Plan and employment opportunities through local employers and Worksource Oregon, in partnership with programs provided by the Workforce Investment Opportunity Act. DVRC has developed staff expertise to provide resume writing, job search assistance and career development. Staff is trained in assisting survivors to file

for child support benefits, and supporting the survivor through the legal system. Other strategies include peer mentors with lived experience that assist participants in job search and supports, and employment specialist at community agencies that link participants to job skills training, intern opportunities and educational opportunities.

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

5. Please identify whether the project will include the following activities:



5a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

5b. Regular follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

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

6a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. No

4B. Housing Type and Location

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

Total Units: 10

Total Beds: 12

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...)	---	10	12

4B. Housing Type and Location Detail

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

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

a. Units: 10

b. Beds: 12

3. Address

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

Street 1: 111 NE Lincoln Street

Street 2:

City: Hillsboro

State: Oregon

ZIP Code: 97124

***4. Select the geographic area(s) associated with the address. For new projects, select the area(s) expected to be covered.
(for multiple selections hold CTRL key)**

410108 Beaverton, 410636 Hillsboro, 419067
Washington County

5A. Project Participants - Households

Households Table

	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Number of Households	2	8	0	10
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	2	7		9
Persons ages 18-24	0	1		1
Accompanied Children under age 18	4		0	4
Unaccompanied Children under age 18			0	0
Total Persons	6	8	0	14

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

Persons in Households with at Least One Adult and One Child

Characteristics	Chronicall y Homeless Non- Veterans	Chronicall y Homeless Veterans	Non- Chronicall y Homeless Veterans	Chronic Substanc e Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developm ental Disability	Persons not represent ed by listed subpopul ations
Adults over age 24	0	0	0	0	0	0	2	0	0	0
Persons ages 18-24	0	0	0	0	0	0	0	0	0	0
Children under age 18	0			0	0	0	4	0	0	0
Total Persons	0	0	0	0	0	0	6	0	0	0

Click Save to automatically calculate totals

Persons in Households without Children

Characteristics	Chronicall y Homeless Non- Veterans	Chronicall y Homeless Veterans	Non- Chronicall y Homeless Veterans	Chronic Substanc e Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developm ental Disability	Persons not represent ed by listed subpopul ations
Adults over age 24	0	0	0	0	0	0	7	0	0	0
Persons ages 18-24	0	0		0	0	0	1	0	0	0
Total Persons	0	0	0	0	0	0	8	0	0	0

Click Save to automatically calculate totals

Persons in Households with Only Children

Characteristics	Chronicall y Homeless Non- Veterans	Chronicall y Homeless Veterans	Non- Chronicall y Homeless Veterans	Chronic Substanc e Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developm ental Disability	Persons not represent ed by listed subpopul ations
Accompanied Children under age 18										
Unaccompanied Children under age 18										
Total Persons	0				0	0	0	0	0	0

6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 30, 2021? Yes

2. What type of CoC funding is this project applying for in the 2019 CoC Competition? DV Bonus

Only RRH, SSO and JOINT component types can apply for this funding

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

4. Select a grant term: 1 Year

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

Rental Assistance	<input checked="" type="checkbox"/>
Supportive Services	<input checked="" type="checkbox"/>
HMIS	<input type="checkbox"/>

6. If awarded, will this project require an initial grant term greater than 12 months? No

6E. Rental Assistance Budget

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

Total Request for Grant Term:			\$140,592
Total Units:			10
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	OR - Portland-Vancouver-Hillsboro, OR...	10	\$140,592

Rental Assistance Budget Detail

Instructions:

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

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

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

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

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

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

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

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

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

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

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

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

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: OR - Portland-Vancouver-Hillsboro, OR-WA MSA (4100599999)

Size of Units	# of Units (Applicant)		FMR Area (Applicant)		12 Months			Total Request (Applicant)
SRO		x	\$770	x	12		=	\$0
0 Bedroom		x	\$1,026	x	12		=	\$0
1 Bedroom	8	x	\$1,132	x	12		=	\$108,672

2 Bedrooms	2	x	\$1,330	x	12	=	\$31,920
3 Bedrooms		x	\$1,935	x	12	=	\$0
4 Bedrooms		x	\$2,343	x	12	=	\$0
5 Bedrooms		x	\$2,694	x	12	=	\$0
6 Bedrooms		x	\$3,046	x	12	=	\$0
7 Bedrooms		x	\$3,397	x	12	=	\$0
8 Bedrooms		x	\$3,749	x	12	=	\$0
9 Bedrooms		x	\$4,100	x	12	=	\$0
Total Units and Annual Assistance Requested	10						\$140,592
Grant Term							1 Year
Total Request for Grant Term							\$140,592

Click the 'Save' button to automatically calculate totals.

