

## 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.gov at [https://www.hud.gov/program\\_offices/comm\\_planning/coc](https://www.hud.gov/program_offices/comm_planning/coc).
- Questions regarding the FY 2024 CoC Program Competition process must be submitted to [CoCNOFO@hud.gov](mailto:CoCNOFO@hud.gov).
- Questions related to e-snaps functionality (e.g., password lockout, access to user's application account, updating Applicant Profile) must be submitted to [e-snaps@hud.gov](mailto:e-snaps@hud.gov).
- Project applicants are required to have a Unique Entity Identifier (UEI) 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) 2024 Continuum of Care (CoC) Program Competition. For more information see FY 2024 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2024 CoC Program NOFO and the FY 2024 General Section NOFO.
- Detailed instructions and e-snaps navigation guides can be found on the hud.gov website [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition). The Detailed Instructions contain more comprehensive instructions and so should be used in tandem with the navigational guides.
- New projects may only be submitted as either Reallocated, Bonus Projects, Reallocated + Bonus, DV Bonus or DV Reallocation. 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. Please review the NOFO for eligibility standards.
- YHDP projects that are eligible for renewal under the CoC program may only use the YHDP Renewal or YHDP Replacement and Reallocation funding opportunities. Please review the NOFO for eligibility standards.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- HUD reserves the right to reduce or reject any new project that fails to adhere to 24 CFR part 578 and application requirements set forth in FY 2024 CoC Program Competition NOFO.

## 1A. SF-424 Application Type

1. Type of Submission:

2. Type of Application: New Project Application

If Revision, select appropriate letter(s):

If "Other", specify:

3. Date Received: 10/28/2024

4. Applicant Identifier:

a. Federal Entity Identifier:

5. Federal Award Identifier:

6. Date Received by State:

7. State Application Identifier:

## 1B. SF-424 Legal Applicant

### 8. Applicant

**a. Legal Name:** Washington County Department of Housing Services

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

**c. Unique Entity Identifier:** H8F3KZ3X4LC3

### d. Address

**Street 1:** 161 NW Adams Avenue, Suite 2000, MS-63

**Street 2:**

**City:** Hillsboro

**County:** Washington

**State:** Oregon

**Country:** United States

**Zip / Postal Code:** 97124-3082

### e. Organizational Unit (optional)

**Department Name:** Washington County Department of Housing Services

**Division Name:**

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

**Prefix:** Ms.

**First Name:** Karlee

**Middle Name:**

**Last Name:** Brandini

**Suffix:**

**Title:** Quality Improvement Program Coordinator

**Organizational Affiliation:** Washington County Department of Housing Services

**Telephone Number:** (971) 448-5185

**Extension:**

**Fax Number:** (503) 846-4795

**Email:** Karlee\_Brandini@washingtoncountyor.gov

## 1C. SF-424 Application Details

**9. Type of Applicant:** B. County Government

**10. Name of Federal Agency:** Department of Housing and Urban Development

**11. Catalog of Federal Domestic Assistance Title:** CoC Program  
**CFDA Number:** 14.267

**12. Funding Opportunity Number:** FR-6800-N-25  
**Title:** Continuum of Care Homeless Assistance Competition

**13. Competition Identification Number:**  
**Title:**

## 1D. SF-424 Congressional District(s)

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

15. Descriptive Title of Applicant's Project: Intensive Services Housing Program

16. Congressional District(s):

16a. Applicant: OR-001

16b. Project: OR-001  
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 09/01/2025

b. End Date: 08/31/2026

18. Estimated Funding (\$)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

## 1E. SF-424 Compliance

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

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

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

If "YES," provide an explanation:

## 1F. SF-424 Declaration

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

I AGREE:

### 21. Authorized Representative

**Prefix:** Ms.

**First Name:** Marni

**Middle Name:**

**Last Name:** Kuyl

**Suffix:**

**Title:** Assistant County Administrator

**Telephone Number:** (360) 903-7363  
(Format: 123-456-7890)

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

**Email:** Marni\_Kuyl@washingtoncountyor.gov

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

**Date Signed:** 10/28/2024



# 1G. HUD 2880

**Applicant/Recipient Disclosure/Update Report - form HUD-2880**  
**U.S. Department of Housing and Urban Development**  
**OMB Number: 2501-0017 Expiration Date: 01/31/2026**

## Applicant/Recipient Information

### 1. Applicant/Recipient Name, Address, and Phone

**Agency Legal Name:** Washington County Department of Housing Services

**Prefix:** Ms.

**First Name:** Marni

**Middle Name:**

**Last Name:** Kuyl

**Suffix:**

**Title:** Assistant County Administrator

**Organizational Affiliation:** Washington County Department of Housing Services

**Telephone Number:** (360) 903-7363

**Extension:**

**Email:** Marni\_Kuyl@washingtoncountyor.gov

**City:** Hillsboro

**County:** Washington

**State:** Oregon

**Country:** United States

**Zip/Postal Code:** 97124-3082

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

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

**4. Amount of HUD Assistance Requested/Received: \$398,310.00**

(Requested amounts will be automatically entered within applications)

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

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

**Part I Threshold Determinations**

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

**2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9. Yes**

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

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

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
Washington County Department of Housing Services, 161 NW Adams Ave, Suite 2000, MS-63, Hillsboro OR 97124	Government Funds - County	\$59,434.00	CoC Planning
Washington County Department of Housing Services, 161 NW Adams Ave, Suite 2000, MS-63, Hillsboro OR 97124	Government Funds - County	\$12,025.00	HMIS
Washington County Department of Housing Services, 161 NW Adams Ave, Suite 2000, MS-63, Hillsboro OR 97124	Government Funds - County	\$203,670.00	Shelter Plus Care
Washington County Department of Housing Services, 161 NW Adams Ave, Suite 2000, MS-63, Hillsboro OR 97124	Government Funds - County	\$123,000.00	CoC Rapid Rehousing for Families
See additional sources in Other Attachments			

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

**Part III Interested Parties**

**Do you need to disclose interested parties for this grant according to the criteria below?** Yes

You must disclose:

1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity.

