

## 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: \$183,917**

Organization	Type	Sub-Award Amount
EVE, Inc.	M. Nonprofit with 501C3 IRS Status	\$183,917

## 2A. Project Subrecipients Detail

**a. Organization Name:** EVE, Inc.

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

**c. Employer or Tax Identification Number:** 38-2211520

	<b>* d. Organizational DUNS:</b>	613721307	<b>PLUS 4:</b>	
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### e. Physical Address

**Street 1:** 1221 N Grand River Dr

**Street 2:**

**City:** Lansing

**State:** Michigan

**Zip Code:** 48906

**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:** \$183,917

### j. Contact Person

**Prefix:** Ms.

**First Name:** Brigitte

**Middle Name:**

**Last Name:** Gurden  
**Suffix:**  
**Title:** Executive Director  
**E-mail Address:** bgurden@eveinc.org  
**Confirm E-mail Address:** bgurden@eveinc.org  
**Phone Number:** 517-372-5976  
**Extension:** 13  
**Fax Number:** 571-702-9908

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

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

EVE has provided emergency, safe shelter for victims of domestic violence since 1977 (formerly as CADA). It has operated a Personal Protection Order Office for Ingham County since 1996 which can be utilized by victims of domestic violence to obtain a court order to remove the abuser from the home and allow the victim protections of the court. Victims come into shelter and participate in counseling and advocacy to address their needs and barriers to independence and maintaining their safety.

In addition to providing 3 meals a day and snacks, safe overnight shelter, and 24 hour staffing for support, EVE provides counseling and advocacy services no cost the resident.

EVE's counseling team has 3 Licensed Master of Social Workers that are able to offer Trauma Focused Cognitive Behavioral Therapy and MSW student interns that provide counseling and support groups under the supervision of our Director of Counseling and Advocacy.

EVE's advocacy team meets the unique needs of homeless victims of domestic violence. Our advocacy services are client driven. The most common areas of advocacy our team provides are:

- Legal: navigating systems regarding law enforcement, courts, prosecution, friend of the court, etc.
- Housing: navigating laws regarding housing for victims of domestic violence, connecting clients with the HARA and/or Coordinated Entry for housing services, housing search, obtaining/finding the necessary documentation, etc.
- Economic Security: understanding and recovering assets from financial abuse, assisting in the application for state assistance, job search, assistance in gathering information for SSI/SSDI applications, work clothing, etc.

EVE currently manages a variety of state and federal funding grants. We currently have a total of 8 state and federal funding streams that we manage on a daily basis. We know the expectation when it comes to monthly and quarterly reports.

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

We have several funds we can leverage with this grant for a total of \$278,402. Leverage of funds include food, city and county money as well as fundraising money.

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

The management system of the organization has the Executive Director on the top of the organizational chart. This person is responsible to report finances monthly to the Board of Directors for financial oversight. Underneath the Executive Director is a management team made up of 6. Our Office Manager is responsible for all book keeping. The Executive Director is responsible for financial oversight. We have a Financial policy workbook as well as segregation of duty rules to help coordinate and manage our day to day finances.

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

### 3A. Project Detail

**1a. CoC Number and Name:** MI-508 - Lansing, East Lansing/Ingham County CoC

**1b. CoC Collaborative Applicant Name:** City of Lansing

**2. Project Name:** RRH for DV Survivors

**3. Project Status:** Standard

**4. Component Type:** PH

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

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

**6. Is this new project application requesting to transition from eligible renewal project(s) that were awarded to the same recipient and fully eliminated through reallocation in the FY 2018 CoC Program Competition? (Section II.B.2. and Section III.C.3.q. of the FY 2018 NOFA).** No