6F. Supportive Services Budget

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

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Assessment of Service Needs	.08 FTE Mobile Housing Advocate (Salary + Benefits)	\$3,500
2. Assistance with Moving Costs	1-time moving cost to include truck rental and moving company	\$2,250
3. Case Management	.5 FTE Case Manager (Salary + Benefits)	\$24,993
4. Child Care		
5. Education Services		
6. Employment Assistance	Job skills training, clothing, equipment, and other services	\$2,000
7. Food		
8. Housing/Counseling Services	.06 FTE Housing Specialist/Case Manager (Salary+Benefits)	\$2,500
9. Legal Services		
10. Life Skills	.1 FTE Life Skills (Salary+Benefits)	\$5,102
11. Mental Health Services		
12. Outpatient Health Services		
13. Outreach Services		
14. Substance Abuse Treatment Services		
15. Transportation	Bus and transit fare, shuttle, other transportation	\$1,000
16. Utility Deposits	10 households at \$100	\$1,000
17. Operating Costs		
Total Annual Assistance Requested		\$42,345
Grant Term		1 Year
Total Request for Grant Term		\$42,345

Click the 'Save' button to automatically calculate totals.

6I. Sources of Match

The following list summarizes the funds that will be used as Match for 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:	\$49,177
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$49,177

1. Will 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	Washington County...	08/05/2019	\$1,721
Yes	Cash	Government	DVRC: Victims of ...	07/26/2019	\$47,456

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: Washington County General Fund
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment: 08/05/2019
- 6. Value of Written Commitment: \$1,721

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: DVRC: Victims of Crime Act (VOCA)
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment: 07/26/2019
- 6. Value of Written Commitment: \$47,456

6J. Summary Budget

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

Eligible Costs	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	Total Assistance Requested for Grant Term (Applicant)
1a. Acquisition			\$0
1b. Rehabilitation			\$0
1c. New Construction			\$0
2a. Leased Units	\$0	1 Year	\$0
2b. Leased Structures	\$0	1 Year	\$0
3. Rental Assistance	\$140,592	1 Year	\$140,592
4. Supportive Services	\$42,345	1 Year	\$42,345
5. Operating	\$0	1 Year	\$0
6. HMIS	\$0	1 Year	\$0
7. Sub-total Costs Requested			\$182,937
8. Admin (Up to 10%)			\$13,769
9. Total Assistance Plus Admin Requested			\$196,706
10. Cash Match			\$49,177
11. In-Kind Match			\$0
12. Total Match			\$49,177
13. Total Budget			\$245,883

Click the 'Save' button to automatically calculate totals.

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	IRS Subrecipient ...	08/31/2019
3) Other Attachment(s)	No	Ltr of Match DVRC	08/31/2019
2) Other Attachment(s)	No	HUD 50070 Drug-Fr...	08/31/2019

Attachment Details

Document Description: IRS Subrecipient Nonprofit Documentation

Attachment Details

Document Description: Ltr of Match DVRC

Attachment Details

Document Description: HUD 50070 Drug-Free Workplace

7D. Certification

A. For all projects:

Fair Housing and Equal Opportunity

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

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

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

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

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

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

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

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

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

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

Additional for Rental Assistance Projects:

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

B. For non-Rental Assistance Projects Only.

15-Year Operation Rule.

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

1-Year Operation Rule.

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

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

Name of Authorized Certifying Official: Komi Kalevor

Date: 09/06/2019

Title: Director

Applicant Organization: Washington County Department of Housing Services

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).

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

8B. Submission Summary

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

Page	Last Updated
1A. SF-424 Application Type	No Input Required
1B. SF-424 Legal Applicant	No Input Required

New Project Application FY2019	Page 49	09/06/2019
--------------------------------	---------	------------

1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	08/31/2019
1E. SF-424 Compliance	08/31/2019
1F. SF-424 Declaration	08/31/2019
1G. HUD 2880	08/31/2019
1H. HUD 50070	08/31/2019
1I. Cert. Lobbying	08/31/2019
1J. SF-LLL	08/31/2019
2A. Subrecipients	08/31/2019
2B. Experience	09/06/2019
3A. Project Detail	08/31/2019
3B. Description	09/06/2019
3C. Expansion	09/03/2019
4A. Services	08/31/2019
4B. Housing Type	08/31/2019
5A. Households	08/31/2019
5B. Subpopulations	No Input Required
6A. Funding Request	08/31/2019
6E. Rental Assistance	08/31/2019
6F. Supp Srvcs Budget	09/03/2019
6I. Match	08/31/2019
6J. Summary Budget	No Input Required
7A. Attachment(s)	08/31/2019
7D. Certification	08/31/2019

