

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 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) 2015 Continuum of Care (CoC) Program Competition. For more information see FY 2015 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2015 CoC Program NOFA and the FY 2015 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.
- New projects may only be submitted as either Reallocated or Permanent Supportive Housing Bonus Projects. 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.
- 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 2015 CoC Program Competition NOFA.

1A. Application Type

Instructions:

Type of Submission: This field is pre-populated and cannot be changed.

Type of Application: This field is pre-populated and cannot be changed.

If Revision, select appropriate letters: This field is pre-populated and cannot be changed.

If "Other", specify: Field intentionally left blank, cannot edit.

Date Received: This field is pre-populated with the date on which the application is submitted and cannot be edited.

Applicant Identifier: Field intentionally left blank, cannot edit.

Federal Entity Identifier: Field intentionally left blank, cannot edit.

Federal Award Identifier: Field intentionally left blank, cannot edit.

Date Received by State: Field intentionally left blank, cannot edit.

State Application Identifier: Field intentionally left blank, cannot edit.

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

1. Type of Submission:

2. Type of Application: New Project Application

If Revision, select appropriate letter(s):

If "Other", specify:

3. Date Received: 11/15/2015

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

6. Date Received by State:

7. State Application Identifier:

1B. Legal Applicant

Instructions:

The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on "View Applicant Profile" from the left-menu bar, place the Project Applicant Profile in "edit" mode on the Submission Summary screen to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in "complete" mode on the Submission Summary screen before clicking on "Back to New Project Application FY2015" from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the HUD Exchange.

8. Applicant

a. Legal Name: Washington County Department of Housing Services

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

	c. Organizational DUNS:	060588563	PL US 4	
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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 Coordinator

Organizational Affiliation: Washington County Department of Housing
Services

Telephone Number:

Extension:

Fax Number:

Email:

1C. Application Details

Instructions:

The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on "View Applicant Profile" from the left-menu bar, place the Project Applicant Profile in "edit" mode on the Submission Summary screen to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in "complete" mode on the Submission Summary screen before clicking on "Back to New Project Application FY2015" from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the HUD Exchange.

9. Type of Applicant: B. County Government

If "Other" please specify:

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-5900-N-25

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. Congressional District(s)

Instructions:

Areas Affected By Project: This field is required. Select the State(s) in which the proposed project will operate and serve the homeless.

Descriptive Title of Applicant's Project: This field is populated with the name entered on the Project form when the project application was initiated. To change the project name, click return to the Submission List and click on "Projects" on the left hand menu. Click on the magnifying glass next to the project name to edit.

Congressional District(s):

a. Applicant: This field is pre-populated from the Project Applicant Profile. Project applicants cannot modify the pre-populated data on this screen. However, project applicants may modify the Project Applicant Profile in e-snaps to correct an error.

b. Project: This field is required. Select district(s) in which the project is expected to operate.

Proposed Project Start and End Dates: In this required field, indicate the operating start date and end date for the project. For new project applications, indicate the estimated operating start and end date of the project.

Estimated Funding: Fields intentionally left blank, cannot edit.

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

14. Area(s) affected by the project (state(s) only): Oregon
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: Clover Court

16. Congressional District(s):

a. Applicant: OR-001

b. Project: OR-001

(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 07/01/2016

b. End Date: 06/30/2018

18. Estimated Funding (\$)

a. Federal:

- b. Applicant:**
- c. State:**
- d. Local:**
- e. Other:**
- f. Program Income:**
- g. Total:**

1E. Compliance

Instructions:

Is Application Subject to Review by State Executive Order 12372 Process: In this required field, select the appropriate dropdown option that applies to the Applicant applying for homeless assistance funding. Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.

Click the following link to access the lists of those States that have chosen to participate in the intergovernmental review process: http://www.whitehouse.gov/omb/grants_spoc

If the applicant is located in a state or U.S. territory that is required review by State Executive Order 12372, enter the date this application was made available to the State or U.S. territory for review.

Is the Applicant Delinquent on any Federal Debt: In this required field, select the appropriate dropdown option that applies to the project applicant. This question applies to the project applicant's organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans, and taxes.

If "Yes" is selected, an explanation is required in the space provided on this screen.

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

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. Declaration

Instructions:

The authorized person for the project applicant organization must agree to the declaration statement in order to proceed to the project application. The list of certifications and assurances are contained in the FY 2015 CoC Program NOFA (Section VI.A.i.b) and in the e-snaps Project Applicant Profile.

Authorized Representative: The authorized representative's information is pre-populated on this screen from the Project Applicant Profile. A copy of the governing body's authorization for this person to sign the project application as the official representative must be on file in the applicant's office.

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

All screens, 1A – 1F must be completed in full before the project applicant will have access to the Project Application in e-snaps.

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: Adolph

Middle Name: A.

Last Name: Valfre

Suffix: Jr.

Title: Director

Telephone Number:
(Format: 123-456-7890)



Fax Number:
(Format: 123-456-7890)

Email:

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

Date Signed: 11/15/2015

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: \$395,000

Organization	Type	Sub-Award Amount
Luke-Dorf, Inc.	M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)	\$395,000

2A. Project Subrecipients Detail

Instructions:

Enter the contact information for the person designated by the subrecipient who has the authority to act on the subrecipient's behalf.

Organization Name: This field is required. Enter the legal name of the organization that will serve as the subrecipient.

Organization Type: This field is required. Select the type of business organization that best describes the subrecipient. Nonprofit applicant types (both public and private) are required to submit to HUD one of the following sources documenting nonprofit status: (1) IRS letter or ruling showing 501(c)(3) status; (2) Documentation showing certified United Way agency status; (3) Certification from a licensed CPA (see 24 CFR part 578); or (4) Letter from an authorized state official showing that the applicant is organized and in good standing as a public nonprofit organization.

If Other, please specify: Enter the other type of business organization that best describes the subrecipient.

Employer or Tax Identification Number: This field is required. Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service.

Organizational DUNS: This field is required. Enter the organization's DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained at <http://www.dnb.com>.

Physical Address: Enter the street address, city, state, and zip code (required);

Congressional District(s): This field is required. Select the congressional district(s) in which the subrecipient is located.

Faith Based Organization: This field is required. Select "Yes" or "No" if the subrecipient is a faith based organization.

Prior Federal Grant Recipient: This field is required. Select "Yes" or "No" to indicate if the subrecipient has ever received a federal grant.

Expected Sub-Award Amount: This field is required. Enter the expected sub-award amount.

Contact person: Enter the prefix, first name, last name, and title (required); middle name and suffix (optional). Enter the person's organizational affiliation if affiliated with an organization other than the subrecipient. Enter the person's telephone number and email (required); alternate number, extension, and fax number (optional).

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

a. Organization Name: Luke-Dorf, Inc.

b. Organization Type: M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)

If "Other" specify:

c. Employer or Tax Identification Number: 93-0685734

	* d. Organizational DUNS:	139347777	PL US 4:	
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e. Physical Address

Street 1: 8915 SW Center Street

Street 2:

City: Tigard

State: Oregon

Zip Code: 97223

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: \$395,000

j. Contact Person

Prefix: Mr.

First Name: John

Middle Name:

Last Name: Trinh

Suffix:

Title: Chief Executive Officer

E-mail Address:

Confirm E-mail Address:

Phone Number:

Extension:

Fax Number:

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

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

Instructions:

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: This is a required field. Describe why the applicant, subrecipients, and partner organizations (e.g., developers, key contractors, subcontractors, service providers) are the appropriate entities to receive funding. Provide concrete examples that illustrate their experience and expertise in the following: 1) working with and addressing the target population's identified housing and supportive service needs; 2) developing and implementing relevant program systems, services, and/or residential property construction and rehabilitation; 3) identifying and securing matching funds from a variety of sources; and 4) managing basic organization operations including financial accounting systems.

Describe the experience of the applicant and potential subrecipients (if any) in leveraging other Federal, State, local, and private sector funds: This is a required field. Include experience with all Federal, State, local and private sector funds. If the applicant and subrecipient have no experience leveraging other funds, include the phrase "No experience leveraging other Federal, State, local, or private sector funds."

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: This is a required field. Include the organization and management structure of the applicant and all subrecipients, making sure to include a description of internal and external coordination and the financial accounting system that will be used to administer the grant.

Are there any unresolved monitoring or audit findings for any HUD grants (including ESG) operated by the applicant or potential subrecipients (if any): This is a required field. Select "Yes" or "No" to indicate whether or not the subrecipient has open OIG audit findings; poor or non-compliance with applicable Civil Rights Laws and/or Executive Orders; or open McKinney-Vento related monitoring findings. The question is related to those projects for which the subrecipient organization is either a direct recipient or a subrecipient.

Describe the unresolved monitoring or audit findings: This is a required field if "Yes" to the previous question. Use the space provided to explain the details of the unresolved monitoring or audit findings and the steps the applicant or subrecipient will take to resolve the findings.

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

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 a division of local county government established 1992 to administer and coordinate the continuum of care (CoC) homeless programs, and administer the Section 8, Public and Affordable Housing programs of the Housing Authority of Washington County, a separate legal entity that was established in 1970 that contracts with the County to implement and administer Housing Authority programs and all support services (eg, finance, purchasing and personnel). Annually, the WCDHS administers \$2.7 million in local and federal homeless assistance funds, is the local lead agency for implementing the jurisdictions 10-

Year Plan to End Homelessness and HMIS, and was selected by the CoC to perform the role and responsibility as the CoC Collaborative Applicant.

Working in partnership with the nonprofit and private sector, the WCDHS combines housing programs with services and economic opportunity to encourage self-sufficiency, skill enhancement and independence. With this project proposal, the WCDHS will partner with Luke-Dorf to develop permanent supportive housing serving chronically homeless individuals, with a priority on serving those with the longest histories of homelessness.

