

## 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:** 11/10/2015

**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:** Yakama Nation Housing Authority

**b. Employer/Taxpayer Identification Number (EIN/TIN):** 91-0786940

	<b>c. Organizational DUNS:</b>	783064884	PL US 4	
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### d. Address

**Street 1:** 611 South Camas Avenue

**Street 2:**

**City:** Wapato

**County:** Yakima

**State:** Washington

**Country:** United States

**Zip / Postal Code:** 98951

### e. Organizational Unit (optional)

**Department Name:** Yakama Nation Housing Authority

**Division Name:** Homeless Housing

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

**Prefix:** Mr.

**First Name:** Craig

**Middle Name:**

**Last Name:** Dougall

**Suffix:**

**Title:** Director

**Organizational Affiliation:** Yakama Nation Housing Authority

**Telephone Number:** (509) 877-6171

**Extension:** 0000

**Fax Number:** (509) 877-7830

**Email:** craig@ynha.com

## 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:** L. Public/Indian Housing Authority  
**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):** Washington  
(for multiple selections hold CTRL key)

**15. Descriptive Title of Applicant's Project:** Yakama Nation Pathway to Home

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

a. **Applicant:** WA-004

b. **Project:** WA-004

(for multiple selections hold CTRL key)

**17. Proposed Project**

a. **Start Date:** 11/04/2015

b. **End Date:** 11/04/2025

**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](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:** Miss  
**First Name:** Debra  
**Middle Name:**  
**Last Name:** Whitefoot  
**Suffix:**  
**Title:** Housing Services Corrdinator  
**Telephone Number:** (509) 877-6171  
**(Format: 123-456-7890)**  
**Fax Number:** (509) 877-7830  
**(Format: 123-456-7890)**

**Email:** debra@ynha.com

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

**Date Signed:** 11/10/2015

## 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:

Organization	Type	Sub-Award Amount
This list contains no items		

## **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.**

The Yakama Nation Housing Authority has experience utilizing federal funding. YNHA has been awarded grants in the past for HUD funding as well as grants through Indian Housing Programs. YNHA has successfully monitored and submitted reports to satisfy the grant requirements and deadlines.

These grants include  
2010 HUD ICDBG Grant  
2015 IHP Annual Grant  
2015 HUD ROSS Grant  
Department of Commerce Weatherization Grant  
BPA Weatherization Grant

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

Yakama Nation is experienced in showing their commitment to the success of past projects by using funds for leverage. Now YNHA is leveraging funds to get the program started. They are using Housing Authority funds to buy the building, to finance the supportive employment project and to cover much of the operating costs. YNHA is also working in the community to get commitment to build the capacity of the supportive employment project

**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.**

YNHA is an active division of the Yakama Nation which reports to the Tribal Council with prioritization and decisions made by the YNHA Executive Board. The Executive Director oversees the supporting staff working together with partners, nonprofit organizations and community members in planning, development and implementation of the program. YNHA works with federal, state and Tribal offices on a regular basis, with full understanding of required reporting standards. YNHA partners are currently working with Yakama Nation offices such as the Yakama Warriors and Land Management divisions on new affordable housing projects.

The YNHA uses financial systems maintained and operated by the YNHA and Yakama Nation. Yakima Housing Authority provides outside monitoring and auditing of programs and financial accounting through a contract.

**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:** WA-507 - Yakima City & County CoC

**1b. CoC Applicant Name:** Yakima County

**2. Project Name:** Yakama Nation Pathway to Home

**3. Project Status:** Standard

**4. Component Type:** PH

**5. Is Energy Star used at one or more of the proposed properties?** No

**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.**

Yakama Nation Housing Authority (YNHA) is creating the Pathway to Home program to address the needs of chronically homeless with much needed support and guidance from professionals and the general community to help residents be successful, be self-sufficient and sustain their permanent housing. The program provides case management and supportive services to help residents achieve this goal. Yakama Nation Housing Authority is requesting funding from HUD to support case management to assist up to 45 residents in permanent supportive housing with applying and receiving supportive services and progressing in their sustainability through supportive employment and/or continuing education opportunities. Local outreach workers, social workers and case managers will identify and recruit chronically homeless people. Priority will be given to chronically homeless who have disabilities. The Yakama Nation Housing authority is buying a property that provides 41 one bedroom units for permanent supportive housing. Thirty units will house residents of the Pathway to Home Program with CoC HUD grant funding. Residents will create a plan for self-sufficiency and will take steps to make progress towards their goals; they will complete applications for jobs, trainings, school and all supportive services benefits. Residents will have regular meetings with their case manager to check in on the progress and address barriers as needed. Residents will be expected to contribute to the rental cost of their units. The maximum rental cost for a unit will be no more than \$100. Residents who are receiving SSI/SSA benefits will contribute no more than 30% of their income as determined by HUD regulations. YNHA will offer supportive employment both on site and off site to provide a wide range of opportunities with the goal of permanent job placement. Community relationships and partnerships will build on the success of the program and increase the capacity to address the issues of homelessness. YNHA staff will work within the community to help address misconceptions and gather local support. The greater community will be invited to contribute. The program will include volunteer opportunities both on-site and in indirect ways. The program will also recruit within the community for both in-kind and monetary donations. YNHA is committed to ending homelessness in and around the Yakama Reservation by utilizing all available resources to help those in need and recognizes that they cannot do this alone; the program will require partnership and support within the community and constructive relationships.

