

Recipient Performance

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

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

The first grant term has just started as of 9/1/2018. An opportunity to submit an APR has not yet come to pass.

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request? No

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request? No

Explain why the recipient has not maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request.

The first grant term has just started as of 9/1/2018. An opportunity for quarterly drawdowns has not yet come to pass.



4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request? No

Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2018 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2019, as confirmed on the FY 2018 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2018 CoC Program Competition? **No**
If “No” click on “Next” or “Save & Next” below to move to the next screen.

2A. Project Subrecipients

This 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: \$172,321

Organization	Type	Type	Sub-Award Amount
Child and Family Charities	M. Nonprofit with 501C3 IRS Status		\$172,321

2A. Project Subrecipients Detail

a. Organization Name: Child and Family Charities

b. Organization Type: M. Nonprofit with 501C3 IRS Status

c. Employer or Tax Identification Number: 38-2118108

	* d. Organizational DUNS:	137510256	PLUS 4	0000
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e. Physical Address

Street 1: 4287 Five Oaks Drive

Street 2:

City: Lansing

State: Michigan

Zip Code: 48911

f. Congressional District(s): MI-008
(for multiple selections hold CTRL key)

g. Is the subrecipient a Faith-Based Organization? No

h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency? Yes

i. Expected Sub-Award Amount: \$172,321

j. Contact Person

Prefix: Mrs.

First Name: Julie

Middle Name:

Last Name: Thomasma

Suffix:

Title: Executive Director

E-mail Address: julie@childandfamily.org

Confirm E-mail Address: julie@childandfamily.org

Phone Number: 517-882-4000

Extension: 123

Fax Number: 517-882-3506

3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: MI0582

(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: MI-508 - Lansing, East Lansing/Ingham County CoC

2b. CoC Collaborative Applicant Name: City of Lansing

3. Project Name: Rapid Rehousing for Youth

4. Project Status: Standard

5. Component Type: Joint TH & PH-RRH

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

7. Will this renewal project be part of a new application for a Renewal Expansion Grant? No

3B. Project Description

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

Child and Family Charities' (CFC) Street Outreach Program encounters over 350 youth ages 12-22 in need of safe and stable housing annually. This team works closely with adult Outreach Programs and participates Coordinated Entry to help youth achieve quick permanent housing. CFC is identified as the local expert in adolescent development and service delivery and all youth under the age of 22 are referred to CFC for developmentally appropriate services. CFC screens, assesses, and prioritizes youth using the TAY-VI-SPDAT. Youth with higher SPDAT scores are prioritized for housing first. Prioritization for TH includes minor youth; youth needing 24-hour structure, supervision, and skill building support; youth developing safety plans to address domestic violence and human trafficking; and youth needing short-term TH to obtain identification documents and locate affordable housing. Prioritization for RRH includes older adolescents ready for independent living and youth who struggle with communal living. Youth in TH receive ongoing assessment and transition to RRH as quickly as possible. CFC utilizes evidence-based assessment tools to measure life skills and screen for physical and mental health needs. Each youth creates an individualized service plan based on assessment scores and personal goals. Goals, at minimum, address the following: permanent housing, increased income, improved health and well-being, and permanent social connections. Goals may also include money management, food and nutrition, personal hygiene, interpersonal skills, education planning, job seeking and maintenance, legal skills, crisis management, housekeeping, parenting, and transportation. Youth entering RRH are encouraged to select affordable housing in a geographic location that fits their needs. CFC utilizes a corporate leasing structure where landlords are assured monthly rent. Each youth pays 30% of their adjusted monthly income directly to CFC for housing related expenses, which is identified as program income and goes back into supportive services for the youth. CFC assists youth in securing furniture and household goods. Once able to cover full housing expenses, the lease is switched into the youth's name. For affordability, youth may opt to share housing expenses with a roommate. CFC assists youth in roommate partnering and establishing roommate agreements. Youth meet with a Case Manager a minimum of weekly while in TH and monthly while in RRH. Case Managers provide ongoing assessment, monitor goal progress, address barriers, offer support, and connect youth to community resources. Service plans are updated formally every 90-days. Once a youth no longer requires housing assistance, supportive services may continue short-term until the youth feels confident with housing security.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