Internal Revenue Service

Department of the Treasury

P. O. Box 2508
Cincinnati, OH 45201

Date: December 27, 2001

Domestic Violence Resource Center, Inc
P.O. Box 494
Hillsboro, OR 97123-0494

Person to Contact:
Ms. Smith #31-07262
Customer Service Representative
Toll Free Telephone Number:
8:00 a.m. to 9:30 p.m. EST
877-829-5500
Fax Number:
513-263-3756
Federal Identification Number:
93-0665804

Dear Sir or Madam:

This is in response to the Amendment to your organization's Articles of Incorporation, filed with the state on March 01, 2001. We have updated our records to reflect the name change as indicated above.

Our records indicate that a determination letter issued in October 1977 granted your organization exemption from federal income tax under section 501(c)(3) of the Internal Revenue Code. That letter is still in effect.

Based on information subsequently submitted, we classified your organization as one that is not a private foundation within the meaning of section 509(a) of the Code because it is an organization described in sections 509(a)(1) and 170(b)(1)(A)(vi).

This classification was based on the assumption that your organization's operations would continue as stated in the application. If your organization's sources of support, or its character, method of operations, or purposes have changed, please let us know so we can consider the effect of the change on the exempt status and foundation status of your organization.

Your organization is required to file Form 990, Return of Organization Exempt from Income Tax, only if its gross receipts each year are normally more than \$25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of the organization's annual accounting period. The law imposes a penalty of \$20 a day, up to a maximum of \$10,000, when a return is filed late, unless there is reasonable cause for the delay.

All exempt organizations (unless specifically excluded) are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more paid to each employee during a calendar year. Your organization is not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the excise taxes under Chapter 42 of the Code. However, these organizations are not automatically exempt from other federal excise taxes.

Donors may deduct contributions to your organization as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to your organization or for its 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.

Domestic Violence Resource Center, Inc
93-0665804

Your organization is not required to file federal income tax returns unless it is subject to the tax on unrelated business income under section 511 of the Code. If your organization is subject to this tax, it must file an income tax return on the Form 990-T, Exempt Organization Business Income Tax Return. In this letter, we are not determining whether any of your organization's present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

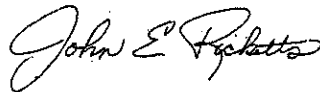
The law requires you to make your organization's annual return available for public inspection without charge for three years after the due date of the return. If your organization had a copy of its application for recognition of exemption on July 15, 1987, it is also required to make available for public inspection a copy of the exemption application, any supporting documents and the exemption letter to any individual who requests such documents in person or in writing. You can charge only a reasonable fee for reproduction and actual postage costs for the copied materials. The law does not require you to provide copies of public inspection documents that are widely available, such as by posting them on the Internet (World Wide Web). You may be liable for a penalty of \$20 a day for each day you do not make these documents available for public inspection (up to a maximum of \$10,000 in the case of an annual return).

Because this letter could help resolve any questions about your organization's exempt status and foundation status, you should keep it with the organization's permanent records.

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

This letter affirms your organization's exempt status.

Sincerely,



John E. Ricketts, Director, TE/GE
Customer Account Services



DOMESTIC VIOLENCE
RESOURCE
CENTER

July 26, 2019

Mr. Komi P. Kalevor, Director
Washington County Department of Housing Services
111 NE Lincoln Street, Suite 200-L
Hillsboro, OR 97124-3082

Re: Match and Leverage for CoC Program Project

Dear Mr. Kalevor:

This letter serves as Domestic Violence Resource Center (DVRC) commitment and support for the Sojourner's House project application in partnership with the Washington County Department of Housing Services.

DVRC will provide match and leveraged resources in support of the project goal to provide survivor-center services and housing placement for 10 survivor households in the Sojourner's House program.

Cash or In-Kind Match = \$47,457
Public Fund Source: VOCA Funds \$47,456
Private Fund Source: _____ \$ _____

Cash or In-Kind Leverage = \$ _____
Public Fund Source: _____ \$ _____
Private Fund Source: _____ \$ _____

If you have questions or need additional information, please feel free to contact me.

Sincerely,


Rosemary "Rowie" Taylor
Executive Director

PO Box 494 ~ Hillsboro Oregon ~ 97123
503-640-5352

Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name
Domestic Violence Resource Center, Inc.

Program/Activity Receiving Federal Grant Funding
Sojourner's House

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.)

The Domestic Violence Resource Center, Inc.
735 SW 158th Avenue
Suite 100
Beaverton, OR 97006

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
Rosemary A. Taylor

Title
Executive Director

Signature

x 

Date

July 25, 2019