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

Yakama Nation Housing Authority will utilize their experience and existing policies and procedures to oversee the development of this program. This program is planned to be implemented at the beginning of July 2016. Planning and development is already underway; the location has been selected and is in the process of finalizing the purchase. The residence is nearly turn-key for immediate occupation. Details of policies and procedures are under development with the foundation of YNHA's existing documents regarding tenant/Landlord rights and responsibilities and screening rubrics to ensure that residents will qualify within the scope of HUD's definition of chronically homeless to name a few. Vital partnerships have been created and work is starting with identifying supportive employment opportunities in the community and recruitment, screening and training policies and procedures are developed and only need editing to customize for each volunteer job description.

**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 type="checkbox"/>
Youth (under 25)	<input type="checkbox"/>	Mental Illness	<input type="checkbox"/>
Families	<input type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>
		Other (Click 'Save' to update)	<input type="checkbox"/>

**5. Housing First**

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

**b. Does the project ensure that participants are not screened out based on the following items? Select all that apply. 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.**

YNHA is purchasing the property that has 41 one bedroom units. The facility is nearly turn-key with minimal need for remodeling or restoration. A commercial kitchen/dining room will be constructed on the property within a year of the program. YNHA will assist PTH maintenance staff with initial upkeep and construction and maintenance staff will utilize supportive employment residents for general maintenance of the property.

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

**8. Will the project request costs under the rental assistance budget line item?** No

**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.**

The Yakama Nation Housing authority is buying a property that provides 41 one bedroom units for permanent supportive housing. Thirty units will house people who meet the criteria as chronically homeless, and ten units will be used in a veteran's housing program. One unit will be used by the Resident Manager in order to be on call 24 hours a day. The Residence will house men and women aged of eighteen or older.

Besides the apartments, the residence will have spaces available to offer supportive services on site. The residence will have rooms available for organizations to use such spaces for counseling sessions, for health screenings and limited health treatments (such as vaccinations, etc.) There will be rooms big enough to hold classes or meetings. These spaces will provide privacy in the community setting.

**10. Will more than 16 persons live in one structure? Yes**

**10a. Describe the local market conditions that necessitate a project of this size.**

The city of Wapato has an emergency shelter but no facilities that offer permanent supportive housing for the chronically homeless who have utilized the emergency shelter. The town is small in size and the location of the program is optimal for getting to food, health and social services. This central location is also optimal for organizations and agencies to visit residents on site.

There will be a minimum of 30 available spaces with the consideration for couples using one unit for both of them. Residents will not be required to have roommates and will have optimum privacy while still living in an empathetic and supportive community.

**10b. Describe how the project will be integrated into the neighborhood.**

The property is located in the town of Wapato. Residents will be encouraged to volunteer within their community in several ways. The facility will also be a resource for people who are at risk of being homeless by offering a warm meal and survival supplies.

## 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?** Yes

**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.**

Residents who are able to stay as long as they like; no one will be asked to leave unless they cannot follow the basic rules which include Yakama Nation Housing Authority's Admissions and Occupy Policy. Some residents will be able to sustain their housing with the continuation of support services throughout their lives while other may go on to find housing that suits their needs, be it moving to be closer to family or other support systems or the need to live in a more private setting. Any resident who decides to leave will work with case managers, staff of YNHA or other housing organizations to find affordable housing that will work for them.

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

Addressing barriers such as health, dental and mental health make it possible for people to progress in ending their homelessness. Chronically homeless people typically have health and mental health issues that have gone undiagnosed or untreated for as long as they have been homeless. Feeling better, having the right medications and a healthy smile go a long way in their progress. Supportive services also include opportunities to pursue continuing education or training in a specialized field. There are also services to help residents reconnect with the community and possible family and friends with the help of professionals, case managers and community leaders. Supportive employment offers job training while earning a wage. Residents not only learn a marketable skill, but they also practice life skills, gain confidence and experience the satisfaction of contributing in their community. YNHA plans to work with the Nation's Vocational Rehab department and other nonprofit organizations to assist in screening, training and placement of residents.

**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	Applicant	As needed
Assistance with Moving Costs	Applicant	As needed
Case Management	Applicant	As needed
Child Care	Non-Partner	As needed
Education Services	Non-Partner	As needed
Employment Assistance and Job Training	Applicant	As needed
Food	Applicant	As needed
Housing Search and Counseling Services	Applicant	As needed
Legal Services	Non-Partner	As needed
Life Skills Training	Applicant	As needed
Mental Health Services	Partner	As needed
Outpatient Health Services	Partner	As needed
Outreach Services	Applicant	As needed
Substance Abuse Treatment Services	Partner	As needed
Transportation	Non-Partner	As needed
Utility Deposits	Applicant	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.** 08/15/2016

## 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:** 30

**Total Beds:** 30

**Total Dedicated CH Beds:** 30

**Total Prioritized CH Beds:** 30

Housing Type	Units	Beds	Dedicated CH Beds	Non-Dedicated CH Beds
Clustered apartments	30	30	30	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:** 30