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	UNIQUE Entity ID	Type of Participation	Financial Interest in Project/Activity (\$)	Financial Interest in Project/Activity (%)
Multnomah County	NA	HMIS Service Point: Annual Administrative Support	\$40,000.00	22%

2. Any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	City of Residence	Type of Participation	Financial Interest in Project/Activity (\$)	Financial Interest in Project/Activity (%)
NA	NA	NA	\$0.00	0%

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

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

**Certification**

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

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

X
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**Name / Title of Authorized Official:** Marni Kuyl, Assistant County Administrator

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

**Date Signed:** 10/28/2024

# 1H. HUD 50070

## HUD 50070 Certification for a Drug Free Workplace

**Applicant Name:** Washington County Department of Housing Services

**Program/Activity Receiving Federal Grant Funding:** CoC Program

**Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:**

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:	
<p>a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.</p>	<p>e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;</p>
<p>b. Establishing an on-going drug-free awareness program to inform employees —                  (1) The dangers of drug abuse in the workplace                  (2) The Applicant's policy of maintaining a drug-free workplace;                  (3) Any available drug counseling, rehabilitation, and employee assistance programs; and                  (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.</p>	<p>f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted —                  (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or                  (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;</p>
<p>c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;</p>	<p>g. Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.</p>
<p>d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will —                  (1) Abide by the terms of the statement; and                  (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;</p>	

## 2. Sites for Work Performance.

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

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

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

X
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WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 1001, 1010, 1012; 31 U.S.C. §3729, 3802)

**Authorized Representative**

**Prefix:** Ms.

**First Name:** Marni

**Middle Name**

**Last Name:** Kuyl

**Suffix:**

**Title:** Assistant County Administrator

**Telephone Number:** (360) 903-7363  
**(Format: 123-456-7890)**

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

**Email:** Marni\_Kuyl@washingtoncountyor.gov

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

**Date Signed:** 10/28/2024

## **CERTIFICATION REGARDING LOBBYING**

### **Certification for Contracts, Grants, Loans, and Cooperative Agreements**

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

### **Statement for Loan Guarantees and Loan Insurance**

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

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

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

**Applicant's Organization:** Washington County Department of Housing Services

**Name / Title of Authorized Official:** Marni Kuyl, Assistant County Administrator

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

**Date Signed:** 10/28/2024



# 1J. SF-LLL

**DISCLOSURE OF LOBBYING ACTIVITIES Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352 Approved by OMB: 4040-0013 (exp. 02/28/2025)**

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer "Yes" if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: "The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action."

Answer "No" if your organization is NOT engaged in lobbying.

**Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?** Yes

- 1. Type of Federal Action: Grant
- 2. Status of Federal Action: Application
- 3. Report Type: Initial Filing
- 4. Name and Address of Reporting Entity: Prime

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

- Congressional District, if known: OR-001
- 6. Federal Department/Agency: Department of Housing and Urban Development
- 7. Federal Program Name/Description and (CFDA Number): Continuum of Care (CoC) Program (14.267)
- 8. Federal Action Number: FR-6800-N-25
- 9. Award Amount: \$398,310.00

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

Washington County  
161 NW Adams Avenue, Suite 2000  
Hillsboro, OR 97124

**10b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI):**

Crum, James  
Van Scoyoc Associates  
800 Maine Avenue SW, Suite 900  
Washington, D.C. 20024

**11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.**

I certify that this information is true and complete.

**Authorized Representative**

**Prefix:** Ms.

**First Name:** Marni

**Middle Name:**

**Last Name:** Kuyl

**Suffix:**

**Title:** Assistant County Administrator

**Telephone Number:** (360) 903-7363  
**(Format: 123-456-7890)**

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

**Email:** Marni\_Kuyl@washingtoncountyor.gov

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

**Date Signed:** 10/28/2024

# IK. SF-424B

## (SF-424B) ASSURANCES - NON-CONSTRUCTION PROGRAMS

**OMB Number: 4040-0007**  
**Expiration Date: 02/28/2025**

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

- |    |   |
|----|---|
| 1. | Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.   |
| 2. | Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.   |
| 3. | Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.  |
| 4. | Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.  |
| 5. | Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).  |
| 6. | Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism, (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application. |
| 7. | Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.  |
| 8. | Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.  |

- 9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327~333), regarding labor standards for federally-assisted construction subagreements.
- 10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
- 11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93~205).
- 12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
- 13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
- 14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
- 15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
- 16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
- 17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
- 18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.
- 19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

As the duly authorized representative of the applicant, I certify:

Authorized Representative for: Washington County Department of Housing Services

Prefix: Ms.

**First Name:** Marni

**Middle Name:**

**Last Name:** Kuyl

**Suffix:**

**Title:** Assistant County Administrator

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

**Date Signed:** 10/28/2024

## 1L. SF-424D

Are you requesting CoC Program funds for No  
construction costs in this application?

