

## **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:

- Only Collaborative Applicants may apply for CoC Planning funds using this application, and only one CoC Planning application may be submitted during the FY 2017 CoC Program grant competition.
- Additional training resources can be found on the HUD Exchange at <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD the HUD Exchange Ask A Question
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award management (SAM) in order to apply for funding under the Continuum of Care (CoC) Program Competition. For more information see the FY 2017 CoC Program NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2017 CoC Program NOFA, including the General Section Technical Correction, and all requirements and criteria met.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with the instructions found on each individual screen
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- HUD reserves the right to reduce or reject any new or renewal project that fails to adhere to 24 CFR Part 578 and application requirements set forth in the FY 2017 CoC Program NOFA.

## 1A. SF-424 Application Type

**1. Type of Submission:**

**2. Type of Application:** CoC Planning Project Application

**If Revision, select appropriate letter(s):**

**If "Other", specify:**

**3. Date Received:** 09/27/2017

**4. Applicant Identifier:**

**5a. Federal Entity Identifier:**

**5b. Federal Award Identifier:**

**6. Date Received by State:**

**7. State Application Identifier:**

# 1B. SF-424 Legal Applicant

## 8. Applicant

a. Legal Name: Portsmouth Area Resources Coalition, Inc.

b. Employer/Taxpayer Identification Number (EIN/TIN): 52-1299765

	c. Organizational DUNS:	016098027	PLUS 4	
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## d. Address

Street 1: P.O. Box 1183

Street 2:

City: Portsmouth

County:

State: Virginia

Country: United States

Zip / Postal Code: 23705-1183

## e. Organizational Unit (optional)

Department Name:

Division Name:

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

Prefix: Mr.

First Name: Jean

Middle Name:

Last Name: Jones

Suffix:

Title: PARC Board President

Organizational Affiliation: Portsmouth Area Resources Coalition, Inc.

Telephone Number: (757) 393-7848

Extension:

**Applicant:** Portsmouth Area Resources Coalition, Inc.

016098027

**Project:** 2017 CoC Planning Project

158929

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**Fax Number:** (757) 397-2975

**Email:** president@parc.hrcoxmail.com

## 1C. SF-424 Application Details

**9. Type of Applicant:** M. Nonprofit with 501C3 IRS Status

**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-6100-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):** Virginia  
**(for multiple selections hold CTRL+Key)**

**15. Descriptive Title of Applicant's Project:** 2017 CoC Planning Project

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

**a. Applicant:** VA-003

**b. Project:** VA-003

**(for multiple selections hold CTRL+Key)**

**17. Proposed Project**

**a. Start Date:** 07/01/2018

**b. End Date:** 06/30/2019

**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: Annie

Middle Name:

Last Name: White-Guertin

Suffix:

Title: Executive Director

Telephone Number: (757) 393-7848  
(Format: 123-456-7890)

Fax Number: (757) 397-2975  
(Format: 123-456-7890)

Email: exdir@parc.hrcoxmail.com

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

Date Signed: 09/27/2017

# 1G. HUD 2880

## Applicant/Recipient Disclosure/Update Report - Form 2880 U.S. Department of Housing and Urban Development OMB Approval No. 2510-0011 (exp.11/30/2018)

### Applicant/Recipient Information

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

**Agency Legal Name:** Portsmouth Area Resources Coalition, Inc.

**Prefix:** Ms.

**First Name:** Annie

**Middle Name:**

**Last Name:** White-Guertin

**Suffix:**

**Title:** Executive Director

**Organizational Affiliation:** Portsmouth Area Resources Coalition, Inc.

**Telephone Number:** (757) 393-7848

**Extension:**

**Email:** exdir@parc.hrcoxmail.com

**City:** Portsmouth

**County:**

**State:** Virginia

**Country:** United States

**Zip/Postal Code:** 23705-1183

**2. Employer ID Number (EIN):** 52-1299765

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

**4. Amount of HUD Assistance Requested/Received:** \$35,094

(Requested amounts will be automatically entered within applications)

**5. State the name and location (street address, city and state) of the project or activity:** 2017 CoC Planning Project P.O. Box 1183  
Portsmouth Virginia

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.** No

**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 nondisclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I certify that this information is true and complete.