**b. Beds:** 30

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

**a. How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless?** 30

**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?** 30

**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?** 30

**Turnover beds should not exceed the number of beds.**

**3. Address:**

**Street 1:** 310 South Ahtanum Ave.

**Street 2:**

**City:** Wapato

**State:** Washington

**ZIP Code:** 98951

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**\*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)**

539077 Yakima 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>

<b>Households</b>	<b>Households with at Least One Adult and One Child</b>	<b>Adult Households without Children</b>	<b>Households with Only Children</b>	<b>Total</b>
<b>Total Number of Households</b>	0	30	0	30
<b>Characteristics</b>	<b>Persons in Households with at Least One Adult and One Child</b>	<b>Adult Persons in Households without Children</b>	<b>Persons in Households with Only Children</b>	<b>Total</b>
<b>Adults over age 24</b>	0	25		25
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Adults ages 18-24	0	5		5
Accompanied Children under age 18	0		0	0
Unaccompanied Children under age 18			0	0
<b>Total Persons</b>	0	30	0	30

**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 represen ted by listed subpopu lations
Adults over age 24	25									
Adults ages 18-24	5									
<b>Total Persons</b>	30	0	0	0	0	0	0	0	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 represen ted by listed subpopu lations
Accompanied Children under age 18										
Unaccompanied Children under age 18										
<b>Total Persons</b>	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.

50%	Directly from the street or other locations not meant for human habitation.
50%	Directly from emergency shelters.
0%	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.

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

YNHA will be partnering with BIA Social Services and Indian Health Services outreach workers to inform people about the program and to identify possible residents. Potential residents will be screened and placed through YNHA with referrals through local agencies and medical facilities. The local emergency shelter will also be involved in referring potential residents. Priority will be given to those in greatest need; those who have been chronically homeless the longest, those who have major disabilities and chronically homeless elders.

## 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.	25	30	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.	25	30	83%
<b>OR</b>			
b. Adults who maintained or increased their earned income as of the end of the operating year or project exit.			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
Number of residen...

## 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 (%)
Number of residents to participate in supportive job training	25	30	83%

### 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

Data collected will be number of residents, types of job skill and life skills training opportunities.

**3. Specific data elements and formula proposed for calculating results**

Total amount of residents who participate in job training for a supportive employment opportunity. Training provides competitive job skills and social skills to prepare residents for general employment and specialized jobs.

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

The data will show the demand for supportive employment training by residents who were unable to obtain training when they were homeless.

## 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 is the project applying for funding through the permanent housing bonus?** Permanent Housing Bonus

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

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

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

Acquisition/Rehabilitation/New Construction	<input type="checkbox"/>
Leased Units	<input type="checkbox"/>
Leased Structures	<input type="checkbox"/>
Supportive Services	<input checked="" type="checkbox"/>
Operations	<input type="checkbox"/>
HMIS	<input type="checkbox"/>

## Funding\_Request HIDDEN

**(HIDDEN) Grant Term in years, for use in calculations:** 1

**(HIDDEN) Grant Term in Months, for use in calculations:** 12

<b>Acquisition/Rehabilitation/New Construction (Hidden)</b>	<input type="checkbox"/>
<b>Supportive Services (Hidden)</b>	<input checked="" type="checkbox"/>
<b>Rental Assistance (Hidden)</b>	<input type="checkbox"/>
<b>Leased Units (Hidden)</b>	<input type="checkbox"/>
<b>Leased Structures (Hidden)</b>	<input type="checkbox"/>
<b>Housing Relocation &amp; Stabilization (Hidden)</b>	<input type="checkbox"/>
<b>Operations (Hidden)</b>	<input type="checkbox"/>
<b>HMIS (Hidden)</b>	<input type="checkbox"/>

## 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	2 FTE Case Managers with annual salary and benefits at \$41,798 each.	\$83,596
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		\$0
<b>Total Annual Assistance Requested</b>		\$83,596
<b>Grant Term</b>		1 Year
<b>Total Request for Grant Term</b>		\$83,596

**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:	\$100,000
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$100,000

### Summary for Leverage

Total Value of Cash Commitments:		\$2,250,000			
Total Value of In-Kind Commitments:		\$0			
Total Value of All Commitments:		\$2,250,000			
Match/ Leverage	Type	Source	Contributor	Date of Commitment	Value of Commitments
Leverage	Cash	Government	Yakama Nation Hou...	10/21/2015	\$2,250,000
Match	Cash	Government	Yakama Nation Hou...	10/21/2015	\$100,000

## 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)** Yakama Nation Housing Authority
- 5. Date of Written Commitment:** 10/21/2015
- 6. Value of Written Commitment:** \$2,250,000

## 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:** 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)** Yakama Nation Housing Authority
- 5. Date of Written Commitment:** 10/21/2015
- 6. Value of Written Commitment:** \$100,000

## 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			\$0
2a. Leased Units	\$0	1 Year	\$0

<b>2b. Leased Structures</b>	\$0	1 Year	\$0
<b>3. Rental Assistance</b>	\$0	1 Year	\$0
<b>4. Supportive Services</b>	\$83,596	1 Year	\$83,596
<b>5. Operating</b>	\$0	1 Year	\$0
<b>6. HMIS</b>	\$0	1 Year	\$0
<b>7. Sub-total Costs Requested</b>			\$83,596
<b>8. Admin (Up to 10%)</b>			\$8,360
<b>9. Total Assistance Plus Admin Requested</b>			\$91,956
<b>10. Cash Match</b>			\$100,000
<b>11. In-Kind Match</b>			\$0
<b>12. Total Match</b>			\$100,000
<b>13. Total Budget</b>			\$191,956

**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		
2) Other Attachment(s)	No	Project Scope and...	11/09/2015
3) Other Attachment(s)	No	Eligibility Requi...	11/09/2015

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:** Project Scope and Plan

## **Attachment Details**

**Document Description:** Eligibility Requirements

## 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.**

Yakama Nation Housing Authority as a Tribally Designated Housing Entity complies with all NAHASDA Regulations 24 PFR Part 1000.