No SF-424D is required. Select "Save and Next" to move to the next screen.

## 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: \$0**

Organization	Type	Sub-Award Amount
This list contains no items		

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

**1. Describe your organization’s (and subrecipient(s) if applicable) experience in effectively utilizing Federal funds and performing the activities proposed in the application.**

Washington County has a long history of collaborating across departments to provide comprehensive, person-centered services. This project is a collaboration between the Department of Housing Services providing housing supports and the Behavioral Health Division providing wrap-around behavioral health services. The Department of Housing Services has extensive experience effectively managing programs providing rental assistance and housing supports to chronically homeless individuals with significant behavioral health needs and contracting with supportive services providers to meet the service needs of participants. This project represents a system-level integration of housing and behavioral health supports that aligns permanent housing and comprehensive behavioral health services to support the long-term stability of chronically homeless individuals within our Continuum of Care. The Behavioral Health Division has decades-long experience implementing and managing contracts with both community-based behavioral health providers and health plans or Coordinated Care Organizations (CCOs) like CareOregon. The Division holds deep expertise in effectively serving and engaging individuals with acute behavioral health needs through contracted services with community-based organizations. The Department of Housing Services and the Behavioral Health Division coordinate closely to align services and develop partnerships that leverage the resources of both systems to serve individuals with behavioral health and housing needs. For example, the Behavioral Health Division has supported the Department of Housing Services in implementing a behavioral health training series for community-based partners providing homeless services and launched a Housing Liaison Program that embeds housing navigation positions in existing behavioral health programs to address the health and housing needs of individuals in tandem.

The Department of Housing Services is skilled and experienced in managing a range of Federal funding including CoC funds. The Department has effectively utilized CoC funding in four permanent supportive housing projects serving similar populations. The largest of these projects, Shelter Plus Care, funds 150 units for people with disabilities and behavioral health needs. Comprehensive wrap-around supports are provided through MOUs with nine experienced community-based service providers.

**2. Describe your organization’s (and subrecipient(s) if applicable) experience in leveraging Federal, State, local and private sector funds.**



The Department of Housing Services has extensive experience leveraging and aligning Federal, State, regional and local funding to build a comprehensive system of care to create pathways out of homelessness and promote housing stability. The Department's Homeless Services Division leverages HUD CoC Program funding, State funding, regional Supportive Housing Services tax revenue, and County General Fund resources to provide services to prevent and address homelessness. The Department also houses the Housing Authority of Washington County, which administers HUD and locally funded rental housing and rental assistance to more than 7,000 households across Washington County. The Department also partners and contracts with a large network of community-based providers that leverage significant private sector funds through grants and individual donors to support their programs.

Through the Department's partnership with the Behavioral Health Division, this project will leverage significant Federal, State, Local, and private sector resources dedicated to funding behavioral health services. The project will leverage the Division's existing contractual relationship with CareOregon, a regional Coordinated Care Organization that manages Medicaid-funded behavioral health benefits for all Oregonians receiving care through the Oregon Health Plan in the Portland metro region. Through its responsibility for managing behavioral health benefits, CareOregon also funds and manages contracts for community-based behavioral health programs. The Behavioral Health Division has decades-long experience managing an annual budget that accounts for tens of millions in Federal, State, and local funding. These funds include contracting with community-based partners and neighbor jurisdictions as well as managing behavioral health systems. As a result of effective management of funds, the Division has successfully built a network of behavioral health resources across the community and made strategic investments to address substance use and behavioral health needs in Washington County.

**3. Describe your organization's (and subrecipient(s) if applicable) financial management structure.**

The Department of Housing Services and Behavioral Health Division operate under the umbrella of Washington County as a local government entity. All financial processes and procedures operate under the direction of the County's Chief Financial Officer and Finance Department. Within the Department, the County employs a team of accounting assistants, financial analysts, and other business operations staff to ensure all departments and divisions are operating within accepted accounting principles and utilizing best practices as a public entity.

**4. Are there any unresolved HUD monitoring or No  
OIG audit findings for any HUD grants (including  
ESG) under your organization?**

### 3A. Project Detail

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

**2. CoC Collaborative Applicant Name:** Washington County Department of Housing Services

**3. Project Name:** Intensive Services Housing Program

**4. Project Status:** Standard

**5. Component Type:** PH

**5a. Select the type of PH project:** PSH

**6. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3?** No

**7. Is this new project application requesting to transition from eligible renewal project(s) that was awarded to the same recipient and fully eliminated through reallocation in this CoC Program Competition? (Attachment Requirement)** No

**8. Will funds requested in this new project application replace state or local government funds (24 CFR 578.87(a))?** No

**10. Is this project applying for Rural costs on screen 6A?** No

## 3B. Project Description

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

Washington County's Department of Housing Services will partner with Washington County's Behavioral Health Division, CareOregon, and community-based behavioral health organizations to coordinate services and rental subsidies to provide permanent supportive housing for individuals with complex, long-term mental health and substance use disorders with a history of experiencing chronic homelessness.

CareOregon is an Oregon-based nonprofit providing health insurance services to low-income Oregonians. CareOregon manages Medicaid-funded behavioral health benefits for all Oregonians receiving care through the Oregon Health Plan in the Portland metro region. Through its responsibility for managing behavioral health benefits, CareOregon also funds and manages contracts for community-based behavioral health programs including Washington County's Assertive Community Treatment (ACT) Program and Intensive Case Management (ICM) Program. Both programs are directly administered by community-based behavioral health organizations and utilize evidence-based models of care.