Luke-Dorf has 37 years of significant experience and proven capacity of developing and delivering services for mentally ill adults, often through the use of federal funds. The agency is particularly experienced with programs that combine housing and services. This is evidenced by 17 Luke-Dorf owned and operated residences, with varying levels of support and structure, as well as the agency's administration of scattered site permanent housing subsidies including Section 8 and CoC Program assistance. Over the last ten years, Luke-Dorf has also completed dozens of timely, on-budget capital acquisition, construction and rehab projects funded through a combination of federal, state, local and private sources that serve the mentally ill population.

Understanding the significant correlation between mental illness and homelessness, particularly chronic homelessness, Luke-Dorf has prioritized services to this subpopulation. Through a combination of PATH, SAMHSA and HUD grants, Luke-Dorf currently operates six programs specifically for homeless adults with mental illness. These include a Safe Haven, two supported housing programs, a transitional housing program, a homeless outreach team, and a new program that combines outreach and engagement with scattered-site permanent housing. Four of these programs are specifically for adults who meet the HUD definition of chronic homelessness, while two support adults who are either homeless or at-risk of homelessness. All represent Luke-Dorf's established record of effectively using federal funding to produce positive outcomes for the same population that will be served by the proposed project. Objectives of these programs include increasing housing stability, access to mainstream benefits and other income sources, building independent living skills, and the reducing mental health symptoms, substance abuse, and interactions with the criminal justice system.

In addition to the six homeless programs listed above, Luke-Dorf has also developed and currently operates several permanent housing sites. These function similarly to the proposed project, and involved initial capital acquisition, renovation and/or construction. The operation of the proposed facility will be based on our experience with these comparable facilities, which provide permanent supportive housing in the form of SRO, studio and one-bedroom units. A range of services are available to participants including mental health and addictions treatment, case management, skills training, peer delivered services, assistance obtaining benefits and entitlements, and employment supports. In most programs, as the proposed project, engagement in these services is voluntary.

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

The Washington County Department of Housing Services (WCDHS) is a collaborative public agency that leverages public and private funds to address the needs of vulnerable population within the jurisdiction. WCDHS is the administrative branch of the Housing Authority of Washington County (HAWC), that supported the donation of land to Luke-Dorf, Inc. for the development of this project and will administer the project-based rent assistance.

As evidenced by the experience described in Section 2.B, Luke-Dorf has an extensive history of leveraging diverse funding sources including Federal, State, local and private sector funds to develop and sustain programs for mentally ill adults. As an agency, Luke-Dorf’s funding structure includes grants from federal sources such as HUD, PATH and SAMHSA as well as private sources that include Providence Health Services and the United Way of the Columbia-Willamette, contracts with various state and county agencies, fee-for-service billing to Medicaid, client rents and program fees, revenue from the agency’s in-house pharmacy, and donations. This diversified funding structure supports the agency’s long-term sustainability and a health growth rate.

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.

Luke-Dorf, Inc. is a 501(c)(3) nonprofit community mental health and addictions agency with 24 sites throughout Washington and Multnomah Counties. These sites, serving a total of 640 adults, offer a continuum of care that includes clinic and community based mental health and addictions services, state-licensed residences, permanent and transitional supported housing, and a peer brokerage program. A multidisciplinary team of 280 employees includes medical staff, licensed clinicians, residential counselors, skill trainers, peer support specialists, housing specialists and more. A flat organizational structure, led by an 18 person management team that meets biweekly, supports cross-program communication and collaboration. Three directors oversee the management team and are responsible for all agency operations. Additional oversight is provided by a five member Board of Directors. Agency finances are managed internally using Great Plains Accounting Software. A reliable accounting system and diversified funding structure have allowed for steady, sustainable growth.

Luke-Dorf maintains close networking and mutual referral relationships with local service agencies, and collaborates successfully with a variety of funders over the agency’s history. In particular, Luke-Dorf and WCDHS share a long-standing, successful relationship around serving the homeless mentally ill population. Luke-Dorf is an active participant in the local CoC known as the Housing and Supportive Services Network (HSSN), and supports efforts through this and other programs, to increase resources and develop system changes as identified in the county’s 10-Year Plan to End Homelessness. As a member of HSSN, Luke-Dorf collaborates and aligns housing resources with ‘Community Connect’, a centralized assessment system serving at risk and homeless persons in Washington County. Luke-Dorf serves on the Mental Health and Special Needs Community Consortium Steering Committee, which

brings together cross-sector leadership from the various institutions to form an integrated system of care; e.g. representation includes health care, criminal justice, housing providers, public and nonprofit service providers at local and state levels.

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

Instructions:

The selections made on this screen will determine the remaining screens that must be completed for this project application.

CoC Number and Name: Select the number and name of the CoC to which the project application will be submitted for the local competition review process. This is the CoC that will submit the CoC Consolidated Application to HUD by the designated submission deadline. Applicants with projects that do not belong to a CoC should select "No CoC."

CoC Applicant Name: Select the name of the CoC Applicant, also known as the Collaborative Applicant, from the dropdown. In most cases, there will only be one name from which to choose. The project applicant should choose the name of the CoC Applicant to which they intend to submit this project application.

Project Name: This is pre-populated from the "Project" Form and cannot be edited.

Project Status: The default selection is "Standard," indicating that the applicant is submitting the application to the Collaborative Applicant for consideration in the FY 2015 CoC Program competition. The selection should only be changed to "Appeal" in the event that the project application is rejected by the Collaborative Applicant (either formally in e-snaps or outside of e-snaps) and the project applicant wants to appeal this decision directly to HUD by submitting a solo application. For additional information on the appeal process, see the Section X of the FY 2015 CoC Program Competition NOFA. A full explanation of the process is provided on Screen "9A. Notice of Intent to Appeal."

Component Type: This is a populated field with PH, SSO and HMIS as options for selection and cannot be edited. PH-Permanent Supportive Housing, Rapid Re-Housing, SSO for Coordinated Entry and Dedicated HMIS projects are the only types of new project applications that can be submitted in the FY 2015 CoC Program Competition.

Energy Star: this field is required. Select "Yes" or "No" to indicate if Energy Star is being used in this project at one or more properties that will receive funding in this CoC Program Competition.

Title V: This field is required. Select "Yes" or "No" to indicate if one or more properties being served by this project were acquired under Title V.

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

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

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

2. Project Name: Clover Court

3. Project Status: Standard

4. Component Type: PH

5. Is Energy Star used at one or more of the proposed properties? Yes

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

3B. Project Description

Instructions:

Provide a description that addresses the entire scope of the proposed project: This field is required. The project description should address the entire scope of the project, including a clear picture of the target population(s) to be served, the plan for addressing the identified needs/issues of the CoC target population(s), projected outcome(s), and coordination with other source(s)/partner(s). The narrative is expected to describe the project at full operational capacity. The description should be consistent with and make reference to other parts of this application.

Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of all work: This is a required field. Provide a schedule and describe both a management plan and implementation methodology that will ensure that the project will begin operating within the requirements described in the FY 2015 CoC Program NOFA and CoC Program interim rule if it is selected for a funding award.

Will your project participate in a CoC Coordinated Entry Process: This is a required field. Select "Yes" if the project is currently participating in a coordinated entry process. Select "No" if a coordinated entry process does not exist in the CoC or if the project does not participate.

Please identify the project's specific population focus. (Select ALL that apply): PH and SSO projects must select the applicable populations as outlined in the FY 2015 CoC Program NOFA. Multiple checkboxes are provided as options.

Housing First: This is a required field for PH projects and does not apply to SSO and HMIS projects. The following questions are required fields to complete the Housing First question. Select all applicable checkboxes that indicate whether or not the project will follow a housing first approach. Select "none of the above" if the project will not follow a housing first approach.

Will the project quickly move participants into permanent housing?: Select "Yes" or "No."

Will the project ensure that participants will not be screened out based on the listed reasons? (Check all that apply): The applicant must select at least one checkbox.

Will the project ensure that participants are not terminated from the program for listed reasons? (Check all that apply): The applicant must select at least one checkbox.

Will the project follow a "Housing First" approach?: This question's response of "Yes" or "No" is auto-scored based upon the responses to the questions above. This field is not editable.

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. This field must be completed if the project applicant will request capital costs (e.g., acquisition, rehabilitation, or new construction) in the project application. Provide a detailed list of the activities and responsibilities assigned to the applicant and each subrecipient (if any

Will the PH project provide PSH or RRH: This is a required field. Select PSH if the project will operate according to a permanent supportive housing model as defined by 24 CFR 578. Select RRH if the project will operate according to a rapid rehousing model as defined by 24 CFR 578. "

Will the project request costs under the rental assistance budget line item?: This is a required field. Select "Yes" or "No" from the dropdown menu and if "Yes" is selected, provide an explanation in the textbox provided.

Describe the method for determining the type, amount, and duration of rental assistance that participants can receive. Textbox is provided if the response to the question above is "Yes". If the project is requesting rental assistance, describe the method or process the applicant will use to determine the type, amount, and duration of rental assistance that participants can receive. For PH-PSH projects this generally means a brief explanation of the choice of rental assistance type (PRA, SRA, or TRA).

Will participants be required to live in a particular structure, unit, or locality, at some point during the period of participation: This is a required field. If "Yes" is selected, explain, in the textbox provided, how and why the project will implement this requirement for participants to live in particular structure, unit, or locality during all or a portion of the period of participation.