**Name of Authorized Certifying Official:** Debra Whitefoot

**Date:** 11/10/2015

**Title:** Housing Services Corrdinator

**Applicant Organization:** Yakama Nation Housing Authority

**PHA Number (For PHA Applicants Only):**

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

X
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## 9B. Submission Summary

Page	Last Updated
<b>1A. Application Type</b>	No Input Required
<b>1B. Legal Applicant</b>	No Input Required
<b>1C. Application Details</b>	No Input Required
<b>1D. Congressional District(s)</b>	11/09/2015
<b>1E. Compliance</b>	11/05/2015
<b>1F. Declaration</b>	11/05/2015
<b>2A. Subrecipients</b>	No Input Required
<b>2B. Experience</b>	11/10/2015
<b>3A. Project Detail</b>	11/06/2015
<b>3B. Description</b>	11/09/2015
<b>3C. Expansion</b>	11/06/2015
<b>4A. Services</b>	11/09/2015
<b>4B. Housing Type</b>	11/10/2015
<b>5A. Households</b>	11/09/2015
<b>5B. Subpopulations</b>	No Input Required
<b>5C. Outreach</b>	11/09/2015
<b>6A. Standard</b>	11/09/2015
<b>6B. Additional Performance Measures</b>	11/10/2015
<b>7A. Funding Request</b>	11/09/2015
<b>7F. Supp Srvcs Budget</b>	11/10/2015
<b>7I. Match/Leverage</b>	11/06/2015
<b>7J. Summary Budget</b>	No Input Required
<b>8A. Attachment(s)</b>	11/09/2015
<b>8B. Certification</b>	11/09/2015

Yakama Nation Housing Authority (YNHA) is creating **the Pathway to Home program** to address the needs of chronically homeless with much needed support, case management, supportive services and guidance from professionals and the general community required to help these individuals be successful at self-sufficiency and sustaining their permanent housing. The program also enlists other tribal and government agencies, nonprofit organizations, local businesses, community leaders and supportive individuals to participate in this process to address those personal needs and also to help residents connect to the greater community.

The mission statement of the Yakama Nation Pathway to Home Program is to end homelessness through a holistic approach by housing, supporting and empowering chronically homeless by helping them address their personal needs to overcome homelessness, providing a safe, positive living environment and assisting them in their personal progress with the goal of becoming self-sufficient. The program's success also relies on the engaging the community to become aware, engaged and supportive of ending homelessness on the Yakama Reservation.

## **THE NEED**

The focus of this program is to house chronically homeless adults living within the vicinity of the Yakama of Confederated Tribes and Bands of Yakama Nation Reservation also known as Yakama Nation. Currently, there are more than 10,500 enrolled members of the Yakama Nation and an estimated 10,000 registered Yakama members living in Yakima County. According to the 2013 Census, 32% of American Indians and Native Alaskans in Yakima County live below the poverty level. The Census also reports that there are currently approximately 247,000 people living in Yakima County and 22% of this population lives below the poverty level. Data from the annual "Point in Time" surveys conducted in Yakima County identified 20% of the total of chronically homeless as American Indian/Alaska Native. Report data states that of the 899 homeless people in Yakima County, 93 people identified as chronically homeless with 19 people identified as American Indian/Native Alaskan. Social Service workers at the Yakama Nation Bureau of Indian Affairs are currently working with 130 homeless clients with about 30 of those clients living within the definition of chronically homeless.

Conceptions about homelessness on the reservation are challenging because of the traditional culture; there is secrecy and little or no trust of authorities who might be involved. Others don't realize their situation is considered homelessness such as couch surfing or moving from one relative's home to another. Others live traditionally in housing that would not pass as adequate or safe housing. YNHA will implement outreach services in partnership with other agencies and nonprofit organizations to learn more about these perceptions with people who are homeless with the goal of addressing these barriers to safe and affordable housing.

Potential residents will be screened and placed through YNHA with referrals through local agencies and medical facilities. Priority will be given to those in greatest need; those who have been chronically homeless the longest, those who have major disabilities and chronically homeless elders. The program will utilize the Yakima County HMIS system to ensure residents are getting the services they need without duplication of services. YNHA also plans to use data collected from the Homeless Management

Information System (HMIS) to constantly improve their ability to offer and utilize services for the advantage of current and future program residents.

## **THE FACILITY**

The Yakama Nation Housing authority is buying a property that provides 41 one bedroom units for permanent supportive housing. There will be a minimum of 41 available spaces with the consideration for couples using one unit for both of them. Twenty units will house people who meet the criteria as chronically homeless, and twenty units will be available to people who qualify as fleeing from domestic violence. One unit will be used by the Resident Manager in order to be on call 24 hours a day. The Residence will house men and women aged of eighteen or older.