Chronic Homeless	<input type="checkbox"/>	Domestic Violence	<input type="checkbox"/>
Veterans	<input type="checkbox"/>	Substance Abuse	<input type="checkbox"/>
Youth (under 25)	<input checked="" type="checkbox"/>	Mental Illness	<input type="checkbox"/>
Families with Children	<input type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>
		Other (Click 'Save' to update)	<input type="checkbox"/>

Other:

3. Housing First

3a. Does the project quickly move participants into permanent housing Yes

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

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

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

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

3d. Does the project follow a "Housing First" approach? Yes

4A. Supportive Services for Participants

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

Supportive Services	Provider	Frequency
Assessment of Service Needs	Subrecipient	Quarterly
Assistance with Moving Costs	Subrecipient	As needed
Case Management	Subrecipient	Monthly
Child Care	Non-Partner	As needed
Education Services	Subrecipient	As needed
Employment Assistance and Job Training	Subrecipient	As needed
Food	Partner	As needed
Housing Search and Counseling Services	Subrecipient	As needed
Legal Services	Partner	As needed
Life Skills Training	Subrecipient	Monthly
Mental Health Services	Subrecipient	As needed
Outpatient Health Services	Partner	As needed
Outreach Services	Subrecipient	As needed
Substance Abuse Treatment Services	Partner	As needed
Transportation	Subrecipient	As needed
Utility Deposits	Subrecipient	As needed

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

2b. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

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

3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Yes

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.

	TH	RRH	Total
Total Units:	3	9	12
Total Beds:	6	13	19
Housing Type	Housing Type (JOINT)	Units	Beds
---	Shared housing	3	6
---	Scattered-site ap...	9	13

4B. Housing Type and Location Detail

The applicant has selected "JOINT TH & PH-RRH" as their component type and must list all CoC funded and Non CoC-funded units and beds being provided under this project.

1. Is this housing type for the TH or RRH portion of the project? TH

1a. Does this TH portion of the project have private rooms per household? No

2. Housing Type: Shared housing

3. What is the funding source for these units and beds? Mixed Funding
(If multiple sources, select "Mixed" from the dropdown menu)

Other Funding Source: federal, state, county, and city government, foundations, private donations

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

a. Units: 3

b. Beds: 6

5. Address:

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

Street 1: 3240 South Waverly

Street 2:

City: Lansing

State: Michigan

ZIP Code: 48911

**6. Select the geographic area(s) associated with the address:
(for multiple selections hold CTRL Key)**

269065 Ingham County, 263456 Lansing

4B. Housing Type and Location Detail

The applicant has selected "JOINT TH & PH-RRH" as their component type and must list all CoC funded and Non CoC-funded units and beds being provided under this project.

1. Is this housing type for the TH or RRH RRH
portion of the project?

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

3. What is the funding source for these units CoC
and beds?
(If multiple sources, select "Mixed" from the dropdown menu)

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

a. Units: 9

b. Beds: 13

5. Address:

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

Street 1: 4287 Five Oaks Drive

Street 2:

City: Lansing
State: Michigan
ZIP Code: 48911

**6. Select the geographic area(s) associated with the address:
(for multiple selections hold CTRL Key)**

269065 Ingham County, 261848 East Lansing,
263456 Lansing

5A. Project Participants - Households

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	1	16	1	18

Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Adults over age 24	0	0		0
Adults ages 18-24	1	16		17
Accompanied Children under age 18	1		0	1
Unaccompanied Children under age 18			1	1
Total Persons	2	16	1	19

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

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 represent ed by listed subpopu lations
Adults over age 24	0	0	0	0	0	0	0	0	0	0
Adults ages 18-24	0	0	0	0	0	0	1	0	0	0
Children under age 18	0			0	0	0	0	0	0	1
Total Persons	0	0	0	0	0	0	1	0	0	1