**I AGREE:**

**Name / Title of Authorized Official:** Annie White-Guertin, Executive Director

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

**Date Signed:** 07/18/2017

# 1H. HUD 50070

## HUD 50070 Certification for a Drug Free Workplace

**Applicant Name:** Portsmouth Area Resources Coalition, Inc.

**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>	

### 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 hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and**

X

**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)

**Authorized Representative**

**Prefix:** Ms.

**First Name:** Annie

**Middle Name**

**Last Name:** White-Guertin

**Suffix:**

**Title:** Executive Director

**Telephone Number:** (757) 393-7848  
**(Format: 123-456-7890)**

**Fax Number:** (757) 397-2975  
**(Format: 123-456-7890)**

**Email:** exdir@parc.hrcoxmail.com

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

**Date Signed:** 09/27/2017

## **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:**

X
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**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:** Portsmouth Area Resources Coalition, Inc.

**Name / Title of Authorized Official:** Annie White-Guertin, Executive Director

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

**Date Signed:** 09/27/2017

# 1J. SF-LLL

## DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.

Approved by OMB0348-0046

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?** No

**Legal Name:** Portsmouth Area Resources Coalition, Inc.

**Street 1:** P.O. Box 1183

**Street 2:**

**City:** Portsmouth

**County:** Portsmouth

**State:** Virginia

**Country:** United States

**Zip / Postal Code:** 23705-1183

**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.

X

**Authorized Representative**

**Prefix:** Ms.

**First Name:** Annie

**Middle Name:**

**Last Name:** White-Guertin

**Suffix:**

**Title:** Executive Director

**Telephone Number:** (757) 393-7848  
**(Format: 123-456-7890)**

**Fax Number:** (757) 397-2975  
**(Format: 123-456-7890)**

**Email:** exdir@parc.hrcoxmail.com

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

**Date Signed:** 09/27/2017

## 2A. Project Detail

**1a. CoC Number and Name:** VA-507 - Portsmouth CoC

**1b. Collaborative Applicant Name:** Portsmouth Area Resources Coalition, Inc.

**2. Project Name:** 2017 CoC Planning Project

**3. Component Type:** CoC Planning Project Application

## 2B. Project Description

**1. Provide a description that addresses the entire scope of the proposed project and how the Collaborative Applicant will use grant funds to comply with the provisions of 24 CFR 578.7.**

A lead agency and point of contact for the Portsmouth Homeless Action Consortium (PHAC) PARC will use this project to meet the responsibilities as noted in 24 CFR 578.7 to continue to build capacity along with efficiency within our local coordinated entry system with assessments and services for the homeless in Portsmouth Va. Consulting services for Technical Assistance not otherwise available as well as staff for CoC Coordination will be funded through this project. PARC plans to continue to facilitate PHAC's strategic planning process to strengthen our Continuum's Housing First vision for homeless services along with performance measuring progress of the HEARTH Act. Activities will continue to include, but are not limited to, the project coordination of CoC meetings, training, monitoring/evaluation of CoC funded projects, communications, and outreach/marketing of matters pertaining to our CoC.

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

The Planning Project will commence on 07/01/2018 with projections for at least a year to be developed that will include target dates and benchmark dates for CoC activities/events/grant deadlines. As in previous years, the management plan also includes PARC, Inc being responsible for the financial management and oversight for all CoC Planning funds including the hiring of staff and/or contracting services as needed. The PHAC CoC Policy & Planning Committee provides monitoring/oversight of the planning grant as well as recommendations/guidance for CoC planning activities and policies.

**3. How will the requested funds improve the CoC's ability to evaluate the outcome of CoC and ESG projects?**

As in recent years, this valuable funding will be utilized to secure technical assistance and/or staffing as needed to educate the CoC services providers how to analyze outcomes This will improve the COC service providers ability to develop data based strategies to manage and increase housing resources. Experiences of other CoCs, along with PHAC data outcome analysis will continue to be used to determine how to use local outcomes to develop resources/services to reduce the identified gaps in resources/services and enhance existing resources/services that are working to house the homeless in Portsmouth. This includes efforts to increase rapid re-housing funds in support of CoCC commitment to Housing First.

**4. How will the planning activities continue beyond the expiration of HUD financial assistance?**

Our CoC is fortunate to receive local and state funds to carry out our mission of reducing/eliminating homelessness in Portsmouth as well as HUD funding. Our planning activities will continue to include PHAC's leveraging capacity within our community resources to include Tidewater Community College, area universities/college internship opportunities as well as potential academic research related to homelessness and community volunteerism.