Will more than 16 persons live in one structure: This is a required field. If "Yes" is selected, describe, in the textbox provided, the local market conditions, that necessitate a project of this size and describe how the project will be integrated into the neighborhood.

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

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

Luke-Dorf has site control of the land, has completed environmental review and requests funds for construction of the Clover Court apartments. This project will leverage additional funds that have already been secured to provide permanent supportive housing to chronically homeless adults with mental illness. The program will place individuals in permanent housing using a housing first model, and provide wraparound supports to maintain tenancy and stability.

The Clover Court's six units will be about 300 square feet and include a full bathroom, kitchenette and laundry. This layout is ideal for the population as it allows for the independence of personal space yet requires minimal upkeep. A few neighbors with similar backgrounds are nearby for support, yet residents will interact regularly with nondisabled people in pursuing daily activities in the diverse immediate neighborhood. The HUD-funded activities will include site-development, construction, services and operation. A commercial construction loan and leveraged agency resources will complete the required match and construction costs. Subsidy layering for the units will include Section 8, CoC Program tenant-based rent, HUD-VASH, and other rent assistance prioritized for this population. The project will fund a service coordinator to assist tenants with housing retention and tenancy issues, and operation costs not covered by rent subsidy to include utilities, building maintenance, insurance, landscaping and property management. Services will be leveraged by Medicaid fee-for-service billing and agency funds. The property is ideally located on SW 74th Avenue in Portland, Oregon. This residential area has high availability of commercial services that are important to this population. Public transportation is located within .35 miles.

Individually tailored services will help residents obtain and maintain stability in mental health, substance abuse, and tenancy. These will include case management, mental health and substance abuse treatment, recovery supports, skills training, assistance obtaining mainstream benefits, vocational and educational supports, psychosocial rehabilitation, peer delivered services, medication management, access to primary health care, referral to community resources and connection to social supports. Staff will actively seek to engage all residents; however, services are voluntary and housing will not be contingent on participation. Staff is available to assist with transportation on a case-by-case basis. Demographics for the project will be recorded in HMIS.

2. Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely

completion of all work.

Luke-Dorf currently owns the site on SW 74 Avenue in Portland, where the proposed Clover Court apartments will be constructed. The agency development team has already been in contact with Scott Edwards Architecture, a well-regarded local architecture firm that has worked successfully with Luke-Dorf on multiple construction and renovation projects. Initial preparation activities have been completed including architectural review of the site, coordination with the local government to review zoning and permitting requirements, and NEPA compliance. This due diligence has determined that there are no zoning or compliance concerns with building on the property. If awarded, Luke-Dorf will move forward with the permits for construction almost immediately after HUD funding announcements and contract completion. With a HUD award announcement anticipated by February 2016, it is expected that a contract can be issued and Clover Court architectural plans, permitting, and bid process completed within 5 months of HUD award. Site development and construction with final inspections and certificate of occupancy will be completed within 12 months of the HUD award, anticipated by July 2017.

Mr. John Trinh, Chief Executive Officer for Luke-Dorf, will oversee the general contractor and manage the construction project, including adherence to the established budget and timeline. Mr. Trinh has more than 13 years of experience managing similar construction, acquisition and renovation projects with Luke-Dorf. Trinh will manage the process of obtaining bids for the construction and will determine a lead general contractor as quickly as possible upon award. He will then work with the contractor to develop and monitor a construction schedule that will ensure timely, effective completion of the proposed project.

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

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

Chronic Homeless	<input checked="" type="checkbox"/>	Domestic Violence	<input type="checkbox"/>
Veterans	<input type="checkbox"/>	Substance Abuse	<input checked="" type="checkbox"/>
Youth (under 25)	<input type="checkbox"/>	Mental Illness	<input checked="" type="checkbox"/>
Families	<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. By checking all of the first four boxes, this project will be considered low barrier.

Having too little or little income	<input checked="" type="checkbox"/>
Active or history of substance abuse	<input checked="" type="checkbox"/>
Having a criminal record with exceptions for state-mandated restrictions	<input checked="" type="checkbox"/>
History of domestic violence (e.g. lack of a protective order, period of separation from abuser, or law enforcement involvement)	<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"/>
Being a victim of domestic violence	<input checked="" type="checkbox"/>
Any other activity not covered in a lease agreement typically found 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

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.

Washington County Department of Housing Services (WCDHS) and Luke-Dorf, Inc. share a strong partnership and extensive experience in developing and managing housing and service programs that work effectively in ending chronically homelessness.

Upon HUD award, WCDHS will enter into a contract with Luke-Dorf, Inc., the subrecipient, to provide project development oversight that will include fiscal management of HUD CoC Program funds, filing of a 15-Year Declaration of Restrictive Covenant, complete HUD reporting requirements to include Annual Performance Report (APR), perform project monitoring during construction phase and subsequent years of operation, and ensure compliance to federal, state and local regulations to include: Compliance with local building permit/zoning and planning ordinances, Environmental Requirements, Fair Housing and Equal Opportunity, Fair Housing and Civil Rights, Equal Access to

Housing HUD Programs Regardless of Sexual Orientation or Gender Identity, Resolution of Outstanding Civil Rights Matters, Debarment and Suspension, Improving Access to Services for Persons with Limited English Proficiency, Drug-Free Workplace, and Compliance with the Federal Funding Accountability and Transparency Act.

Luke-Dorf will be responsible for managing the construction process. The site will be operated indefinitely by Luke-Dorf. Landscaping and maintenance will be provided by Luke-Dorf's maintenance department. Luke-Dorf is committed to maintaining the units for the proposed purpose for at least twenty years, as required by HUD. Clinical services will be overseen by the Luke-Dorf Director of Services. Initially, services will be provided to residents through Luke-Dorf's Housing TEAM (Transition Engagement And Mentoring) program. The purpose of this program is to engage this particularly high-need, difficult to serve chronically homeless mentally ill population in services, place them in permanent housing, help them to obtain mainstream benefits, and later transition them to community based mental health care. It is anticipated that most residents will make significant gains in independence and stability during this initial participation in the Housing TEAM program. For those requiring ongoing support to maintain stability, services will be transitioned to mainstream providers; often to Luke-Dorf's well-established Washington County Outpatient Service Program.

7. Will the PH project provide PSH or RRH? PSH

8. Will the project request costs under the rental assistance budget line item? Yes

9. Will participants be required to live in a particular structure, unit, or locality, at some point during the period of participation? Yes

Explain how and why the project will implement this requirement.

Participants must reside at the Clover Court apartments in order to benefit from the HUD funding for this new construction single-site housing complex. The CoC jurisdiction continues to experience a tight housing market with 2 percent housing vacancy rate and extremely high rent costs. Clover Court will provide a low-barrier housing option, particularly for difficult to place chronically homeless individuals.

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

3C. Project Expansion Information

Instructions:

Will the project use an existing housing facility or incorporate activities provided by an existing project: This is a required field. Select "Yes" or "No" to indicate whether the proposed project expands an existing project in any way either by increasing the number of persons served, providing additional supportive services, bringing existing facilities up to state or local government health and safety standards, or if the funding replaces the loss of non-renewable funding. If "Yes" select all of the applicable expansion activities and provide a description for each.

Select the activities below that describe the expansion project, and click on the "Save" button below to provide additional details. Select one or more of the following activities that describe the type of expansion being proposed. Once all selections have been made, click on the "Save" button in order for follow-up questions related to the applicable selections to be made visible.

Increase the number of homeless persons served
The project applicant will complete a table to indicate what the current level of effort (i.e., number of persons currently being served) and what the new level of effort will be as a result of this expansion project. The project applicant should enter the number of persons/units/beds based on the full capacity (currently and after expansion) at a single point in time and not based on the number of persons served over the course of an operating year.

Provide additional supportive services to homeless persons
Select from the available items in the first menu and click "Add" or "Add All" to move them to the second menu. To cancel selection of one or more items added to the second menu, click on the appropriate selection(s) and then click "Remove" or "Remove All."

Use the text box provided to justify the supportive service increase indicated in the second menu screen above.

Bring existing facilities up to state or local government health and safety standards
Use the text box provided to describe how the project is proposing to "bring the existing facility(ies) up to state/local government health and safety standards." Please reference the applicable standard(s).

Replace the loss of nonrenewable funding
a) Use the text box provided to describe the source of non-renewable funding.
b) Use the text box provided to describe why the funds are non-renewable.
c) Select the date from the date field corresponding to the date when the non-renewable funds will expire
d) Use the text box provided to describe what steps were taken to obtain other funding sources.
e) Use the text box provided to describe why CoC Program funds are needed to continue operating the project.

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

1. Will the project use an existing homeless facility or incorporate activities provided by an existing project? No

4A. Supportive Services for Participants

Instructions:

Are the proposed project policies and practices consistent with the laws related to providing education services to individuals and families: This is a required field. Select "Yes", "No" or "N/A" to indicate whether the project policies provide for educational and related services to individuals and families experiencing homelessness, and if the policies are consistent with local and federal educational laws, including the McKinney-Vento Act. Only projects that do not serve families with children or unaccompanied youth should select "N/A." If "No" is selected, the project applicant will be required to answer an additional question.

Does the proposed project have a designated staff person to ensure that children are enrolled in school and receive educational services, as appropriate: This is a required field. Select "Yes", "No" or "N/A" to indicate whether the project has a designated staff person responsible for ensuring that children and youth are enrolled in school and connected to the appropriate services within the community, including early childhood education programs such as Head Start, Part C of the Individuals with Disabilities Education Act, and McKinney-Vento education services. Only projects that do not serve families with children or unaccompanied youth should select "N/A." If "No" is selected, the project applicant will be required to answer an additional question.