Click Save to automatically calculate totals

Persons in Households without Children

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represent ed by listed subpopu lations
Adults over age 24	0	0	0	0	0	0	0	0	0	0
Adults ages 18-24	1	0	0	2	0	2	3	0	1	7
Total Persons	1	0	0	2	0	2	3	0	1	7

Click Save to automatically calculate totals

Persons in Households with Only Children

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represent ed by listed subpopu lations
Accompanied Children under age 18	0			0	0	0	0	0	0	0
Unaccompanied Children under age 18	0			0	0	0	1	0	0	0
Total Persons	0			0	0	0	1	0	0	0

Click Save to automatically calculate totals

Describe the unlisted subpopulations referred to above:

Unaccompanied youth ages 17-24 who have been kicked out of their home by

their caregivers or have aged out of a "system of care" for minor youth.

5C. Outreach for Participants

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

15%	Directly from the street or other locations not meant for human habitation.
25%	Directly from emergency shelters.
15%	Persons at imminent risk of losing their night time residence within 14 days, have no subsequent housing identified, and lack the resources to obtain other housing (TH and SSO Projects Only)
0%	Directly from safe havens.
20%	Persons fleeing domestic violence.
25%	Directly from transitional housing.
0%	Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program.
100%	Total of above percentages

6A. Funding Request

1. Do any of the properties in this project have an active restrictive covenant? No

2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? No



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

4. Renewal Grant Term: 1 Year

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

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"/>

6C. Rental Assistance Budget

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

Total Request for Grant Term:		\$78,660	
Total Units:		9	
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	MI - Lansing-East Lansing, MI MSA (26...	9	\$78,660

Rental Assistance Budget Detail

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: MI - Lansing-East Lansing, MI MSA (2603799999)

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? No

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	HUD Paid Rent (Applicant)		12 Months		Total Request (Applicant)
SRO		x	\$399	\$399	x	12	=	\$0
0 Bedroom		x	\$532	\$532	x	12	=	\$0
1 Bedroom	5	x	\$659	\$659	x	12	=	\$39,540
2 Bedrooms	4	x	\$815	\$815	x	12	=	\$39,120
3 Bedrooms		x	\$1,091	\$1,091	x	12	=	\$0
4 Bedrooms		x	\$1,274	\$1,274	x	12	=	\$0
5 Bedrooms		x	\$1,465	\$1,465	x	12	=	\$0
6 Bedrooms		x	\$1,656	\$1,656	x	12	=	\$0
7 Bedrooms		x	\$1,847	\$1,847	x	12	=	\$0
8 Bedrooms		x	\$2,038	\$2,038	x	12	=	\$0
9 Bedrooms		x	\$2,230	\$2,230	x	12	=	\$0
Total Units and Annual Assistance Requested	9							\$78,660
Grant Term								1 Year
Total Request for Grant Term								\$78,660

Click the 'Save' button to automatically calculate totals.

6D. Sources of Match

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

Summary for Match

Total Value of Cash Commitments:	\$25,550
Total Value of In-Kind Commitments:	\$16,714
Total Value of All Commitments:	\$42,264

1. Does this project generate program income Yes
as described in 24 CFR 578.97 that will be
used as Match for this grant?

1a. Briefly describe the source of the program income:

As youth obtain income, youth will begin paying 30% of their adjusted monthly income toward rental expenses. Case Managers work with youth to develop plans to increase income and assume more rent responsibility over time, relying less on the rental assistance provided through this program. It is estimated that youth will be paying 50% of their rent expenses during the last quarter of the year.

1b. Estimate the amount of program income \$10,250
that will be used as Match for this project:

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.