### 3B. Project Description

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

The target populations we serve are domestic violence survivors. Our RRH program will serve and supports women and children (0-17) who are fleeing from domestic violence situations and find themselves homeless. Many of these individuals are in crisis mode because they left everything behind. They have no money, no housing and no support systems in many cases. To qualify for the RRH program they would need to have a 4-8 VI-SPDAT score that will be received from the HARA intake process. Our Rapid Rehousing program will allow clients to have rent support up to 6 months. These clients will be provided free supportive programs that are client centered. They are designed to empower survivors by assisting with housing, legal issues, parenting, job skills, health, and safety issues. Our goal is that these services will empower the survivor to discharge after 6 months of rental support into permanent housing. The client will have up to twelve months of supportive services by a Housing Support Specialist that will check in on the client every month. We will encourage the survivor to keep attending counseling, other programs during the twelve months. When a client is ready to exit RRH and transition to permanent housing there is an exit form/ interview that is conducted by Housing Support Specialist. The client needs to tell us what their permanent living arrangement is, if it is in their current place or if they are moving. The client needs to tell us all the skills they have gained from support from the advocate this could be income, enrolled in school, resolving legal issues and basic needs met. We also ask the client what services they still need as they exit the RRH program for continued support. This helps the staff gauge the ongoing support needed for them to maintain permanent housing long term.

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

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

Project Milestones	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement
	A	B	C	D
New project staff hired, or other project expenses begin?	30			

Participant enrollment in project begins?	30	60		
Participants begin to occupy leased units or structure(s), and supportive services begin?		60	120	
Leased or rental assistance units or structure, and supportive services near 100% capacity?				200
Closing on purchase of land, structure(s), or execution of structure lease?				
Rehabilitation started?				
Rehabilitation completed?				
New construction started?				
New construction completed?				

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

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

**(Select ALL that apply)**

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

**5. Housing First**

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

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

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



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

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

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

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

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

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

### **3C. Project Expansion Information**

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

## 4A. Supportive Services for Participants

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

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

X

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

The project design is to help eliminate barriers for Rapid Rehousing, One of the biggest barriers to DV survivors getting housing is the lack of financial stability. One of the most successful and devastating perpetrator tactics in domestic violence is financial abuse. Victims can be isolated from accessing money, have no rental history, have their credit destroyed by their perpetrator, have little or no work history to assist in employment, etc. Clients would work with the Housing Support Specialist to help manage their case. The Housing Support Specialist would help continually break down barriers as well as provide guided support. The Housing Support Specialist would visit the home once a month. The rapid rehousing program will provide up to 6 months of financial support for survivors. Survivors will have a Housing Support Specialist to support them in finding safe housing.

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

EVE's staff help navigate through recovering from financial abuse and our staff attorney can assist in civil legal proceedings to overcome some of the hurdles to establishing safe and permanent housing for victims of domestic violence. EVE's staff also relies on the developed programs of our community partners to address financial insecurity, housing, employment, and legal support. Eve's trauma informed staff would develop an individualized client plan to maximize their employment opportunities and income.

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

Supportive Services	Provider	Frequency
Assessment of Service Needs	Subrecipient	As needed
Assistance with Moving Costs		
Case Management	Subrecipient	Monthly
Child Care	Subrecipient	As needed
Education Services	Partner	As needed
Employment Assistance and Job Training	Partner	As needed
Food	Partner	As needed
Housing Search and Counseling Services	Subrecipient	As needed
Legal Services	Subrecipient	As needed
Life Skills Training	Subrecipient	As needed
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

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



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

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

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

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

## 4B. Housing Type and Location

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

**Total Units:** 12

**Total Beds:** 30

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...)	---	12	30

## 4B. Housing Type and Location Detail

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

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

**a. Units:** 12

**b. Beds:** 30

### 3. Address

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

**Street 1:** PO Box 14149

**Street 2:**

**City:** Lansing

**State:** Michigan

**ZIP Code:** 48901

**\*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)**

269065 Ingham County

## 5A. Project Participants - Households

**Households Table**

	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
<b>Number of Households</b>	9	3		12
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
<b>Adults over age 24</b>	4	2		6
<b>Adults ages 18-24</b>	5	1		6
<b>Accompanied Children under age 18</b>	18			18
<b>Unaccompanied Children under age 18</b>				0
<b>Total Persons</b>	27	3	0	30