Describe the manner in which the project applicant will take into account the educational needs of children when children and/or families are placed in housing: This is a required field if a response of "No" is given for either one of the two preceding questions. Use this space to explain how the project will plan to meet the educational needs of children and youth participants according to the requirements specified under section 426.B.4 of the McKinney-Vento Act as amended by HEARTH.

Describe how participants will be assisted to obtain and remain in permanent housing: This is a required field. Describe how the project applicant will assist project participants to obtain and remain in permanent housing. The response should address how the applicant will take into consideration the needs of the target population and the barriers that are currently preventing them from obtaining and maintaining permanent housing. The applicant should describe how those needs and barriers will be addressed through case management and/or other supportive services that will be offered through the project. If participants will be housed in units not owned by the project applicant, the narrative must also indicate how appropriate units will be identified and how the project applicant or subrecipient will ensure that rents are reasonable. Established arrangements and coordination with landlords and other homeless services providers should be detailed in the narrative.

Describe specifically how participants will be assisted both to increase their employment and/or income and to maximize their ability to live independently: This is a required field. Describe the supportive services that will be provided to help project participants locate employment and access mainstream resources so that they are more likely to be able to live independently.

For all supportive services available to participants, indicate who will provide them and how often they are provided. This field is required and at least one value must be entered. Complete each row from the dropdown menus for supportive services that will be available to participants, using the funds requested through the application, and funds from other sources. If more than one Provider is relevant for a single service, please select the provider that corresponds to the highest frequency.

- Provider: select one of the following: "Applicant" to indicate that the applicant will provide the service directly; "Subrecipient" to indicate that a subrecipient will provide the service directly; "Partner" to indicate that an organization that is not a subrecipient of project funds but with whom a formal agreement or MOU has been signed will provide the service directly; or, "Non-Partner" to indicate that a specific organization with whom no formal agreement has been established regularly provides the service to clients. If more than one provider offers the service at the same frequency, choose the provider according to the following: Applicant, then Subrecipient, then Partner, and lastly, non-Partner.

- Frequency: Select the most common interval of time for which the service is accessible to participants. If two frequencies are equally common, choose the interval with the highest frequency.

Applicants may leave dropdown menus as “—select—” when services are not applicable.

Please identify whether the project will include the following activities:

Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs: This is a required field. Select “Yes” if the project provides regular or as requested transportation assistance to mainstream and community resources, including appointments, employment training, or jobs. Select “No” if transportation is not regularly provided or cannot be provided consistently as requested.

Use of a single application form for four or more mainstream programs: This is a required field. Select “Yes” if the project uses a single application form that allow participants to sign up for four or more mainstream programs. Select “No” if mainstream forms are for 3 or fewer programs.

Regular follow-ups with participants to ensure mainstream benefits are received and renewed: This is a required field. Select “Yes” if the project regularly follows-up with participants to ensure that they are receiving their mainstream benefits and to renew benefits when required. Select “No” if there is no follow-ups or the follow-ups are irregular concerning mainstream benefits.

Will project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency: This is a required field. Select “Yes” if project participants have access to SSI/SSDI technical assistance. The assistance can be provided by the applicant, a subrecipient, or a partner agency – through a formal or informal relationship. Select “No” if there is no or significantly limited access to SSI/SSDI technical assistance.

Indicate the last SOAR training date for the staff person providing the technical assistance: This is a required field. Indicate the date of the last SOAR training date for the staff person who is providing the technical assistance.

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

1a. Are the proposed project policies and practices consistent with the laws related to providing education services to individuals and families? Not Applicable

1b. Will the proposed project have a designated staff person to ensure that the children are enrolled in school and receive educational services, as appropriate? Not Applicable

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

Clover Court residents will be participants of the Luke-Dorf Housing TEAM program, which provides housing search and services specifically targeted toward long-term housing stability and independence for chronically homeless adults with mental illness. This program was originally SAMHSA funded and is now continued through local funds. Services tailored to the unique needs of each person are provided to help obtain and maintain stability in their mental health and substance abuse, with the goal of stable housing tenancy. Services are available for clients who choose to enroll in Medicaid-funded mental health

rehabilitation. Services include case management, mental health and substance treatment, recovery support, skills training, vocational and education supports, psychosocial rehabilitation, peer delivered services, medication management, access to primary health care, and referral to community resources. Frequency is dependent on each client's level of need and desired participation.

3. Describe specifically how participants will be assisted both to increase their employment and/or income and to maximize their ability to live independently.

With a focus on long-term independence and stability, services to residents of Clover Court will emphasize increasing income from both benefits as well as employment.

Assistance applying for mainstream health, social and employment benefits and programs for which an individual is eligible is a standard element of service delivery for all new clients throughout Luke-Dorf. Case managers assess needs, eligibility and provide assistance in completing applications as necessary for each individual. This typically includes applications for SSI, SSDI, Medicaid (also known as the Oregon Health Plan) and/or Medicare, and food stamps. Recognizing that the application forms for some of these benefits require a high level of organization, staff is experienced in assisting clients throughout all steps in the process including follow-up and appeal. Luke-Dorf has trained many employees in the techniques used to expedite applications for severely disabled homeless people via SOAR (SSI/SSDI Outreach, Access and Recovery program).

Luke-Dorf will ensure that assessment of each participant's vocational goals is included as a part of the regular intake process. However, while mainstream benefit applications are an immediate focus upon engagement in services, employment assistance is often addressed more thoroughly after the initial engagement phase. Once a participant's most immediate needs are met and the individual is making progress in mental health and substance abuse stability, employment supports tailored to the individual's need are introduced. Employment goals are included in individual service plans for all participants who must obtain employment to ensure long-term stability and/or indicate a desire to do so. This will involve both internal employment readiness supports provided by the Engagement Specialists as well as referral to partner agencies such as the Office of Vocational Rehabilitation and Worksource Oregon.

4. For all supportive services available to participants, indicate who will provide them, how they will be accessed, and how often they will be provided.

Click 'Save' to update.

Supportive Services	Provider	Frequency
Assessment of Service Needs	Subrecipient	As needed
Assistance with Moving Costs	Subrecipient	As needed
Case Management	Subrecipient	Weekly
Child Care		
Education Services	Partner	As needed

Employment Assistance and Job Training	Partner	Monthly
Food	Non-Partner	As needed
Housing Search and Counseling Services	Subrecipient	As needed
Legal Services	Partner	As needed
Life Skills Training	Subrecipient	Weekly
Mental Health Services	Subrecipient	Weekly
Outpatient Health Services	Partner	As needed
Outreach Services	Subrecipient	Daily
Substance Abuse Treatment Services	Subrecipient	Weekly
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. Use of a single application form for four or more mainstream programs? Yes

5c. 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. Indicate the last SOAR training date for the staff person providing the technical assistance. 08/26/2013

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: 6

Total Beds: 6

Total Dedicated CH Beds: 6

Total Prioritized CH Beds: 0

Housing Type	Units	Beds	Dedicated CH Beds	Non-Dedicated CH Beds
Clustered apartments	6	6	6	0

4B. Housing Type and Location Detail

Instructions:

ALL PROJECTS EXCEPT HMIS

A unique detail screen should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail screen. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail screen.

Housing Type: This is a required field. Select the proposed Housing Type from the dropdown menu. Refer to the Project Application Detailed Instructions for a definition of each Housing Type.

Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project.

How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless: This is a required field. Enter that total number of beds that are dedicated to the chronically homeless (CH). Dedicated CH beds are required through the project's grant agreement to only be used to house persons experiencing chronic homelessness, as defined at 24 CFR 578.3, unless there are no persons within the CoC that meet that criteria. These PSH beds are also reported as "CH Beds" on a CoC's Housing Inventory Count (HIC). If a project has dedicated beds to serve CH families, all beds serving the household should be included in this number. If none of the beds are dedicated to the chronically homeless, enter "0." If this is a new reallocated PSH project, all beds must be dedicated to the chronically homeless.

How many of the total beds entered in "2b. Beds" are not currently dedicated for the chronically homeless but will be used to assist the chronically homeless when turnover occurs: This required field will calculate automatically and is the difference between the total beds entered into field 2b. Beds and the value entered into 3a above.

How many of the beds listed in question "3b." above will likely become available through turnover in the FY 2015 operating year: This is a required field. Enter the number of beds that are estimated to become available through turnover in the FY 2016 operating year. Using the value automatically calculated in field 3b, estimate and then enter the number of beds that will likely become available over the requested grant term. This will give you the number turnover beds that are not dedicated to the chronically homeless.

How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless in the FY 2016 operating year: This is a required field. Use the number of turnover beds that are not dedicated to the chronically homeless and that you estimated in field 3c to estimate and enter the number of those beds that will be prioritized for the chronically homeless as soon as they do turnover.

Beds for veterans

How many of the total beds entered in "2b. Beds" are dedicated to veterans: This is a required field. Enter the total number of beds that are dedicated to veterans.

Beds for families

How many of the total beds entered in "2b. Beds" are dedicated to families: This is a required field. Enter the total number of beds that are dedicated to families.

Beds for youth

How many of the total beds entered in "2b. Beds" are dedicated to youth: This is a required field. Enter the total number of beds that are dedicated to youth, including parenting youth and unaccompanied youth.

Address: This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

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

1. Housing Type: Clustered apartments

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

a. Units: 6

b. Beds: 6

***3. Beds for the Chronically Homeless**

a. How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless? 6

b. How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? 0

c. How many of the beds listed in question "3b." above will likely become available through turnover in the FY 2015 operating year? 0

d. How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless in the FY 2015 operating year? 0

3. Address:

Street 1: 7000 block of SW 74 Avenue

Street 2:

City: Portland

State: Oregon

ZIP Code: 97223

***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)**

419067 Washington County

5A. Project Participants - Households

Instructions:

In each non-shaded field list the number of households or persons served at maximum program capacity. The numbers here are intended to reflect a single point in time at maximum occupancy and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Households: Enter the number of households under at least one of the categories: Households with at least One Adult and One Child, Adult Households without Children, or Households with Only Children.