Both the ICM and ACT programs provide a community-based, intensive, comprehensive case management approach delivered by a multi-disciplinary team for individuals with severe mental health diagnoses. These programs assist individuals in transitioning to lower levels of care when appropriate while also allowing individuals to re-engage in ICM or ACT services when needed. The ICM Program is comprised of a team of behavioral health professionals that possess a range of expertise spanning clinical social work to licensed psychiatric professionals and peer support specialists. The team maintains a small caseload to provide intensive support including case management services, support in maintaining medication compliance (when applicable), skills training, employment services, fostering community integration, assisting in obtaining stable housing, and collaborating with community partners to facilitate integrated care. The ACT Program also utilizes a multi-disciplinary team approach comprised of a licensed medical practitioner, peer support specialists, clinicians, case managers, nurses, and other mental health specialists. The team maintains a small caseload and provides treatment services directly to individuals in their natural environment rather than making referrals outside of the team. Services are not time-limited, and coverage is available 24-hours a day. The team provides a range of services (e.g., mental health, housing, daily living skills, socialization, employment, crisis intervention, substance abuse treatment) that are designed to be intensive in nature while being tailored to individual needs. ACT services assist individuals in transitioning to lower levels of care when appropriate while also allowing individuals to re-engage in ACT services when needed.

Through this project, CareOregon will partner with Washington County's Department of Housing Services to provide rental subsidies for individuals who are engaged in ACT or ICM services and meet the HUD definition of chronic homelessness. Rental subsidies may be used in existing affordable housing sites or other identified community-based settings. This project aims to ensure individuals are able to access community-based services necessary for sustained housing stability through housing placements and ongoing supportive services.

**2. For each primary project location, or structure, enter the number of days from the execution of the grant agreement that each of the following milestones will occur if this project is selected for conditional award.**

Project Milestones	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement
	A	B	C	D
Begin hiring staff or expending funds	90			
Begin program participant enrollment	120			
Program participants occupy leased or rental assistance units or structure(s), or supportive services begin	150			
Leased or rental assistance units or structure, and supportive services near 100% capacity	240			
Closing on purchase of land, structure(s), or execution of structure lease				
Start rehabilitation				
Complete rehabilitation				
Start new construction				
Complete new construction				

**2a. If requesting capital costs (i.e., acquisition, rehabilitation, or new construction), describe the proposed development activities with responsibilities of the applicant, and subrecipients if included, to develop and maintain the property using CoC Program funds.**

**3. Check the appropriate box(s) if this project will have a specific subpopulation focus.**

**(Select ALL that apply)**

N/A - Project Serves All Subpopulations	<input type="checkbox"/>	Survivors	<input type="checkbox"/>
Veterans	<input type="checkbox"/>	Substance Use Disorders	<input checked="" type="checkbox"/>
Youth (under 25)	<input type="checkbox"/>	Mental Illness	<input checked="" type="checkbox"/>
Families	<input type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>
		Chronic Homeless	<input checked="" type="checkbox"/>
		Other (Click 'Save' to update)	<input type="checkbox"/>

**4. Will your project participate in the CoC's Coordinated Entry (CE) process or recipient organization is a victim service provider, as defined in 24 CFR 578.3 and uses an alternate CE process that meets HUD's minimum requirements?** Yes

**5. Housing First**

**5a. Will the project quickly move participants into permanent housing?** Yes

**5b. Will the project enroll program participants who have the following barriers? Select all that apply.**

Having too little or little income	<input checked="" type="checkbox"/>
Active or history of substance use	<input checked="" type="checkbox"/>
Having a criminal record with exceptions for state-mandated restrictions	<input checked="" type="checkbox"/>
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

**5c. Will the project prevent program participant termination for the following reasons? Select all that apply.**

Failure to participate in supportive services	<input checked="" type="checkbox"/>
Failure to make progress on a service plan	<input checked="" type="checkbox"/>
Loss of income or failure to improve income	<input checked="" type="checkbox"/>
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

**5d. Will the project follow a "Housing First" approach?** Yes  
 (Click 'Save' to update)

**6 Will program participants be required to live in a specific structure, unit, or locality at any time while in the program?** No

**7. Will more than 16 persons live in a single structure? No**

**100% Dedicated or DedicatedPLUS**

**A “100% Dedicated” project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and families.**

**A “DedicatedPLUS” project is a permanent supportive housing project where 100% of the beds are dedicated to serve individuals with disabilities and families in which one adult or child has a disability, including unaccompanied homeless youth, that at a minimum, meet ONE of the following criteria:**

- (1) experiencing chronic homelessness as defined in 24 CFR 578.3;
- (2) residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project;
- (3) residing in a place not meant for human habitation, emergency shelter, or safe haven; but the individuals or families experiencing chronic homelessness as defined at 24 CFR 578.3 had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement;
- (4) residing in transitional housing funded by a joint TH and PH-RRH component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3 prior to entering the project;
- (5) residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions; or
- (6) receiving assistance through a Department of Veterans Affairs(VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

A renewal project where 100 percent of the beds were dedicated to individuals and families experiencing chronic homelessness under the grant that is being renewed may either be reallocated as a DedicatedPLUS project or may continue as a renewal dedicating 100 percent of its beds to individuals and families experiencing chronic homelessness. If the project is reallocated as a DedicatedPLUS project, the project must adhere to all fair housing requirements at 24 CFR 578.93.