**Click Save to automatically calculate totals**

## 5B. Project Participants - Subpopulations

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

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24							4			
Adults ages 18-24							5			
Children under age 18							18			
<b>Total Persons</b>	0	0	0	0	0	0	27	0	0	0

**Click Save to automatically calculate totals**

### Persons in Households without Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24							2			
Adults ages 18-24							1			
<b>Total Persons</b>	0	0	0	0	0	0	3	0	0	0

**Click Save to automatically calculate totals**

### Persons in Households with Only Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Accompanied Children under age 18										
Unaccompanied Children under age 18										
<b>Total Persons</b>	0				0	0	0	0	0	0



## 5C. Outreach for Participants

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

	Directly from the street or other locations not meant for human habitation.
	Directly from emergency shelters.
	Directly from safe havens.
100%	Persons fleeing domestic violence.
	Directly from transitional housing eliminated in a previous CoC Program Competition.
	Directly from the TH Portion of a Joint TH and PH-RRH Component project.
	Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program (Eligible for JOINT projects if from TH or Emergency Shelters).
100%	Total of above percentages

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

We have a dedicated staff member just for outreach. She works with a team of interns from local colleges to help coordinate outreach events. In the past year we have reached over 2,000 individuals with community education trainings and outreach. EVE, Inc also has an emergency shelter for domestic violence survivors, so our agency works and networks with other homeless shelters in the area. We attend meetings and trainings together. These relationships allows us to do outreach to other shelters that may be housing DV survivors.

## 6A. Funding Request

**1. Will it be feasible for the project to be under grant agreement by September 30, 2020?** Yes

**2. What type of CoC funding is this project applying for in the 2018 CoC Competition?** DV Bonus

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



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

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

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

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

## 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 Request for Grant Term:</b>			\$136,680
<b>Total Units:</b>			12
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	MI - Lansing-East Lansing, MI MSA (26...	12	\$136,680

## Rental Assistance Budget Detail

**Instructions:**

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

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

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

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

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

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

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

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

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

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

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

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

**Type of Rental Assistance:** TRA

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

Size of Units	# of Units (Applicant)		FMR Area (Applicant)		12 Months		Total Request (Applicant)
SRO		x	\$399	x	12	=	\$0
0 Bedroom	1	x	\$532	x	12	=	\$6,384
1 Bedroom	2	x	\$659	x	12	=	\$15,816

<b>2 Bedrooms</b>	3	x	\$815	x	12	=	\$29,340
<b>3 Bedrooms</b>	3	x	\$1,091	x	12	=	\$39,276
<b>4 Bedrooms</b>	3	x	\$1,274	x	12	=	\$45,864
<b>5 Bedrooms</b>		x	\$1,465	x	12	=	\$0
<b>6 Bedrooms</b>		x	\$1,656	x	12	=	\$0
<b>7 Bedrooms</b>		x	\$1,847	x	12	=	\$0
<b>8 Bedrooms</b>		x	\$2,038	x	12	=	\$0
<b>9 Bedrooms</b>		x	\$2,230	x	12	=	\$0
<b>Total Units and Annual Assistance Requested</b>	12						\$136,680
<b>Grant Term</b>							1 Year
<b>Total Request for Grant Term</b>							\$136,680

**Click the 'Save' button to automatically calculate totals.**

## 6F. Supportive Services Budget

**Instructions:**

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

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

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

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

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

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

**Total Request for Grant Term:** This field is automatically calculated based on the total amount requested for each eligible cost multiplied by the grant term.

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

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

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

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Assessment of Service Needs		
2. Assistance with Moving Costs		
3. Case Management	1 FT staff @ 15.86/hr @ 40 hrs a week 52 hrs	\$35,794
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>		\$35,794
<b>Grant Term</b>		1 Year
<b>Total Request for Grant Term</b>		\$35,794

**Click the 'Save' button to automatically calculate totals.**

## 6I. Sources of Match

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

### Summary for Match

Total Value of Cash Commitments:	\$18,305
Total Value of In-Kind Commitments:	\$27,675
Total Value of All Commitments:	\$45,980

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

**1a. Briefly describe the source of the program income: (limit 1000 characters)**

Our match will be in-kind and cash match. 15% will be in-kind donations. Our in-kind match is mileage for the Housing Support Specialist, food valued at \$3,489.00 and volunteer hours at 80 hours with a rate of \$22.90 per hour. (Hourly wage from VOCA). A total of \$27,675. 10% Cash match will be coming from our fundraising fund for a total of \$18,305.00.