Besides the apartments, the residence will have spaces available to offer supportive services on site. The residence will have rooms available for organizations to use such spaces for counseling sessions, for health screenings and limited health treatments (such as vaccinations, etc.) There will be rooms big enough to hold classes or meetings. These spaces will provide privacy in the community setting.

## **GENERAL OPERATIONS**

Individuals who are qualified will stay at the facility as long as they are willing to follow the rules of the facility, work constructively with case managers and as long as the living situation is right for them. Residents can stay indefinitely or choose to find different housing with the support of the staff.

### **Resident Entry and Orientation**

Qualifying individuals are welcomed to the residence by the Resident Manager and a case manager. The new resident is given orientation and a chance to settle in. New residents will be supplied with bedding, furniture in their apartment such as beds, chairs, etc. New residents will meet with their case manager to get started on creating a plan for self-sufficiency. The appointment will cover assessing the resident's possible qualification for medical and food benefits, possibly identifying a disability that qualifies them for Social Security benefits. The case manager will also ensure that new residents are connected with supportive services. They will plan for self-sufficiency that includes goal setting and a discussion about the steps to achieve those goals. This discussion will include the possibility of participating in supportive employment, continuing education and training and addiction treatment opportunities.

The Resident Manager will introduce the new residents to peer mentors. These resident volunteers help residents feel included and supported and reduce the risk of residents leaving the program without first reaching their self-sufficiency goals. Peer monitors have been trained and understand the scope of their work as support people. They will act as positive role models, a sympathetic ear and possibly as reporters if residents show signs of needing medical or mental health help such as the need for suicide or addiction intervention.

### **Daily Residential Activities**

Residents will take steps to make progress towards their goals; they will participate in the completion of applications for jobs, trainings, school and all benefits. Residents will meet with their case manager on a regular basis to check in on the progress and address barriers as needed.

### **Permanent Supportive Housing**

Residents who are able to stay as long as they like; no one will be asked to leave unless they cannot follow the basic rules which include Yakama Nation Housing Authority's Admissions and Occupy Policy. Some residents will be able to sustain their housing with the continuation of support services throughout their lives while other may go on to find housing that suits their needs, be it moving to be closer to family or other support systems or the need to live in a more private setting. Any resident who decides to leave will work with case manager, staff of YNHA or other housing organizations to find affordable housing that will work for them.

Residents will be expected to contribute to the rental cost of their units. The maximum rental cost for a unit will be no more than \$100. The fee is determined on a sliding fee scale of any financial resources a resident may be receiving such as supportive employment, general employment, tribal annuities, or SSI/SSA. Residents who are receiving SSI/SSA benefits will contribute no more than 30% of their income as determined by HUD regulations.

### **SUPPORTIVE SERVICES**

Addressing barriers such as health, dental and mental health make it possible for people to progress in ending their homelessness. Chronically homeless people typically have health and mental health issues that have gone undiagnosed or untreated for as long as they have been homeless. Feeling better, having the right medications and a healthy smile go a long way in their progress. Supportive services also include opportunities to pursue continuing education or training in a specialized field. There are also services to help residents reconnect with the community and possible family and friends with the help of professionals, case managers and community leaders.

#### **Health Services**

Case managers will determine whether residents qualify for tribal health and dental benefits, Washington State/Medicaid/ACA benefits or private insurance. Residents will use a transportation schedule to get to appointments. Medical and dental screenings will be held on site on a regular basis as well as vaccine and other clinical procedures by IHS and other partners in the medical profession.

#### **Mental Health Services**

A majority of people who are chronically homeless experience mental health problems. Many go undiagnosed for years. The Pathway Home program will have each new resident assessed by a mental health professional and given a treatment plan including a medication and/or a plan of therapy. The diagnosis of a serious mental health issue might result in qualifying a disability. Staff and mental health professionals will assist in the process as needed.

#### **Disability Services**

Residents will be screened for physical and mental disabilities that might qualify as permanent disabilities and therefore would be able to receive benefits such as Medicare and a monthly stipend for living. Medical, mental health and case manager will work together to advocate for residents who are

applying for these benefits and will be able to assist in all aspects of the process including attending appointments, completing forms and advocacy.

### **Continuing Education**

Residents will be able to improve their education at any level. Residents can start with achieving their GED by taking preparatory classes at the residence. The program will also be connected to organizations that can help residents research possible schools, navigate college applications and finding funding.

### **Cultural Support**

The issues of chronically homeless such as addiction or mental illness has caused some tribal members to lose support of their families, friends and spiritual institutions. The program will include leaders of local longhouses, ministers and elders to work with residents in reconnecting with those relationships in a constructive manner.

## **SUPPORTIVE EMPLOYMENT**

Supportive employment offers job training while earning a wage. Residents not only learn a marketable skill, but they also practice life skills, gain confidence and experience the satisfaction of contributing in their community. YNHA plans to work with the Nation's Vocational Rehab department and other nonprofit organizations to assist in screening, training and placement of residents.

### **Residential opportunities**

The facility will offer supportive employment opportunities in food service and maintenance. Residents will be screened for these positions. Staff who work in the kitchen and in the maintenance department will also be screened and trained to train and oversee the workers.