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Government	Ingham County	01/01/2019	\$15,300
Yes	In-Kind	Government	State of Michigan...	10/01/2018	\$16,714
Yes	Cash	Private	Program Income fr...	09/30/2018	\$10,250

Sources of Match Detail

- 1. Will this commitment be used towards Match?** Yes
- 2. Type of Commitment:** Cash
- 3. Type of Source:** Government
- 4. Name the Source of the Commitment:** Ingham County
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 01/01/2019
- 6. Value of Written Commitment:** \$15,300

Sources of Match Detail

- 1. Will this commitment be used towards Match?** Yes
- 2. Type of Commitment:** In-Kind
- 3. Type of Source:** Government
- 4. Name the Source of the Commitment:** State of Michigan HYR Grant for Homeless and Runaway Youth
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 10/01/2018
- 6. Value of Written Commitment:** \$16,714

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.

Sources of Match Detail

- 1. Will this commitment be used towards Match?** Yes
- 2. Type of Commitment:** Cash

3. Type of Source: Private

4. Name the Source of the Commitment: Program Income from Youth Rent Payments
(Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 09/30/2018

6. Value of Written Commitment: \$10,250

6E. Summary Budget

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	\$0
1b. Leased Structures	\$0
2. Rental Assistance	\$78,660
3. Supportive Services	\$79,730
4. Operating	\$0
5. HMIS	\$0
6. Sub-total Costs Requested	\$158,390
7. Admin (Up to 10%)	\$10,667
8. Total Assistance plus Admin Requested	\$169,057
9. Cash Match	\$25,550
10. In-Kind Match	\$16,714
11. Total Match	\$42,264
12. Total Budget	\$211,321

7A. Attachment(s)

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

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

7A. In-Kind Match MOU Attachment

Document Type	Required?	Document Description	Date Attached
In-Kind Match MOU	No		

Attachment Details

Document Description:

7B. Certification

A. For all projects: Fair Housing and Equal Opportunity

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

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

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

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

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

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

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

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

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

Additional for Rental Assistance Projects:

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

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

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

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

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

1-Year Operation Rule.

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

C. Explanation.

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

Name of Authorized Certifying Official Andy Schor

Date: 08/30/2018

Title: Mayor

Applicant Organization: City of Lansing

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

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

Part 2 - Subrecipient Information	
2A. Subrecipients	<input checked="" type="checkbox"/>
Part 3 - Project Information	
3A. Project Detail	<input checked="" type="checkbox"/>
3B. Description	<input checked="" type="checkbox"/>
Part 4 - Housing Services and HMIS	
4A. Services	<input checked="" type="checkbox"/>
4B. Housing Type	<input checked="" type="checkbox"/>
Part 5 - Participants and Outreach Information	
5A. Households	<input checked="" type="checkbox"/>
5B. Subpopulations	<input checked="" type="checkbox"/>
5C. Outreach	<input checked="" type="checkbox"/>
Part 6 - Budget Information	
6A. Funding Request	<input checked="" type="checkbox"/>
6C. Rental Assistance	<input checked="" type="checkbox"/>
6D. Match	<input checked="" type="checkbox"/>

6E. Summary Budget	<input checked="" type="checkbox"/>
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	<input checked="" type="checkbox"/>
7A. In-Kind Match MOU Attachment	<input checked="" type="checkbox"/>
7B. Certification	<input checked="" type="checkbox"/>

The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

This applicant cannot submit without changes as this is a first time renewal.

The applicant has selected "Make Changes". Once this screen is saved, the applicant will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.

8B Submission Summary

Page	Last Updated
Recipient Performance	08/27/2018
Renewal Grant Consolidation	08/27/2018
2A. Subrecipients	08/27/2018
3A. Project Detail	08/27/2018
3B. Description	08/30/2018
4A. Services	08/30/2018
4B. Housing Type	08/30/2018
5A. Households	08/27/2018
5B. Subpopulations	08/30/2018
5C. Outreach	08/30/2018
6A. Funding Request	08/30/2018

6C. Rental Assistance	08/30/2018
6D. Match	08/30/2018
6E. Summary Budget	No Input Required
7A. Attachment(s)	No Input Required
7A. In-Kind Match MOU Attachment	No Input Required
7B. Certification	08/30/2018
Submission Without Changes	08/30/2018