Households with at least One Adult and One Child: Enter the total number of households with at least one adult and one child. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Households without Children: Enter the total number of adult households without children. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Households with Only Children: Enter the total number of households with only children. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Characteristics: Enter the total number of homeless that fall under one of the characteristics listed.

Persons in Households with at least One Adult and One Child: Enter the number of persons in households with at least one adult and on child for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Persons in Households without Children: Enter the number of persons in households without children for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children: Enter the number of persons in households with only children for each demographic row. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Totals: All fields in the "Total Number..." and "Total Persons" rows will automatically calculate when the "Save" button is clicked.

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

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	0	6	0	6
Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Adults over age 24	0	5		5

Adults ages 18-24	0	1		1
Accompanied Children under age 18	0		0	0
Unaccompanied Children under age 18			0	0
Total Persons	0	6	0	6

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

Instructions:

*This screen can only be completed once Screen "5A. Project Participants – Households" has been completed and saved.

In each non-shaded field enter the number of persons served at maximum program capacity according to their age group, disability status, and the extent in which persons served fit into one or more of the subpopulation categories. The numbers here are intended to reflect a single point in time at maximum capacity and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Complete each of the three charts on the screen according to household types.

Persons in Households with at least one Adult and One Child chart: Enter only persons in households with at least one adult and one child. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and at least one person under the age of 18.

Persons in Households without Children chart: Enter only persons in adult households without children. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children chart: Enter only persons in households with only children. To be listed on this chart, a person must be part of a household with no persons at or above the age of 18, and only persons under the age of 18.

Total Persons: All fields in the "Total Persons" rows will calculate automatically when the "Save" button is clicked.

Describe the unlisted subpopulations referred to above: This field is visible and mandatory if a number greater than 0 is entered into the column "Persons not represented by listed subpopulations." Enter text that describes the person(s) identified in this column and explains how they do not fall under the other categories in columns 1 through 9.

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

Persons in Households with at Least One Adult and One Child

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represen ted by listed subpopu lations
Adults over age 24										
Adults ages 18-24										
Children under age 18										
Total Persons	0	0	0	0	0	0	0	0	0	0

Persons in Households without Children

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represent ed by listed subpopu lations
Adults over age 24	5	0	0	2	0	5	1	1	0	0
Adults ages 18-24	1	0	0	0	0	1	0	0	0	0
Total Persons	6	0	0	2	0	6	1	1	0	0

Click Save to automatically calculate totals

Persons in Households with Only Children

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represent ed by listed subpopu lations
Accompanied Children under age 18										
Unaccompanied Children under age 18										
Total Persons	0			0	0	0	0	0	0	0

5C. Outreach for Participants

Instructions:

Enter the percentage of project participants that will be coming from each of the following locations: This is a required field. Enter the percentage (between 0% and 100%) of participants that will be coming from each of the following locations:

- Directly from the street or other locations not meant for human habitation
- Directly from emergency shelters
- Directly from safe havens
- Persons fleeing domestic violence

Total of above percentages: The percentages entered will automatically sum when all required fields are entered and the "Save" button is clicked. A warning message will appear if the total is greater than 100%.

If the total is less than 100 percent, identify how the persons meet HUD's definition of homeless and the project type eligibility requirements: This field is required if the total percentage calculated above is less than 100 percent. If required, explain where the unaccounted for participants will come from. All participants served in CoC Program funded projects must meet eligibility criteria set forth in the CoC Program interim rule and the FY 2015 CoC Program NOFA.

Describe the outreach plan to bring these homeless participants into the project: This field is required. Describe how the applicant/subrecipient plans to bring homeless persons into the project. Also describe the contingency plan that the applicant/subrecipient will implement if the project experiences difficulty in meeting the requirements to serve exclusively chronically homeless individuals and/or families. The contingency plan may include re-evaluating the intake assessment procedures or outreach plan.

NOTE The definition of Chronic Homelessness qualifies persons as chronically homeless only when they come from the street or other locations not meant for human habitation, emergency shelter, or safe havens. Additionally, to qualify for rapid re-housing, persons may only come from the street or other locations not meant for human habitation, emergency shelter, or safe havens.

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

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

84%	Directly from the street or other locations not meant for human habitation.
0%	Directly from emergency shelters.
16%	Directly from safe havens.
100%	Total of above percentages

2. If the total is less than 100 percent, identify how the persons meet HUD's definition of homeless and the project type eligibility requirements.

Not applicable.

3. Describe the outreach plan to bring these homeless participants into the project.

Outreach and referral activities will be conducted through the Luke-Dorf PATH Outreach Worker and the jurisdiction's Community Connect, a centralized assessment system for at risk and homeless individuals. The PATH Outreach works in alignment with Community Connect using written protocols for screening, assessment and providing referral to housing options providing client-centered services appropriate to meet the needs of the chronically homeless individual.

Luke-Dorf has sponsored Outreach funded by PATH (ongoing since 2005) and SAMHSA (2012-2015) and has significant expertise in engagement with chronically homeless adults experiencing mental illness. The PATH outreach worker conducts street outreach to identify eligible individuals in literally homeless situations who are typically some of the highest need individuals in the community, yet most difficult to engage and serve. Outreach involves weekly travel to areas where homeless people are known to camp, such as undeveloped green spaces as well as areas that homeless people frequent including bottle return sites, community meals, food pantries, and emergency shelters. Outreach employees have detailed knowledge of the homeless culture, as well as those with mental illness and substance addiction.

A trusting relationship is the key to successful outreach, regardless of the setting where the chronically homeless person is encountered. Once trust is established, staff can start to engage clients in housing opportunities and services. The Outreach worker responds to referrals from local partners including members of the local CoC, hospital emergency rooms, law enforcement, jails, homeless shelters, drop-in centers, local businesses, and other referral sources.

5D. Discharge Planning Policy

1. Has the state or local government developed or implemented a discharge planning policy or protocol to prevent or reduce the number of persons discharged from publicly-funded institutions (e.g. health care facilities, foster care, correctional facilities, or mental health institutions) into homelessness or HUD McKinney-Vento funded programs? Yes

6A. Standard Performance Measures

Instructions:

Housing Measures: This is a required field. Persons remaining in permanent housing as of the end of the operating year or exiting to permanent housing (subsidized or unsubsidized) during the operating year: Count each participant who is still living in your units supported by your facility as well as clients who have exited your units and moved into another permanent housing situation

Income Measure: This is a required field where at least one option must be chosen by the project applicant.

a. Persons age 18 and older who maintained or increased their total income (from all sources) as of the end of the operating year or program exit: Not applicable for youth below the age of 18. Total income can include all sources, public and private.

b. Persons age 18 through 61 who maintained or increased their earned income as of the end of the operating year or program exit: Not applicable for youth below the age of 18. Earned income should only include income from wages and private investments, and not public benefits.

For each measure, enter a number in the blank cells according to the following instructions:

Universe (#): Enter the total number of persons about whom the measure is expected to be reported. The Universe is the total pool of persons that could be affected.

Target (#): Enter the number of applicable clients from the universe who are expected to achieve the measure within the operating year. The Target is the total number of persons from the pool that are affected.

Target (%): This field will be calculated automatically when all required fields are entered and saved. For example, if 80 out of 100 clients are expected to remain in the permanent housing program or exit to other permanent housing, the target % should be "80%."

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

**1. Specify the universe and target for the housing measure.
 Click 'Save' to calculate the target percent (%).**

Housing Measure	Target (#)	Universe (#)	Target (%)
a. PSH: Persons remaining in permanent housing at the end of the operating year or exiting to permanent housing destinations (per data element 3.12 of the 2014 HMIS Data Standards) during the operating year.	5	6	83%

**2. Choose one income-related performance measure from below, and
 specify the universe and target numbers for the goal.
 Click 'Save' to calculate the target percent (%).**

Income Measure	Target (#)	Universe (#)	Target (%)
a. Adults who maintained or increased their total income (from all sources) as of the end of the operating year or project exit.	4	6	67%
OR			
b. Adults who maintained or increased their earned income as of the end of the operating year or project exit.	0	0	0%

6B. Additional Performance Measures

**Specify up to three additional measures on which the project will report performance in the Annual Performance Report (APR).
To add information to this list, click on the icon and enter the requested information.**

Proposed Measure
Adult participant...

6B. Additional Performance Measures Detail

Instructions:

For each additional measure, fill in the blank cells according to the following instructions:

Performance Measure: Provide a name for the additional performance measure. This name will populate the list on the parent additional performance measures form.

Universe (#): Enter the total number of persons/units/items about whom/which the measure is expected to be reported. The Universe is the total pool of persons/units/items that could be affected.

Target (#): Enter the number of applicable persons/units/items from the universe who/that are expected to achieve the measure within the operating year. The Target is the total number of persons/units/items from the pool that are affected.

Target (%): This field will be calculated automatically when all required fields are entered and saved. For example, if 80 out of 100 clients are expected to remain in the permanent housing program or exit to other permanent housing, the target % should be "80%."

Data Source: (e.g., data recorded in HMIS) and method of data collection (e.g., data collected by the intake worker at entry and case manager at exit) proposed to measure results: This is a required field. Use the text box provided to provide as much detail concerning the data systems and methods as possible.

Specific data elements and formula proposed for calculating results: This is a required field. Use the text field provided and be specific.