### **Off-Site Supportive Employment**

YNHA will build partnerships with businesses and nonprofit organizations to offer supportive employment opportunities away from the facilities. These partnerships will help to provide a wider range of supportive employment opportunities with the goal of residents finding a permanent job.

## **COMMUNITY SUPPORT**

This program cannot reach its potential to help chronically homeless people find and use the tools they need to stay in permanent housing. This program plan mentions potential partnerships in many of the subjects as vital tools for the success of this project.

### **Collaboration**

YNHA is building relationships with Nation agencies, businesses, individuals and other nonprofits to connect the greater community to the success of this program. Together, partnerships will be formed that will support the program with everything from using the HMIS system to effectively screen and qualify applicants, offer supportive services and even help with connecting residents to their culture. The Nation is eager to invite the relationships and partnerships in the hope to build on the success of the program and increase the capacity to address the issues of homelessness on the Yakama Reservation.

### **Public Awareness of Local issues of Homelessness**

Although homelessness is an issue on the Yakama Reservation, data about the homeless population has been mostly shared within agencies and nonprofit organizations. The general public has very limited information and relies on basic conceptions about homelessness. The public need to get correct information about homelessness and the local people who are struggling with this issue. YNHA will produce an annual report to the Board of Commissioners and the Tribal Council that will offer general information about local issues of homelessness, the successes and challenges of the program and information about getting involved. The Resident Manager and case workers will also make presentations about the program within the community to help address misconceptions and gather local support.

### **Local Resources: Donation and Volunteer Opportunities**

The greater community will be invited in contributing to the success of the program and the residents themselves. The program will include volunteer opportunities both on-site and in indirect ways. The program will also recruit within the community for both in-kind and monetary donations.

### **PROGRAM STAFF AND ROLES**

Staff will be on site to support the progress, safety and satisfaction of residents. The housing center will be staffed by a resident manager, case managers. A primary kitchen staff and maintenance staff will be on hand to ensure day to day functions and also to be teachers and mentors.

The **Resident Director** will oversee the management of the program; it's budget, policies and procedures and staff. They will be responsible for ensuring that all funding is in compliance with grant agreements and will create and manage reporting systems to monitor compliance. The Executive Director will report to YHNA Director and board members to keep them informed of operations and to address any questions or concerns. They will also be responsible for the screening and hiring of new employees with the help of the Resident Manager and recommendations of department staff.

The **Resident Manager** assists residents with day-to-day living overseeing the smooth operations of the facility, supervising employees and the events that take place within the facility. The Resident Manager will also assist in the recruitment and hiring of new employees and provide orientation sessions for the new hires. Evaluations must be conducted for all employees and any complaints or concerns are looked into by the Resident Manager. The resident manager will live on site with the expectation of working during regular business hours and being on call during weekends and evenings.

**Case managers** will work with clients as they arrive to help with initial orientation, assisting in getting residents connected to any possible health, disability and tribal member benefits. They will also work closely with residents to assess strengths and opportunities for progress and they will help residents create goals to achieve self-sufficiency and plans in achieving these goals. Case managers will continue to work with to support their progress, help in tackling barriers, and advocating for residents as they need.



The **Kitchen Coordinator** is responsible for the overall operations of the food service for the facility. The coordinator will be responsible for maintaining inventory for the kitchen, controlling expense and waste, meal planning and coordination of meal service. They will supervise staff, including residents participating in the supportive employment program.

**Kitchen staff** will assist in preparing a daily meal. This includes prepping, cleaning up after each meal and help with monitoring inventory. These positions will potentially be filled by residents participating in supportive employment residents.

**Maintenance Coordinator** will be responsible for the general upkeep of residential grounds. They will also manage requests from residents for needed repairs and maintenance of individual apartments. The Maintenance Coordinator will supervise support staff including residents participating in the supportive employment program.

**Administrative Support** Person will assist the Executive Director and Resident Manager with daily administration. They will greet people as they enter the administrative offices and assist residents with any faxing, copying, etc. that they may need. Administrative support will oversee the daily maintenance of required reporting including HMIS. They assist in gathering data and writing reports for the YNHA board and other funding agencies.

## PROPOSED BUDGET FOR PATHWAY TO HOME

The budget of this program reflects the first year of planning and operation. Big expenses such as purchasing the building, getting it ready for occupation and regular operations will be highest this year.

Purchase of Building	\$1,650,000
Insurance, etc	\$7,500
Construction/Building Preparation for Program	\$300,000
Administrative/Salaries for Non-Supportive Employment Staff	\$300,000
Supportive Employment Staff	\$181,824
Kitchen Expenses/Food, Equipment, etc.	\$20,000
Maintenance Expenses/Upkeep, special projects and emergency repairs	\$2,500
Office supplies and equipment, Utilities	\$5,000
Outside Marketing, PR and Publishing Costs	\$300

### Future Plans

YNHA anticipates a more consistent budget in the following years with little changes to operating/salary costs. The annual budget will include money to expand the program with new and innovative projects. Possible projects include a mobile feeding unit/outreach project, increased research into the issues of

homelessness on the Yakama Reservation and the creation of a community action team to find new ways of addressing these issues and projects to create emergency shelters/transitional housing options for those who do not qualify for this program.