**1b. Estimate the amount of program income that will be used as Match for this project:** \$45,979

**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	In-Kind	Private	EVE. Inc.	08/30/2018	\$27,675
Yes	Cash	Private	EVE. Inc.	08/30/2018	\$18,305



## Sources of Match Detail

- 1. Will this commitment be used towards match ? Yes
- 2. Type of commitment: In-Kind
- 3. Type of source: Private
- 4. Name the source of the commitment: EVE. Inc.  
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment: 08/30/2018
- 6. Value of Written Commitment: \$27,675

**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: EVE. Inc.  
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment: 08/30/2018
- 6. Value of Written Commitment: \$18,305

## 6J. Summary Budget

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

Eligible Costs	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	Total Assistance Requested for Grant Term (Applicant)
1a. Acquisition			\$0
1b. Rehabilitation			\$0
1c. New Construction			\$0
2a. Leased Units	\$0	1 Year	\$0
2b. Leased Structures	\$0	1 Year	\$0
3. Rental Assistance	\$136,680	1 Year	\$136,680
4. Supportive Services	\$35,794	1 Year	\$35,794
5. Operating	\$0	1 Year	\$0
6. HMIS	\$0	1 Year	\$0
7. Sub-total Costs Requested			\$172,474
8. Admin (Up to 10%)			\$11,443
9. Total Assistance Plus Admin Requested			\$183,917
10. Cash Match			\$18,305
11. In-Kind Match			\$27,675
12. Total Match			\$45,980
13. Total Budget			\$229,897

**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	EVE, Inc.	08/30/2018

## Attachment Details

**Document Description:** EVE, Inc.

## 7D. Certification

### A. For all projects:

#### Fair Housing and Equal Opportunity

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

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

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

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

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

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

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

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

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

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

**Additional for Rental Assistance Projects:**

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

**B. For non-Rental Assistance Projects Only.**

**15-Year Operation Rule.**

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

**1-Year Operation Rule.**

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

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

**Name of Authorized Certifying Official:** 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**

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

## 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
<b>2A. Subrecipients</b>	08/30/2018
<b>2B. Experience</b>	08/30/2018
<b>3A. Project Detail</b>	08/24/2018
<b>3B. Description</b>	08/30/2018
<b>3C. Expansion</b>	08/29/2018
<b>4A. Services</b>	08/30/2018

<b>4B. Housing Type</b>	08/30/2018
<b>5A. Households</b>	08/30/2018
<b>5B. Subpopulations</b>	No Input Required
<b>5C. Outreach</b>	08/30/2018
<b>6A. Funding Request</b>	08/24/2018
<b>6E. Rental Assistance</b>	08/30/2018
<b>6F. Supp Srvcs Budget</b>	08/30/2018
<b>6I. Match</b>	08/30/2018
<b>6J. Summary Budget</b>	No Input Required
<b>7A. Attachment(s)</b>	No Input Required
<b>7A. In-Kind MOU Attachment</b>	08/30/2018
<b>7D. Certification</b>	08/29/2018



End Violent Encounters

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Consultant and Trainer

**Brigitte Gurden**  
EVE, Inc.  
Executive Director

August 30, 2018

To whom it concerns,

EVE hereby commits an in-kind match of \$27,675.00. Our in kind match is mileage for the Housing Support Specialist, food valued at \$3,489.00 and volunteer hours at 80 hours with a rate of \$22.90 per hour. (Hourly wage from VOCA). A total of \$27,675.

Thank you,

Brigitte Gurden  
Executive Director