**8. Is this project 100% Dedicated or DedicatedPLUS?**

### 3C. Project Expansion Information

1. Is this a “Project Expansion” of an eligible No  
renewal project?



## 4A. Supportive Services for Participants

### 1. Describe how program participants will be assisted to obtain and remain in permanent housing.

Note: If applying for DV Bonus or DV Reallocation, you must describe how the project will include trauma-informed, victim-centered approaches in their strategies to assist participants to obtain or remain in permanent housing.

Participants will be provided with housing search and placement services through the ICM and ACT teams. Ongoing community-based treatment and case management services will be sustained based on an individual's willingness and desire to continue service engagement. Additionally, services such as skills training, employment services, and engagement of natural community supports will be provided by ICM and ACT teams to ensure individuals are supported in maintaining housing placements. Finally, individuals may choose to reengage with services after periods of disengagement should they begin to destabilize. This flexible service model allows intensity to be tailored to individual needs.

### 2. Describe the specific plan to coordinate and integrate with other mainstream health, social services, and employment programs for which program participants may be eligible.

Both the ACT and ICM programs provide supported employment services as part of their service model. Each team provides case management services to coordinate social services as needed for individuals to ensure they are able to maintain stability. In particular, the ACT and ICM programs prioritize fostering community integration for each program participant by identifying and encouraging use of natural supports such as family, friends, and social service agencies. Clinicians on each of the teams also work closely with primary care physicians and other healthcare providers serving program participants to ensure behavioral health services maintain continuity with physical health services.

### 3. For all supportive services available to program participants, indicate who will provide them and how often they will be provided. Click 'Save' to update.

Supportive Services	Provider	Frequency
Assessment of Service Needs	Partner	Monthly
Assistance with Moving Costs	Applicant	As needed
Case Management	Partner	Weekly
Child Care	Non-Partner	As needed

Education Services
Employment Assistance and Job Training
Food
Housing Search and Counseling Services
Legal Services
Life Skills Training
Mental Health Services
Outpatient Health Services
Outreach Services
Substance Abuse Treatment Services
Transportation
Utility Deposits

Partner	Monthly
Partner	Monthly
Non-Partner	Monthly
Partner	As needed
Non-Partner	As needed
Partner	Weekly
Partner	Weekly
Non-Partner	As needed
Non-Partner	As needed
Partner	Weekly
Partner	Weekly
Applicant	As needed

**Identify whether the project will include the following activities:**

- 4. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? **Yes**
- 5. Annual follow-ups with program participants to ensure mainstream benefits are received and renewed? **Yes**
- 6. Will program participants have access to SSI/SSDI technical assistance provided by the project applicant, subrecipient, or partner agency? **Yes**
- 6a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. **No**

## 4B. Housing Type and Location

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

**Total Units:** 15

**Total Beds:** 15

**Total Dedicated CH Beds:** 15

Housing Type	Housing Type (JOINT)	Units	Beds	Dedicated CH Beds
Scattered-site apartments (...)	---	15	15	15

## 4B. Housing Type and Location Detail

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

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

a. **Units:** 15

b. **Beds:** 15

c. **How many beds in “2b. Beds” are dedicated to persons experiencing chronic homelessness?** 15

This includes both the “dedicated” and “prioritized” beds.

### 3. Address:

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

**Street 1:** 161 NW Adams Ave, Suite 2000

**Street 2:** MS-63

**City:** Hillsboro

**State:** Oregon

**ZIP Code:** 97124

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

419067 Washington County

## 5A. Project Participants - Households

**Note: These fields should reflect full capacity on one night. For additional guidance, please refer to the Detailed Instructions.**

**Households Table**

	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Number of Households		15		15
Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Persons over age 24		15		15
Persons ages 18-24				0
Accompanied Children under age 18				0
Unaccompanied Children under age 18				0
<b>Total Persons</b>	0	15	0	15

**Click Save to automatically calculate totals**

## 5B. Project Participants - Subpopulations

**Note: These fields should reflect full capacity on one night. For additional guidance, please refer to the Detailed Instructions.**

### Persons in Households with at Least One Adult and One Child

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Substance Use Disorders	HIV/AIDS	Mental Illness	Survivors	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24										
Persons ages 18-24										
Children under age 18										
<b>Total Persons</b>	0	0	0	0	0	0	0	0	0	0

### Persons in Households without Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans- (Not CH)	Substance Use Disorders	HIV/AIDS	Mental Illness	Survivors	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24	15			8		15				
Persons ages 18-24										
<b>Total Persons</b>	15	0	0	8	0	15	0	0	0	0

**Click Save to automatically calculate totals**

### Persons in Households with Only Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Substance Use Disorders	HIV/AIDS	Mental Illness	Survivors	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Accompanied Children under age 18										
Unaccompanied Children under age 18										
<b>Total Persons</b>	0			0	0	0	0	0	0	0

**Data on this screen should be based on Maximum Occupancy at a single point in time. It should not be based on the estimated amount of participants that will be served throughout the grant term.**

## 6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 15, 2026? Yes

2. What type of CoC funding is this project applying for in this CoC Program Competition? CoC 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 requested:



Acquisition/Rehabilitation/New Construction	<input type="checkbox"/>
Leased Units	<input type="checkbox"/>
Leased Structures	<input type="checkbox"/>
Rental Assistance	<input checked="" type="checkbox"/>
Supportive Services	<input checked="" type="checkbox"/>
Operating	<input type="checkbox"/>
HMIS	<input type="checkbox"/>
VAWA	<input checked="" type="checkbox"/>
Rural	<input type="checkbox"/>

The VAWA BLI is permanently checked. This allows any project to shift funds up to a 10% shift from another BLI if VAWA emergency transfer costs are needed.