Rationale for why the proposed measure is an appropriate indicator of performance for this program: This is a required field. Use the text field provided to describe the appropriateness of the measure given the nature of the program.

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

1. Specify the universe and target goal numbers for the proposed measure.

a. Proposed Measure	b. Target (#)	c. Universe (#)	d. Target (%)
Adult participants diagnosed with severe mental illness will maintain or increase their level of functioning each year.	4	6	67%

2. Data Source (e.g., data recorded in HMIS) and method of data collection (e.g., data collected by the intake worker at entry and case manager at exit) proposed to measure results

Adult participant diagnosed with severe mental illness will maintain or increase their level of functioning each year.

Data source will be either a LOCUS or GAF score. The LOCUS assessment is administered by the participant's Service Coordinator when the level of care is changed and at minimum on an annual basis. A participant's GAF score is

determined annually. Data will be recorded in the agency electronic clinical charts.

3. Specific data elements and formula proposed for calculating results

The GAF results in a score from 1-100. The LOCUS results in an overall score of 1-20+, which is a combination of scores from seven evaluation parameters. Agency electronic records allow these scores to be easily tracked and compared for change over time.

4. Rationale for why the proposed measure is an appropriate indicator of performance for this program

This measure indicates the global functioning of the individual participating in the program. Unmanaged symptoms of severe mental illness can have a significant impact on an individual's ability to maintain stable, independent permanent housing. Conversely, lack of stable housing creates a barrier to improved functioning and mental health stability. This program measure evaluates the ability to sustain and improve the participant's recovery, increasing their ability to maintain housing and participation in treatment long-term.

7A. Funding Request

Instructions:

Will it be feasible for the project to be under grant agreement by September 30, 2017: This is a required field. Select "Yes" or "No" to indicate if this project application is awarded if it will be in a position to begin operating by September 30, 2017. The FY 2015 HUD Appropriations Act requires HUD to obligate FY 2015 CoC Program funds by this date. If "No" is selected, or if the deadline is not met, this may result in the rejection of a grant or the recapture of conditionally awarded funds.

Is the project proposing to use funds reallocated from the CoC's annual renewal demand OR Is the project applying for funding through the permanent housing bonus? Select "Reallocation" if this project application was created through the use of funds reallocated from one or more eligible renewal projects.

Does this project propose to allocate funds according to an indirect cost rate? This is a required field. Select 'Yes' or 'No' to indicate whether the project either has an approved indirect cost plan in place or will propose an indirect cost plan by the time of conditional award. For more information concerning indirect costs plans, please consult 2 CFR Part 200.56, Part 200.413 and Part 200.414, FY 2015 NOFA and contact your local HUD office. The following questions become visible if "Yes" is selected:

- Please complete the indirect cost rate schedule below: Applicant must complete at least one row in the grid.
- Has this rate been approved by your cognizant agency? Select "Yes" or "No" from the dropdown menu.
- Do you plan to use the 10% de minimis rate?: Select "Yes" or "No" from the dropdown menu.

Select a grant term: This is a required field. Select the term of the proposed project application. The selection here will determine how the "Summary Budget" will calculate the total funding request. Please refer to the FY 2015 CoC Program NOFA for details concerning grant terms and years of funding for different project types and eligible costs.

Select the costs for which funding is being requested: This is a required field. All project applications must identify the eligible cost budgets for which funding is being requested. The choices available will depend on the project type selected on Screen "3A Project Detail." The following eligible cost budgets may be listed: acquisition/rehabilitation/new construction, leased units, leased structures, rental assistance, supportive services, operations, and HMIS. Indicate only those activities for which the applicant is requesting funding from HUD through the FY 2015 CoC Program competition.

If you do not see the eligible cost budgets that you expected, you may need to return to Screen "3B. Project Description" to review the type of project selected. See the FY 2015 CoC Program NOFA for additional guidance.

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

1. Will it be feasible for the project to be under grant agreement by September 30, 2017? Yes

2. Is the project proposing to using funds reallocated from the CoCs annual renewal demand OR Permanent Housing Bonus

is the project applying for funding through the permanent housing bonus?

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

4. Select a grant term: 3 Years

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

Acquisition/Rehabilitation/New Construction	X
Leased Units	
Leased Structures	
Rental Assistance	
Supportive Services	X
Operations	X
HMIS	

Funding_Request HIDDEN

(HIDDEN) Grant Term in years, for use in calculations: 3

(HIDDEN) Grant Term in Months, for use in calculations: 36

Acquisition/Rehabilitation/New Construction (Hidden)	X
Supportive Services (Hidden)	X
Rental Assistance (Hidden)	
Leased Units (Hidden)	
Leased Structures (Hidden)	
Housing Relocation & Stabilization (Hidden)	
Operations (Hidden)	X
HMIS (Hidden)	

7B. Acquisition/Rehabilitation/New Construction Budget

The following list summarizes the total request for each structure. To add a structure to the list, select the  icon. To view or update a structure already listed, select the  icon.

Total Acquisition:						\$0			
Total Rehabilitation:						\$0			
Total New Construction:						\$306,938			
Total Assistance Requested:						\$306,938			
Name of Structure	Street Address 1	Street Address 2	City	State	Zip Code	Total Request	Acquisition	Rehabilitation	New Construction
Clover Court	7000 block of SW ...	--	Portland	Oregon	97223	\$306,938	\$0	\$0	\$306,938

Acquisition/Rehabilitation/New Construction Budget Detail

Instructions:

Complete the following fields related to the funds being requested for acquisition, rehabilitation, and/or new construction of the new project. Complete the following fields for the location of each structure:

Address: Only 1 "Street Address..." field is required. Enter the actual street number and name in the first field. Do not list a PO Box or other mailing address. Use the second field for apartment or subsection numbers. Complete fields for City, State and Zip Code.

Assistance Requested: This is a required field. Enter the amount (\$) requested for eligible development costs at the structure site. The line item costs for new construction may include the actual cost of real property acquisition; however, project applicants may not enter an amount for both new construction and acquisition or rehabilitation for the same structure. For projects requesting funds for new construction, the cost of acquiring land should be included in the New Construction costs. Project applicants may apply for acquisition and rehabilitation costs for the same structure. Refer to section 578.43-47 of the CoC Program interim rule and the FY 2015 CoC Program NOFA for more information, including what activities are eligible under each of these costs.

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

Complete the following fields related to the funds being requested for acquisition, rehabilitation, and/or new construction of the new project.

Name of Structure: Clover Court
Street Address 1: 7000 block of SW 74 Avenue
Street Address 2:
City: Portland
State: Oregon
Zip Code: 97223

	Assistance Requested
1. Acquisition	\$0
2. Rehabilitation	\$0
3. New Construction	\$306,938
4. Total Assistance Requested	\$306,938

Click the 'Save' button to automatically calculate the Total Assistance Requested.

7F. Supportive Services Budget

Instructions:

Enter the quantity and total budget request for each supportive services cost. The request entered should be equivalent to the cost of one year of the relevant supportive service.

Eligible Costs: The system populates a list of eligible supportive services for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.53.

Quantity AND Description: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity in detail (e.g. 1 FTE Case Manager Salary + benefits, or child care for 15 children) for each supportive service activity for which funding is being requested. Please note that simply stating "1FTE" is NOT providing "Quantity AND Detail" and limits HUD's understanding of what is being requested. Failure to enter adequate 'Quantity AND Detail' may result in conditions being placed on an award and a delay of grant funding.

Annual Assistance Requested: This is a required field. For each grant year, enter the amount of funds requested for each activity. The amount entered must only be the amount that is DIRECTLY related to providing supportive services to homeless participants.

Total Annual Assistance Requested: This field is automatically calculated based on the sum of the annual assistance requests entered for each activity.

Grant Term: This field is populated based on the grant term selected on Screen "7A. Funding Request" and will be read only.

Total Request for Grant Term: This field is automatically calculated based on the total amount requested for each eligible cost 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>

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		
2. Assistance with Moving Costs		
3. Case Management	.25 FTE Service Coordinator	\$10,500
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food		
8. Housing/Counseling Services		
9. Legal Services		
10. Life Skills		
11. Mental Health Services		
12. Outpatient Health Services		
13. Outreach Services		

14. Substance Abuse Treatment Services		
15. Transportation		
16. Utility Deposits		
17. Operating Costs		
Total Annual Assistance Requested		\$10,500
Grant Term		3 Years
Total Request for Grant Term		\$31,500

Click the 'Save' button to automatically calculate totals.

7G. Operating

Instructions:

Enter the quantity and total budget request for each operating cost. The request entered should be equivalent to the cost of one year of the relevant operations activity.

Eligible Costs: The system populates a list of eligible operating costs for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.55.

Quantity AND Detail: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity in detail (e.g. .75 FTE hours and benefits for staff, utility types, monthly allowance for supplies) for each operating cost for which funding is being requested. Please note that simply stating "1FTE" is NOT providing "Quantity AND Detail" and restricts understanding of what is being requested. Failure to enter adequate "Quantity AND Detail" may result in conditions being placed on the award and a delay of grant funding.

Annual Assistance Requested: This is a required field. For each grant year, enter the amount of funds requested for each activity. The amount entered must only be the amount that is DIRECTLY related to operating the housing or supportive services facility.

Total Annual Assistance Requested: This field is automatically calculated based on the sum of the annual assistance requests entered for each activity.

Grant Term: This field is populated based on the grant term selected on Screen "7A. Funding Request" and will be read only.