### 3A. Governance and Operations

**1. How often does the CoC conduct meetings of the full CoC membership?** Bi-Monthly

**2. Does the CoC include membership of a homeless or formerly homeless person?** Yes

**2a. For members who are homeless or formerly homeless, what role do they play in the CoC membership? (Select all that apply)**

Participates in CoC meetings:	<input checked="" type="checkbox"/>
Votes, including electing Coc Board:	<input type="checkbox"/>
Sits on CoC Board:	<input type="checkbox"/>
None:	<input type="checkbox"/>

**3. Does the CoC's governance charter incorporate written policies and procedures for each of the following**

**a. Written agendas of CoC meetings?** Yes

**b. Coordinated Entry? (Also known as centralized or coordinated assessment)** Yes

**c. Process for monitoring outcomes of ESG recipients?** Yes

**d. CoC policies and procedures?** Yes

**e. Written process for board selection?** Yes

**f. Code of Conduct for board members that includes a recusal process?** Yes

**g. Written standards for administering assistance?** Yes

**4. Were there any written complaints received by the CoC in relation to project review, project selection, or other items related to 24 CFR 578.7 or 578.9 within the past 12 months?** No

### 3B. Committees

Provide information for up to five of the most active CoC-wide planning committees, subcommittees and/or workgroups, to address homeless needs in the CoC's geographic area that recommend and set policy priorities for the CoC, including a brief description of the role and the frequency of the meetings. Only include committees, subcommittees and/or workgroups, that are directly involved in CoC-wide planning and not the regular delivery of services.

Committee Name	Role of the Committee (max 750 characters)	Meeting Frequency	Name of Individuals and/or Organizations Represented
Executive Committe	Executive oversight for CoC governance & policies, responsible for its finances, direct its affairs and determine items on agenda for each meeting.	Monthly	PHAC Co-Chairss, Secretary, Treasurer and Committee Chairs
C&C Policy & Planning	Develops action plans for the CoC group, updates relevant data & services for CoC planning purposes;coordinates priorities including the ranking of projects	Monthly	Reps. from each HUD project-PCOM,PARC,DBHS,VSH & non-HUD funded service providers/HER Shelter
HMIS Oversight	Provides management oversight for the HMIS per HMIS Interim Rule & policies	Quarterly	HMIS Systems Admin, HER Shelter rep & VSH Data rep
Coordinated Assessment Committee	Coordinated Assessment Committee plans coordinated assessment policy and process	Monthly	Desiree Brown(Central Intake-Hotline) and Darlene Washington (Portsmouth Volunteers for the Homeless) - committee is open to all agencies who have interest in planning coordinated entry
Veterans	Monitors progress and status of housing veterans	Monthly	Rev. Clarence Harrison(PCOM) & Desiree Brown(Central Intake-Hotline)

## 4A. 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:	\$0
Total Value of In-Kind Commitments:	\$8,977
Total Value of All Commitments:	\$8,977

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

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	In-Kind	Private	Portsmouth Area R...	09/01/2017	\$8,977

## Sources of Match Details

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: Portsmouth Area Resources Coalition, Inc.  
(Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 09/01/2017

6. Value of Written Commitment: \$8,977

**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.**

## 4B. Funding Request

**1. Will it be feasible for the project to be under grant agreement by September 30, 2019?** Yes

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

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

**A description must be entered for Quantity. Any costs without a Quantity description will be removed from the budget.**

Eligible Costs:	Quantity AND Description (max 400 characters)	Annual Assistance Requested (Applicant)
<b>1. Coordination Activities</b>	Staff up to 30 hrs/week/\$31hr: assistance with monthly meetings, marketing, agendas, minutes, workshops, training events and other PHAC activities	\$19,000
<b>2. Project Evaluation</b>		
<b>3. Project Monitoring Activities</b>	staff/professional-financial management oversight & training/workshop to enhance strategic delivery services	\$8,500
<b>4. Participation in the Consolidated Plan</b>		
<b>5. CoC Application Activities</b>	Contracting grant writer/consultant/staffing as needed including workshops as appropriate	\$2,900
<b>6. Determining Geographical Area to Be Served by the CoC</b>		
<b>7. Developing a CoC System</b>		
<b>8. HUD Compliance Activities</b>	Workshops/training by professionals (i.e. Va. Housing Alliance, NAEH or others)	\$4,694
<b>Total Costs Requested</b>		\$35,094
<b>Cash Match</b>		\$0
<b>In-Kind Match</b>		\$8,977
<b>Total Match</b>		\$8,977
<b>Total Budget</b>		\$44,071