6. If conditionally awarded, is this project requesting an initial grant term greater than 12 months? (13 to 18 months) No



## 6E. Rental Assistance Budget

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

<b>Total Annual Assistance Request:</b>	\$289,800
<b>Grant Term:</b>	1 Year
<b>Total Request for Grant Term:</b>	\$289,800
<b>Total Units:</b>	15

The number of beds for which funding has been requested in the Rental Assistance budget is 15.

Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	OR - Portland-Vancouver-Hillsboro, OR...	15	\$289,800

## Rental Assistance Budget Detail

**Instructions:**

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

**Metropolitan or non-metropolitan fair market rent area:** This is a required field. Select the FY 2023 FMR area in which the project is located. The list is sorted by state abbreviation. The selected FMR area will be used to populate the rents in the chart below.

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

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

**FMR:** These fields are populated with the FY 2023 FMR amounts based on the FMR area selected by the applicant. The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>.

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

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

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

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

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

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

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

**Type of Rental Assistance:** TRA

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

Size of Units	# of Units (Applicant)		FMR Area (Applicant)		12 Months		Total Request (Applicant)
SRO		x	\$1,125	x	12	=	\$0
0 Bedroom		x	\$1,500	x	12	=	\$0
1 Bedroom	15	x	\$1,610	x	12	=	\$289,800

2 Bedrooms		x	\$1,839	x	12	=	\$0
3 Bedrooms		x	\$2,574	x	12	=	\$0
4 Bedrooms		x	\$2,995	x	12	=	\$0
5 Bedrooms		x	\$3,444	x	12	=	\$0
6 Bedrooms		x	\$3,894	x	12	=	\$0
7 Bedrooms		x	\$4,343	x	12	=	\$0
8 Bedrooms		x	\$4,792	x	12	=	\$0
9 Bedrooms		x	\$5,241	x	12	=	\$0
<b>Total Units and Annual Assistance Requested</b>		15					\$289,800
<b>Grant Term</b>							1 Year
<b>Total Request for Grant Term</b>							\$289,800

Click the 'Save' button to automatically calculate totals.

## 6F. Supportive Services Budget

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

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Assessment of Service Needs		
2. Assistance with Moving Costs	Move-in costs for 15 households	\$72,300
3. Case Management		
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		
<b>Total Annual Assistance Requested</b>		<b>\$72,300</b>
<b>Grant Term</b>		<b>1 Year</b>
<b>Total Request for Grant Term</b>		<b>\$72,300</b>

Click the 'Save' button to automatically calculate totals.

# VAWA Budget

## VAWA Budget

In FY2024, the Violence Against Women Act (VAWA) has clarified the use of CoC Program funds for VAWA eligible cost categories. These VAWA cost categories can be added to a new project application to create a CoC VAWA Budget Line Item (BLI) in e-snaps and eLOCCS. The BLI will be added to grant agreements and utilized the same as other CoC Program BLIs in e-snaps and eLOCCS. Eligible CoC VAWA costs can be identified in one or both of the following CoC VAWA categories. Examples of eligible costs in these cost categories are identified as follows:

- A. VAWA Emergency Transfer Facilitation. Examples of eligible costs include the costs of assessing, coordinating, approving, denying, and implementing a survivor’s emergency transfer(s). Additional details of eligible costs include:
- Moving Costs. Assistance with reasonable moving costs to move survivors for an emergency transfer(s).
  - Travel Costs. Assistance with reasonable travel costs for survivors and their families to travel for an emergency transfer(s). This may include travel costs to locations outside of your CoC’s geography.
  - Security Deposits. Grant funds can be used to pay for security deposits of the safe unit the survivor is transferring to via an emergency transfer(s).
  - Utilities. Grant funds can be used to pay for costs of establishing utility assistance in the safe unit the survivor is transferring to.
  - Housing Fees. Grant funds can be used to pay fees associated with getting survivors into a safe unit via emergency transfer(s), including but not limited to application fees, broker fees, holding fees, trash fees, pet fees where the person believes they need their pet to be safe, etc.
  - Case Management. Grant funds can be used to pay staff time necessary to assess, coordinate, and implement emergency transfer(s).
  - Housing Navigation. Grant funds can be used to pay staff time necessary to identify safe units and facilitate moves into housing for survivors through emergency transfer(s).
  - Technology to make an available unit safe. Grant funds can be used to pay for technology that the individual believes is needed to make the unit safe, including but not limited to doorbell cameras, security systems, phone, and internet service when necessary to support security systems for the unit, etc.
- B. VAWA Confidentiality Requirements. Examples of eligible costs for ensuring compliance with VAWA confidentiality requirements include:
- Monitoring and evaluating compliance.
  - Developing and implementing strategies for corrective actions and remedies to ensure compliance.
  - Program evaluation of confidentiality policies, practices, and procedures.
  - Training on compliance with VAWA confidentiality requirements.
  - Reporting to CoC Collaborative Applicant, HUD, and other interested parties on compliance with VAWA confidentiality requirements.
  - Costs for establishing methodology to protect survivor information.
  - Staff time associated with maintaining adherence to VAWA confidentiality requirements.