Total Request for Grant Term: This field is automatically calculated based on the total amount requested for each eligible cost 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>

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

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Maintenance/Repair	Building Maintenance (\$2400) and Landscape Maintenance (\$2400)	\$4,800
2. Property Taxes and Insurance	Property Insurance	\$1,800
3. Replacement Reserve		
4. Building Security	Property Management Fee	\$1,440
5. Electricity, Gas, and Water	Utilities	\$6,064
6. Furniture		
7. Equipment (lease, buy)		
Total Annual Assistance Requested		\$14,104
Grant Term		3 Years
Total Request for Grant Term		\$42,312

Click the 'Save' button to automatically calculate totals.

7I. Sources of Match/Leverage

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

Summary for Match

Total Value of Cash Commitments:	\$0
Total Value of In-Kind Commitments:	\$102,313
Total Value of All Commitments:	\$102,313

Summary for Leverage

Total Value of Cash Commitments:		\$98,583			
Total Value of In-Kind Commitments:		\$8,687			
Total Value of All Commitments:		\$107,270			
Match/ Leverage	Type	Source	Contributor	Date of Commitment	Value of Commitments
Leverage	Cash	Private	Private Agency Fu...	10/16/2015	\$95,020
Leverage	Cash	Government	County General Fu...	10/16/2015	\$3,563
Match	In-Kind	Private	Luke-Dorf, Inc. (...	10/28/2015	\$102,313
Leverage	In-Kind	Private	Luke-Dorf, Inc. (...	10/30/2015	\$8,687

Sources of Match/Leverage Detail

Instructions:

Match and Leverage are two distinct categories of funds from other sources that will be used in conjunction with this project, if awarded. Match (cash or in-kind) must be used for eligible program costs only and must be equal or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Leverage funds can be used for any program related costs and there is no minimum requirement. Please review 24 CFR Part 578, and the FY 2015 CoC Program NOFA for more detailed information concerning Match and Leverage.

Will this commitment be used towards Match or Leverage? Select Match or Leverage to categorize each commitment being entered.

Type of Commitment: Select Cash (\$) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution

The values entered on each detailed Match/Leverage screen will populate the Screen "7J. Summary Budget." The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

- 1. Will this commitment be used towards match or leverage?** Leverage
- 2. Type of commitment:** Cash
- 3. Type of source:** Private
- 4. Name the source of the commitment: (Be as specific as possible and include the office or grant program as applicable)** Private Agency Funds; Luke-Dorf, Inc.
- 5. Date of Written Commitment:** 10/16/2015
- 6. Value of Written Commitment:** \$95,020

Sources of Match/Leverage Detail

Instructions:

Match and Leverage are two distinct categories of funds from other sources that will be used in conjunction with this project, if awarded. Match (cash or in-kind) must be used for eligible program costs only and must be equal or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Leverage funds can be used for any program related costs and there is no minimum requirement. Please review 24 CFR Part 578, and the FY 2015 CoC Program NOFA for more detailed information concerning Match and Leverage.

Will this commitment be used towards Match or Leverage? Select Match or Leverage to categorize each commitment being entered.

Type of Commitment: Select Cash (\$) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution

The values entered on each detailed Match/Leverage screen will populate the Screen "7J. Summary Budget." The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

- 1. Will this commitment be used towards match or leverage?** Leverage
- 2. Type of commitment:** Cash
- 3. Type of source:** Government
- 4. Name the source of the commitment: (Be as specific as possible and include the office or grant program as applicable)** County General Fund; Washington County Department of Housing Services
- 5. Date of Written Commitment:** 10/16/2015
- 6. Value of Written Commitment:** \$3,563

Sources of Match/Leverage Detail

Instructions:

Match and Leverage are two distinct categories of funds from other sources that will be used in conjunction with this project, if awarded. Match (cash or in-kind) must be used for eligible program costs only and must be equal or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Leverage funds can be used for any program related costs and there is no minimum requirement. Please review 24 CFR Part 578, and the FY 2015 CoC Program NOFA for more detailed information concerning Match and Leverage.

Will this commitment be used towards Match or Leverage? Select Match or Leverage to categorize each commitment being entered.

Type of Commitment: Select Cash (\$) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution

The values entered on each detailed Match/Leverage screen will populate the Screen "7J. Summary Budget." The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

- 1. Will this commitment be used towards match or leverage?** Match
- 2. Type of commitment:** In-Kind
- 3. Type of source:** Private
- 4. Name the source of the commitment: (Be as specific as possible and include the office or grant program as applicable)** Luke-Dorf, Inc. (Property Owner): 2015 Assessed Land Value
- 5. Date of Written Commitment:** 10/28/2015
- 6. Value of Written Commitment:** \$102,313

Sources of Match/Leverage Detail

Instructions:

Match and Leverage are two distinct categories of funds from other sources that will be used in

conjunction with this project, if awarded. Match (cash or in-kind) must be used for eligible program costs only and must be equal or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Leverage funds can be used for any program related costs and there is no minimum requirement. Please review 24 CFR Part 578, and the FY 2015 CoC Program NOFA for more detailed information concerning Match and Leverage.

Will this commitment be used towards Match or Leverage? Select Match or Leverage to categorize each commitment being entered.

Type of Commitment: Select Cash (\$) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution

The values entered on each detailed Match/Leverage screen will populate the Screen "7J. Summary Budget." The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

1. Will this commitment be used towards match or leverage? Leverage

2. Type of commitment: In-Kind

3. Type of source: Private

4. Name the source of the commitment: (Be as specific as possible and include the office or grant program as applicable) Luke-Dorf, Inc. (Property Owner): 2015 Assessed Value of Land

5. Date of Written Commitment: 10/30/2015

6. Value of Written Commitment: \$8,687

7J. Summary Budget

Instructions:

The system populates a summary budget based on the information entered into each preceding budget form. Review the data and return to the previous forms to correct any inaccurate information. All fields are read only with exception to field "9. Admin (Up to 10%)."the "Total Requested for Grant Term for Admin."

Admin (Up to 10%): Enter the amount of requested administration funds. The grant will not fund greater than 10% of the request listed in the field "Sub-Total Eligible Costs Request." If an amount above 10% is entered, the system will report an error and prevent application submission when the screen is saved.

Total Assistance plus Admin Requested: This field is automatically populated based on the amount of funds requested on the various budgets completed by the project applicant and Admin costs requested. This is this is the total amount of funding the project applicant will request in the FY 2015 CoC Program Competition.

Cash Match: This field is automatically populated. If it needs to be changed, return to Screen "7I. Match/Leverage" to make changes to this field.

In-Kind Match: This field is automatically populated. If it needs to be changed, return to Screen "7I. Match/Leverage" to make changes to this field.

Total Match: This field will automatically calculate the total combined value of the Cash and In-Kind Match. The total match must equal 25% of the request listed in the field "Total Eligible Costs Request" minus the amount requested for Leased Units and Leased Structures. There is no upper limit for Match. If an ineligible amount is entered, the system will report an error and prevent application submission. To correct an inadequate level of match, return to Screen "7I. Match/Leverage" to make changes.

Cash and In-Kind Match entered into the budget must qualify as eligible program expenses under the CoC program regulations. Compliance with eligibility requirements will be verified at grant agreement.

The Total Budget automatically calculates when you click the "Save" button.

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

The following information summarizes the funding request for the total term of the project. However, the appropriate amount of cash and in-kind match and administrative costs must be entered in the available fields 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			\$306,938
2a. Leased Units	\$0	3 Years	\$0

2b. Leased Structures	\$0	3 Years	\$0
3. Rental Assistance	\$0	3 Years	\$0
4. Supportive Services	\$10,500	3 Years	\$31,500
5. Operating	\$14,104	3 Years	\$42,312
6. HMIS	\$0	3 Years	\$0
7. Sub-total Costs Requested			\$380,750
8. Admin (Up to 10%)			\$28,500
9. Total Assistance Plus Admin Requested			\$409,250
10. Cash Match			\$0
11. In-Kind Match			\$102,313
12. Total Match			\$102,313
13. Total Budget			\$511,563

Click the 'Save' button to automatically calculate totals.

8A. Attachment(s)

Instructions:

Subrecipient Nonprofit Documentation: Documentation of the subrecipient's nonprofit status must be uploaded, if the applicant and project subrecipient are different entities, and the subrecipient is a nonprofit organization.

Other Attachment(s): Attach any additional information supporting the project funding request. Use a zip file to attach multiple documents.

If indicated on Screens 3A and/or 3B, the following additional attachment screens may be visible that should be used instead of Screen 8A. Attachments:

CoC Rejection Letter: Projects that are applying for CoC funds and that have been rejected for the competition by their CoC (Solo Projects) must submit documentation from the CoC verifying and explaining why the project has been rejected.

Certification of Consistency with Consolidated Plan: Each applicant that is not a State or unit of local government is required to have a certification by the jurisdiction in which the proposed project will be located that the applicant's application for funding is consistent with the jurisdiction's HUD-approved consolidated plan. The certification must be made in accordance with the provisions of the consolidated plan regulations at 24 CFR part 91, subpart F. For projects that selected "No CoC" on Screen 3A, a form HUD-2991 must be obtained and signed by the certifying official for the applicable jurisdiction, indicating that the proposed project will be consistent with the Consolidated Plan.

If the Solo Applicant is a State or unit of local government, the jurisdiction must certify that it is following its HUD-approved Consolidated Plan.

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

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	OR506CoC Ltr IRS ...	10/10/2015
3) Other Attachment(s)	No	Service Coordinat...	11/15/2015
2) Other Attachment(s)	No	OR506_HUD-2880, H...	11/15/2015

Attachment Details

Document Description: OR506CoC Ltr IRS Nonprofit Status for Luke-Dorf, Inc.

Attachment Details

Document Description: Service Coordinator Position

Attachment Details

Document Description: OR506_HUD-2880, HUD-50070, SF-LLL

8B. Applicant 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 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.