The Yakama Nation Housing Authority is committed to ending homelessness in and around the Yakama Reservation by utilizing all available resources to help those in need. YNHA recognizes that they cannot do this alone; the program will require partnership and support within the community, and they are also committed in building constructive relationships with everyone from the program residents to community leaders and potential partners.



**YNHA**  
**PATHWAY TO HOME PROJECT**  
**ELIGIBILITY ADMISSIONS REQUIREMENTS**  
**ROUGH DRAFT**

## **CHAPTER 1**

### **PURPOSE AND SCOPE**

**Purpose:** These Eligibility and Occupancy Policies provide direction to the Yakama Nation Housing Authority's (YNHA) staff of the Pathway to Home Program to follow in administering housing and supportive services within the program. This includes determining eligibility, case management, determining eligibility in supportive services and supportive employment, enforcing standards of conduct for participation.

**Scope:** These policies apply to the Pathway to Home Program and are a specific policy that will be applied in conjunction with the Yakama Nation Eligibility, Admissions and Occupancy Policies.

The Pathway to Home Program provides permanent supportive housing to chronically homeless persons.

## **CHAPTER 2**

### **AUTHORITY, ADMINISTRATION AND APPLICABLE LAWS**

**Authority:** The Board has the authority to adopt this Policy and is responsible to ensure that any policies are appropriate for YNHA.

**Delegation of Authority:** The Board delegates the responsibility for the administration and monitoring of this Policy to the Resident Manager of the Pathway to Home Program. The Resident Manager may delegate one or more of these duties to Program staff to perform these duties as written in staff position descriptions.

**Implementation:** The Resident Director will ensure that all procedures or forms that are developed to implement this Policy shall be in the interest of YNHA and in accord with YNHA policies and applicable laws. Staff using this policy shall be familiar with its content.

**Applicable Laws:** This Policy shall comply with all applicable laws including the Revised Code of the Confederated Tribes and Bands of the Yakama Nation (RYC), as amended, the Native American Housing and Self-Determination Act of 1996 (Pub. Law 104-330) as amended (NAHASDA), Section 504 of the Rehabilitation Act of 1973 (Pub. Law 93-112) as amended, and applicable regulations of the United States Department of Housing and Urban Development (HUD). The Resident Director will regularly review this Policy and recommend amendments as necessary to comply with applicable laws, or for other purposes.

**Sovereign Immunity:** YNHA hereby expressly affirms its tribal sovereign immunity to suit in any jurisdiction or tribunal and does not waive, alter or otherwise diminish that sovereign immunity by adopting or implementing this Policy or any other standard, document or law referenced therein. To the extent any provision of this Policy or any other referenced standard, document or law is inconsistent

with the sovereign immunity of the YNHA or the Yakama Nation, such provision is not adopted by this Policy and is declared void, unenforceable and severable from the remainder of this Policy.

**Prior Policies:** This Policy supersedes all prior policies and communications on each covered subject. This Policy is a tool to assist the PTH staff, and it does not create a contract or promise of specific treatment in specific situations.

**Other Policies:** Other YNHA policies may apply and should be consulted and implemented in concert with this Policy.

## **CHAPTER 3 DEFINITIONS**

**Homeless** is defined as a person sleeping in a place not meant for human habitation (e.g. living on the streets, for example) or living in a homeless emergency shelter.

**Chronically Homeless** is defined as an unaccompanied homeless individual with a disabling condition who has been continuously homeless for a year or more, or an unaccompanied individual with a disabling condition who has had at least four episodes of homelessness in the past three years.

**A disabling condition** is defined by HUD as a diagnosable substance abuse disorder, a serious mental illness, developmental disability, or chronic physical illness or disability. A disabling condition limits an individual's ability to work or perform one or more activities of daily living.

**A Disability** is defined as a physical or mental impairment substantially limits one or more major life activities, having a record of such impairment consistent with the definition of "handicap" under Section 504 of the Rehabilitation Act of 1973.

**Domestic violence** is defined as emotionally and/or physically controlling an intimate partner, often involving tactics such as physical assault, stalking, and sexual assault.

**Elderly person** is defined as a person is at least 55 years of age.

**Veteran** is defined as a person who was separated from active duty in the armed forces with an honorable discharge or under honorable conditions.

**Federally Recognized Tribe** is defined as a tribal entity on the current list of "Indian Entities Recognized and Eligible to Receive Services from the United States Bureau of Indian Affairs," as published in *the Federal Register*, and includes the Yama Nation.

**Yakama Nation** is defined as the Confederated Tribes and Bands of the Yakama Nation. Yakama Nation Housing Authority was established by the Resolution of the Yakama Tribal Council and is a Tribally-Designated Housing Entity of the Yakama Nation on whose behalf the YNHA receives funding.

**Indian** is defined as any person who is a member of a federally-recognized tribe.

## **CHAPTER 4 ELIGIBILITY STANDARDS**

The individual must meet the following eligibility requirements:

- Qualify as an Indian
- Qualify as chronically homeless
- Eighteen years of age or older
- Provide necessary documentation which may include tribal enrollment card, Social Security card, Driver's License or state ID Card and Birth Certificate.
- Sign all forms including Consent for Release of Information to YNHA and HUD Form 9886.
- Agree to use the housing as their primary residence

The YNHA will disqualify an applicant for the Pathway to Home Program if it is determined during the application or verification process:

- The individual is engaged in criminal activity involving acts of violence to persons or property or drug related criminal activity.
- The individual is subject to a registration requirement under any sex offender registration program.