Enter the estimated amount(s) you are requesting for this project’s Emergency Transfer Facilitation costs and VAWA Confidentiality Requirements costs for one or both of these eligible CoC VAWA cost categories. The CoC VAWA BLI Total amount can be expended for any eligible CoC VAWA cost identified above.

Eligible Costs	Annual Assistance Requested
Estimated budget amount for VAWA Emergency Transfer Facilitation:	
Estimated budget amount for VAWA Confidentiality Requirements:	

CoC VAWA BLI Total:	\$0
Grant Term	1 Year
Total Request for Grant Term	\$0

Click the 'Save' button to automatically calculate totals.

## 6I. Sources of Match

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

### Summary for Match

Total Amount of Cash Commitments:	\$0
Total Amount of In-Kind Commitments:	\$397,500
Total Amount of All Commitments:	\$397,500

1. Will this project generate program income described in 24 CFR 578.97 to use as Match for this project? No

Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.

Type	Source	Name of Source	Amount of Commitments
In-Kind	Government	Behavioral health...	\$397,500

## Sources of Match Detail

- 1. **Type of Match commitment:** In-Kind
- 2. **Source:** Government
- 3. **Name of Source:** Behavioral health services funded by Medicaid and delivered through an MOU and services contract with CareOregon  
**(Be as specific as possible and include the office or grant program as applicable)**
- 4. **Amount of Written Commitment:** \$397,500

**Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.**



## 6J. Summary Budget

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

Eligible Costs (Light gray fields are available for entry of the previous grant agreement, GIW, approved GIW Change Form, or reduced by reallocation)	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	Applicant CoC Program Costs Requested
1a. Acquisition (Screen 6B)			\$0
1b. Rehabilitation (Screen 6B)			\$0
1c. New Construction (Screen 6B)			\$0
2a. Leased Units (Screen 6C)	\$0	1 Year	\$0
2b. Leased Structures (Screen 6D)	\$0	1 Year	\$0
3. Rental Assistance (Screen 6E)	\$289,800	1 Year	\$289,800
4. Supportive Services (Screen 6F)	\$72,300	1 Year	\$72,300
5. Operating (Screen 6G)	\$0	1 Year	\$0
6. HMIS (Screen 6H)	\$0	1 Year	\$0
&nbsp;7. VAWA	\$0	1 Year	\$0
8. Rural (Only for HUD CoC Program approved rural areas)	\$0	1 Year	\$0
9. Sub-total of CoC Program Costs Requested			\$362,100
10. Admin (Up to 10% of Sub-total in #9)			\$36,210
11. HUD funded Sub-total + Admin. Requested			\$398,310
12. Cash Match (From Screen 6I)			\$0
13. In-Kind Match (From Screen 6I)			\$397,500
14. Total Match (From Screen 6I)			\$397,500
15. Total Project Budget for this grant, including Match			\$795,810

Click the 'Save' button to automatically calculate totals.

## 7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No		
2) Other Attachment(s)	No		
3) Other Attachment(s)	No		

## Attachment Details

Document Description:

## Attachment Details

Document Description:

## Attachment Details

Document Description:

## 7A. In-Kind MOU Attachment

Document Type	Required?	Document Description	Date Attached
In-Kind Match MOU	No	Care Oregon In-Ki...	10/15/2024

## Attachment Details

**Document Description:** Care Oregon In-Kind Match Commitment

## 7D. Certification

**Applicant and Recipient Assurances and Certifications - form HUD-424B (Title)  
U.S. Department of Housing and Urban Development OMB Approval No.  
2501-0017  
(expires 01/31/2026)**

As part of your application for HUD funding, you, as the official authorized to sign on behalf of your organization or as an individual must provide the following assurances and certifications. The Responsible Civil Rights Official has specified this form for use for purposes of general compliance with 24 CFR §§ 1.5, 3.115, 8.50, and 146.25, as applicable. The Responsible Civil Rights Official may require specific civil rights assurances to be furnished consistent with those authorities and will specify the form on which such assurances must be made. A failure to furnish or comply with the civil rights assurances contained in this form may result in the procedures to effect compliance at 24 CFR §§ 1.8, 3.115, 8.57, or 146.39. By submitting this form, you are stating that to the best of your knowledge and belief, all assertions are true and correct.

1. Has the legal authority to apply for Federal assistance, has the institutional, managerial and financial capability (including funds to pay the non-Federal share of program costs) to plan, manage and complete the program as described in the application and the governing body has duly authorized the submission of the application, including these assurances and certifications, and authorized me as the official representative of the application to act in connection with the application and to provide any additional information as may be required.

2. Will administer the grant in compliance with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and implementing regulations (24 CFR part 1), which provide that no person in the United States shall, on the grounds of race, color or national origin, be excluded from participation in, be denied the benefits of, or otherwise be subject to discrimination under any program or activity that receives Federal financial assistance OR if the applicant is a Federally recognized Indian tribe or its tribally designated housing entity, is subject to the Indian Civil Rights Act (25 U.S.C. 1301-1303).

3. Will administer the grant in compliance with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and implementing regulations at 24 CFR part 8, the American Disabilities Act (42 U.S.C. §§ 12101 et seq.), and implementing regulations at 28 CFR part 35 or 36, as applicable, and the Age Discrimination Act of 1975 (42 U.S.C. 6101-07) as amended, and implementing regulations at 24 CFR part 146 which together provide that no person in the United States shall, on the grounds of disability or age, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity that receives Federal financial assistance; except if the grant program authorizes or limits participation to designated populations, then the applicant will comply with the nondiscrimination requirements within the designated population.