For 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.

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: Adolph Valfre

Date: 11/15/2015

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

X

**statements or claims may subject me to
criminal, civil, or administrative penalties .
(U.S. Code, Title 218, Section 1001).**

9B. Submission Summary

**Applicant must click the submit button once
all forms have a status of complete**

Page	Last Updated
1A. Application Type	No Input Required
1B. Legal Applicant	No Input Required
New Project Application FY2015	Page 67
	05/03/2016

1C. Application Details	No Input Required
1D. Congressional District(s)	10/26/2015
1E. Compliance	10/26/2015
1F. Declaration	10/26/2015
2A. Subrecipients	10/26/2015
2B. Experience	11/03/2015
3A. Project Detail	10/26/2015
3B. Description	10/30/2015
3C. Expansion	10/26/2015
4A. Services	11/08/2015
4B. Housing Type	10/30/2015
5A. Households	10/26/2015
5B. Subpopulations	No Input Required
5C. Outreach	11/08/2015
5D. Discharge Policy	10/26/2015
6A. Standard	10/26/2015
6B. Additional Performance Measures	11/03/2015
7A. Funding Request	10/26/2015
7B. Acq/Rehab/Const	11/03/2015
7F. Supp Srvcs Budget	11/03/2015
7G. Operating	11/08/2015
7I. Match/Leverage	11/03/2015
7J. Summary Budget	No Input Required
8A. Attachment(s)	11/15/2015
8B. Certification	11/15/2015

Internal Revenue Service

District
Director

E. Luke-Dorf
10313 SW 69th
Portland, or 97223-9103

RE: Luke-Dorf
EIN: 93-0685734

Department of the Treasury

P.O. Box 2350 Los Angeles, Calif. 90053

Person to Contact:
L. Barragan

Telephone Number:
(213) 894-2336

Refer Reply to:
EO (101394)

Date:
OCTOBER 17, 1994

Dear Taxpayer:

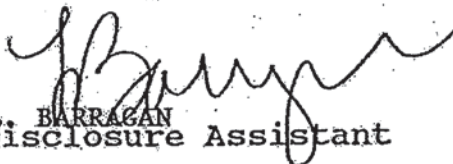
This letter is in response to your request for a copy of the determination letter for the above named organization.

Our records indicate that this organization was recognized to be exempt from Federal income tax in August 1977 as described in Internal Revenue Code Section 501(c)(3). It is further classified as an organization that is not a private foundation as defined in Section 509(a) of the code, because it is an organization described in Section 170(b)(1)(A)(vi).

The exempt status for the determination letter issued in August 1977 continues to be in effect.

If you need further assistance, please contact our office at the above address or telephone number.

Sincerely,


L. BARRAGAN
Disclosure Assistant



JOB TITLE: Service Coordinator Clover Court

FLSA: exempt

REVIEW DATE: 10/1/15

DEPARTMENT: Integrated Services

REPORTS TO (Title): Program Manager

Purpose: (General description and summary)

Service Coordinators coordinate individual services within and outside the agency. This position is responsible for monitoring services to individuals living at Clover Court, specifically focusing on housing retention and tenancy issues. Services are scheduled as requested by residents approximately 8 hours per week, and primarily provided in the office space attached to the facility common space.

Accountabilities: (Responsibilities of the job)

Case Management and Direct Services

- Develop relationships with each tenant by meeting on an established schedule
- Assess the strengths and service needs of each consumer.
- Develop individual service plans in partnership with consumer, proactively identifying issues that stabilize tenancy. For non-enrolled clients, develop written goal and objective plans for services.
- Assist consumer in connecting to resources and services needed to achieve goals set in individual service and support plan.
- Monitor housing stability and coordinate community resources.
- Provide individual counseling designed to stabilize mental health, foster self-determination, and increase longevity of tenancy.
- Develop relationships with other providers and community safety net agencies
- Facilitate problem solving within the facility and with neighbors.
- Assist consumer in problem solving with property manager.
- Coordinate community meetings as needed

Crisis Intervention

- Complete crisis plan for each person who may need access to emergency services
- Educate tenants on proactive self-management steps to minimize use of crisis services
- Contact hospital within 1 working day for anyone on the caseload who is hospitalized
- Coordinate consumer engagement with alternative resources and providers as needed to reduce time spent in emergency services
- Provide crisis line and other emergency call numbers to consumer and educate on the appropriate use of the numbers.
- Proactively identify the traits of early-stage crisis and intervene appropriately



JOB TITLE: Service Coordinator Clover Court

FLSA: exempt

REVIEW DATE: 10/1/15

DEPARTMENT: Integrated Services

REPORTS TO (Title): Program Manager

Administration:

- Support enrolled clients in completing all required assessment, reauthorization, and funding paperwork
- Document all consumer contact and actions made on behalf of consumers.
- If acting as primary case manager, complete all other components of service coordination as required.
- Document enrollment and housing retention on HMIS
- Ensure adequate documentation of homelessness/chronic homeless status
- Provide data for S+C providers

Utilization Reviews

- Provide information as requested by the Quality Assurance Coordinator
- Complete all documents and observe timelines to ensure that charts are in compliance
- Participate in supervision as needed to review interventions and utilization

Other General Expectations:

- Attend and positively participate in required meetings.
- Pursue ongoing development of skills and competencies. A minimum of 16 hours on-going education, of which 12 hours must be in area of mental health/dual recovery and four hours in cultural competency.
- Follow all corporate policies, procedures, and protocols.
- Adhere to any applicable ethics codes.
- Maintain current Drivers License.
- Follow through on all directives and instructions.
- Maintain security of all corporate interests.
- Maintain CPR and First Aid Certificate.

Positions Reporting: (Listing of job incumbents reporting into this position)

None

Education/Certificates/Licenses/Registration:



JOB TITLE: Service Coordinator Clover Court

FLSA: exempt

REVIEW DATE: 10/1/15

DEPARTMENT: Integrated Services

REPORTS TO (Title): Program Manager

Qualified Mental Health Professional with a Masters Degree in social work or related field is required. A minimum of two years post-graduate experience is preferred. CADC Credentials are preferred.

Experience/Qualifications:

Spanish/English preferred. Applicant must possess the skills necessary to work independently. Must understand principles of Housing First and working with chronically homeless persons. Must have a firm understanding of individuals with severe and persistent mental illness, psychiatric medications and their use, administrative rules and other applicable laws and regulations, as well as an understanding of acceptable clinical practices and guidelines. Must be familiar with the issues of Housing longevity in supportive housing and the protections of ADA, the Fair Housing Act, and Landlord-tenant law. Understanding of the DSM and the ability to compose comprehensive mental health assessments and initial service plans.

Mental Requirements:

Extensive mental activities required. Examples to include but not limited to the use of educated judgment, communicate thought clearly, maintain calm demeanor in crisis situations, be an empathetic and effective listener, and flexible analytical and interpreting skills. Ability to motivate others and remain consistently enthusiastic.

Impact:

Luke-Dorf, Inc. outpatient operations are an essential part of Luke-Dorf, Inc. overall continuum of service and supports. As a member of the outpatient team, the SC will help to insure best practices, positive clinical outcomes, and quality of services.

Contacts:

Contact with all entities associated directly and/or indirectly with the operation of all Luke-Dorf, Inc. clinical programs and PSR individuals.

Employee Acknowledgement



JOB TITLE: Service Coordinator Clover Court

FLSA: exempt

REVIEW DATE: 10/1/15

DEPARTMENT: Integrated Services

REPORTS TO (Title): Program Manager

I acknowledge and confirm I have read the above job description information. I understand and agree that it is my responsibility to speak to my immediate manager should I have any questions or concerns regarding my job duties or any content of the job description.

I understand a copy of this will be retained in my individual Human Resources file.

Employee Signature _____ **Date** _____

Authorized Signature _____ **Date** _____

LUKE-DORF INC

JOB DESCRIPTION ADDENDUM (Physical Demands & Work Environment)

Job Title: Service Coordinator

Review Date:

IN AN 8 HOUR WORKDAY, THIS JOB REQUIRES:

R= RARELY (less than 1/2 hour per day)
 O= OCCASIONALLY (1/2-2.5 hours per day)
 F= FREQUENTLY (2.5-5.5 hours per day)
 C= CONTINUALLY (5.5-8 hours per day)
 NA= NOT APPLICABLE

PHYSICAL REQUIREMENTS	R	O	F	C	NA	Describe any job duty which requires repetition or a unique application of the activity
Sitting				X		
Stationary standing		X				
Walking		X				
Ability to be mobile			X			
Crouching (bend at knees)	X					
Kneeling/Crawling					X	
Stooping (bend at waist)	X					
Twisting (knees/waist/neck)		X				
Turn/Pivot	X					
Climbing					X	
Reaching overhead/extension	X					
Grasping/pinching					X	
Distinguishing Colors		X				
Pushing/pulling	X					
typical weight: 5-20 LBS.	X					
maximum weight: 75 LBS.	X					
Lifting/carrying	X					
typical weight: 5-20 LBS.	X					
maximum weight: 75 LBS.	X					
Other physical demands:						
Keyboard typing				X		
Computer screen usage				X		
Traveling		X				
SENSORY REQUIREMENTS						
Talking in person				X		
Talking on telephone			X			
Hearing in person				X		
Hearing on telephone			X			
Vision for close work				X		
Other sensory requirements						

Work Environment

The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this job, the employee is occasionally exposed to outside weather conditions. The noise level in the work environment is usually moderate.

Contact will be with all entities associated directly and/or indirectly with the operation of all Luke-Dorf, Inc. clinical programs and PSR individuals.