Disqualification from this program may not be based on rumor or innuendo, but must be supported by documented evidence such as reports, letters, memoranda and records of interviews with reliable sources.

## **CHAPTER 5 APPLICATIONS AND WAITING LISTS**

Applications forms are available at the YNHA Housing Office, the BIA Social Services Department and nonprofit organizations who assist individuals in finding emergency housing. The individual, case manager or advocate for the individual may submit the application and copies of required documents to the YNHA Housing Office for the initial screening and verification process.

YNHA staff will review and verify the application to determine eligibility. If the applicant is eligible and there is no waiting list, steps will be taken to place the individual into the program.

If there is no vacancy, the individual will be notified and their name will be placed on a waiting list. Because this program is focused on individuals who are homeless, measures will be taken to assist in finding emergency shelter options that will not disqualify them from the program.

As stated in the Indian Housing Plan, YNHA gives preference to enrolled members of the Yakama Nation for Housing as per the housing agreement with NAHASDA.

YNHA uses a preference point system to rank applications

Enrolled Yakima	6 points
Yakama Descendant	5 points
Enrolled Other Indian	4 points
Elderly Person	3 points
Domestic Violence Victim	3 points
Veteran	3 points

Taking into consideration the preference points, if there are two or more individuals in the same position, placement will be prioritized by the date these individuals submitted a complete application.

YNHA will purge its waiting lists as necessary to maintain a list of active applicants and depending upon staff time and resources. The primary goals in purging the waiting list are to obtain current information of interested applicants and to remove applicants who are no longer interested or will qualify for the program. Applicants on the waiting list will be informed of the purge and will be given time to respond within a set deadline. Waiting list information must be retained for at least three years.

## **CHAPTER 6 CONDITIONS OF OCCUPANCY**

As a condition of initial occupancy, each applicant selected for the Pathway to Home Program must enter into a written, signed Agreement with the YNHA (e.g. rental agreement, MHOA, etc.,) and any other signed documents as YNHA may require. Applicants can only occupy the unit after the Executive Director signs the Agreement on behalf of YNHA. BY signing the agreement, the applicant represents that the information in the Agreement is true when signed.

All units are one bedroom with occupancy as one resident per unit with the consideration of married couples sharing one unit.

Residents will be expected to contribute to the rental cost of their units. The maximum rental cost for a unit will be no more than \$100. The fee is determined on a sliding fee scale of any financial resources a resident may be receiving such as supportive employment, general employment, tribal annuities, or SSI/SSA. Residents who are receiving SSI/SSA benefits will contribute no more than 30% of their income as determined by HUD regulations. Residents who are unable to generate income can barter their volunteer services for rent equity with the rate of \$10 per hour of volunteering at an approved nonprofit organization.

The resident will meet with the Resident Manager for orientation that will include a tour of the facilities, covering expectations of residency and introduction to available residents, followed by a meeting with the resident's case manager to begin the assessment of qualifying for supportive services and to start creating goals and plan to achieve these goals.



Conditions of continued occupancy include, but are not limited to, staying in compliance with the Agreement including required payments and general maintenance, making sure all occupants are authorized by YNHA as residents, cooperating with regular inspections, complying with YNHA policies and not threatening the health or safety of others.

Tenants are subject to immediate termination from the program if the resident or guest engages in the following types of activities, whether the tenant is or is not aware of it:

- Any activity that threatens the health or safety of, or right to peaceful enjoyment of the premises by other residents of the program, employees of YNHA or other persons authorized by YNHA to be on the premises.
- Activities that threaten the health or safety of, or right to enjoyment of their premises by persons residing within the immediate vicinity of the premises.
- Criminal activity, including drug-related activity, on or off the premises.  
Becoming subject to a registration requirement under any sex offender registration program.

Tenants are subject to immediate termination of tenancy if the tenant is fleeing to avoid prosecution, custody or confinement under federal, state or tribal law for committing or attempting to commit a crime which is a felony or for violating a condition of probation or parole which is imposed under federal, state or tribal law.

Tenants are prohibited from subleasing rental units

In the case of death or abandonment by resident, YNHA will prepare the unit for new occupancy.

YNHA does not discriminate against persons on the basis of disability in the admission or access to its federally-assisted programs or activities. YNHA provides reasonable accommodations to qualified persons with disabilities as required by law. YNHA will provide a reasonable accommodation to a person with a disability who requires an accessible feature or policy modification to accommodate his or her disability unless doing so would result in a fundamental alteration to the nature of the program or an undue financial and administrative burden. It will not always be possible to provide the exact modification of the request, but YNHA will work with the tenant to determine reasonable accommodation.

## **CHAPTER 7 GRIEVANCES**

The YNHA Grievance Policy and Procedures applies to any dispute brought by a person who applies for or participates in a YNHA program or service with respect to an alleged violation by YNHA of a policy, regulation or law that has resulted in loss or harm to the person with dispute. This includes disputes over eligibility determinations, waiting lists, written agreements, termination of tenancy or any other dispute. Copies of the Grievance Policy and Procedures may be obtained from the YNHA receptionist.