4. Will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and the implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion sex (including gender identity and sexual orientation), disability, familial status, or national origin and will affirmatively further fair housing; except an applicant which is an Indian tribe or its instrumentality which is excluded by statute from coverage does not make this certification; and further except if the grant program authorizes or limits participation to designated populations, then the applicant will comply with the nondiscrimination requirements within the designated population.

5. Will comply with all applicable Federal nondiscrimination requirements, including those listed at 24 CFR §§ 5.105(a) and 5.106 as applicable.

6. Will comply with the acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended (42 U.S.C. 4601) and implementing regulations at 49 CFR part 24 and, as applicable, Section 104(d) of the Housing and Community Development Act of 1974 (42 U.S.C. 5304(d)) and implementing regulations at 24 CFR part 42, subpart A.

7. Will comply with the environmental requirements of the National Environmental Policy Act (42 U.S.C. 4321 et.seq.) and related Federal authorities prior to the commitment or expenditure of funds for property.

8. That no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, and officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all subawards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly. Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage by the Byrd Amendment, but State-recognized Indian tribes and TDHs established under State law are not excluded from the statute's coverage.

**Name of Authorized Certifying Official:** Marni Kuyl

**Date:** 10/28/2024

**Title:** Assistant County Administrator

**Applicant Organization:** Washington County Department of Housing Services

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

I/We, the undersigned, certify under penalty of perjury that the information provided above is true and correct. **WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties.(18 U.S.C. §§287, 1001, 1010, 1012, 1014; 31 U.S.C. §3729, 3802).**

X
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## 8B. Submission Summary

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

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



Page	Last Updated
1A. SF-424 Application Type	No Input Required
1B. SF-424 Legal Applicant	10/21/2024
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	10/21/2024
1E. SF-424 Compliance	10/21/2024
1F. SF-424 Declaration	10/21/2024
1G. HUD 2880	10/21/2024
1H. HUD 50070	10/21/2024
1I. Cert. Lobbying	10/21/2024
1J. SF-LLL	10/21/2024
IK. SF-424B	10/21/2024
1L. SF-424D	10/21/2024
2A. Subrecipients	No Input Required
2B. Experience	10/21/2024
3A. Project Detail	10/21/2024
3B. Description	10/21/2024
3C. Expansion	10/21/2024
4A. Services	10/21/2024
4B. Housing Type	10/21/2024
5A. Households	10/21/2024
5B. Subpopulations	No Input Required
6A. Funding Request	10/21/2024
6E. Rental Assistance	10/21/2024
6F. Supp Srvcs Budget	10/21/2024
VAWA Budget	No Input Required
6I. Match	10/21/2024

<b>6J. Summary Budget</b>	No Input Required
<b>7A. Attachment(s)</b>	No Input Required
<b>7A. In-Kind MOU Attachment</b>	10/21/2024
<b>7D. Certification</b>	10/21/2024



10/15/24

Mark Mitchell, CPD Director  
US Department of Housing and Urban Development  
Edith Green-Wendell Wyatt Federal Building  
1220 SW 3<sup>rd</sup> Ave. Suite 400  
Portland, OR 97204-2825

Project Name: Intensive Services Housing Program  
Grant Term: 7/1/25-8/31/26  
Re: Commitment of health care services

**CareOregon is pleased to support Washington County's FY24 CoC NOFO application for the Intensive Services Housing Program with a commitment of in-kind health care services for CareOregon members in the amount of \$397,500 for approximately 15 members, which is equal to more than 25% of the funding being requested from HUD for the project (\$398,310).** Health care resources will be available beginning at the start of the project's 2025-26 grant term (7/1/25) through 8/31/26, and ongoing as long as the project's funding is renewed by HUD.

We are supporting this application as a Medicaid health plan payer and community partner. Serving 450,000 individuals throughout the state, CareOregon provides the Oregon Health Plan (Medicaid) insurance benefits for Jackson Care Connect, Columbia Pacific, and Health Share of Oregon CCOs. CareOregon has been working with partners throughout the system of care to better support the target service population for this project—members experiencing chronic homelessness with acute behavioral health conditions and/or substance use disorders.

Medicaid services reimbursement in the Intensive Services Housing Program will reimburse for behavioral health care services provided to CareOregon members in the housing portion of the project.

Reimbursement for behavioral health care services will be available to all eligible program participants. CareOregon acknowledges that project eligibility is determined and will comply with HUD CoC Program fair housing requirements and the local CoC's Coordinated Entry eligibility guidelines. CareOregon will not restrict or impose any eligibility requirements.

We estimate that up to \$397,500 in reimbursable behavioral health care services will be provided to CareOregon participants annually:

Behavioral health care services	Value per participant per year	# served	Total value
ACT Fidelity Programming	\$26,500	15	\$397,500
		15	
		15	

CareOregon and Washington County Department of Housing Services have confirmed the value of the in-kind health care resources provided are consistent with the local rates and the amount paid

for services in our community. Washington County Department of Housing Services will keep and make available, for inspection, records documenting this contribution as required by HUD.

CareOregon and our corresponding CCOs value collaboration across the system of care, bringing together community partners to be innovative in meeting our member's needs. This proposal to integrate rental subsidies with existing behavioral health services and case management to populations most in need in our community is in line with our mission, vision, and values as a Medicaid health plan, and we are thrilled to support such a well-organized and capable county partner in this work. By increasing stability and addressing concerns with intention, the overall health of our communities will improve.

Sincerely,