**Click the 'Save' button to automatically calculate the Total Assistance**

## 5A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1. Other Attachment(s)	No	Match Letter PARC...	09/25/2017
2. Other Attachment(s)	No		

## **Attachment Details**

**Document Description:** Match Letter PARC, Inc

## **Attachment Details**

**Document Description:**

## 5A. In-Kind MOU Attachment

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

## Attachment Details

### Document Description:

## 5B. Certification

### A. For all projects:

#### Fair Housing and Equal Opportunity

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

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

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

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

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

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

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

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

If persons of any particular race, color, religion, sex, age, national origin, familial status, or

disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

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

**Additional for Rental Assistance Projects:**

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

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

**20-Year Operation Rule.**

For 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.

**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. For Rental Assistance Only.**

**Supportive Services.**

It will make available supportive services appropriate to the needs of the population served and equal in value to the aggregate amount of rental assistance funded by HUD for the full term of the rental assistance.

**D. Explanation.**

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

**Name of Authorized Certifying Official:** Annie White-Guertin

**Date:** 09/27/2017

**Title:** Executive Director

**Applicant Organization:** Portsmouth Area Resources Coalition, Inc.

**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**

X
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**criminal, civil, or administrative penalties .  
(U.S. Code, Title 218, Section 1001).**

## 6A. Submission Summary

Page	Last Updated
<b>1A. SF-424 Application Type</b>	No Input Required
<b>1B. SF-424 Legal Applicant</b>	No Input Required
<b>1C. SF-424 Application Details</b>	No Input Required
<b>1D. SF-424 Congressional District(s)</b>	09/13/2017
<b>1E. SF-424 Compliance</b>	09/13/2017
<b>1F. SF-424 Declaration</b>	09/13/2017
<b>1G. HUD 2880</b>	09/13/2017
<b>1H. HUD 50070</b>	09/13/2017
<b>1I. Cert. Lobbying</b>	09/13/2017
<b>1J. SF-LLL</b>	09/20/2017

<b>2A. Project Detail</b>	09/20/2017
<b>2B. Description</b>	09/27/2017
<b>3A. Governance and Operations</b>	09/25/2017
<b>3B. Committees</b>	09/27/2017
<b>4A. Match</b>	09/25/2017
<b>4B. Funding Request</b>	09/27/2017
<b>5A. Attachment(s)</b>	09/25/2017
<b>5A. In-Kind MOU Attachment</b>	No Input Required
<b>5B. Certification</b>	09/25/2017



Portsmouth Area Resources Coalition, Inc.  
P.O. Box 1183  
Portsmouth, VA 23705-1183  
Office 757-393-7848 Fax 757-397-2975  
[www.parcinc.org](http://www.parcinc.org)

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September 1, 2017

U.S. Department of Housing & Urban Development  
Virginia State Office/CPDD  
Richmond, VA 23230

Ref: 2017 CoC Planning Project (FY 2018-19)

Dear Sirs:

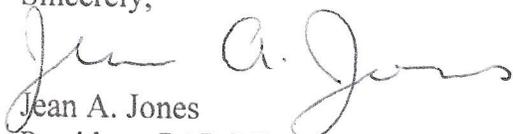
Our agency will continue to provide a meeting room and other office space, as needed, for Portsmouth Homeless Action Consortium (PHAC) committee meetings and other planning meetings. The cost of this "In-Kind" office/meeting space, including conference room, for one year is \$5,744 (pro rata up to 50% of 745 SQFT at \$15.42 per SQFT) based on comparable area office rentals.

Additionally, our agency Board of Directors will provide \$3,233 in volunteer hours (11 hours per month/\$24.49hr) during the project year.

The combined value of this "In-Kind" Match support is \$8,977.

If additional information is needed, please contact me accordingly.

Sincerely,

  
Jean A. Jones  
President, PARC Board of Directors