Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember:

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2019 Continuum of Care (CoC) Program Competition. For more information see FY 2019 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2019 CoC Program NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2018 Project Application will be imported into the FY 2019 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2019 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:	Application
2. Type of Application:	Renewal Project Application
If "Revision", select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	08/28/2019
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
5b. Federal Award Identifier: **This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).**	PA0675
Check to confrim that the Federal Award Identifier has been updated to reflect the most recently awarded grant number	X
6. Date Received by State:	
7. State Application Identifier:	

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Housing Authority of the County of Beaver

b. Employer/Taxpayer Identification Number (EIN/TIN): 25-6001767

	c. Organizational DUNS:	077484996	**PLUS 4**	

d. Address

Street 1: 300 State Street

Street 2:

City: Beaver

County: Beaver County

State: Pennsylvania

Country: United States

Zip / Postal Code: 15009

e. Organizational Unit (optional)

Department Name: Housing Authority of Beaver County

Division Name:

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

Prefix: Mrs.

First Name: Darcy

Middle Name: L.

Last Name: Casey

Suffix:

Title: Project Coordinator

Organizational Affiliation: Housing Authority of the County of Beaver

Telephone Number: (724) 775-1220

Extension: 19
Fax Number: (724) 630-2019
Email: darcycasey@att.net

1C. SF-424 Application Details

9. Type of Applicant:	La. Public Housing Authority
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-6300-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): (for multiple selections hold CTRL key)	Pennsylvania
15. Descriptive Title of Applicant's Project:	CARL Program 2019 Renewal
16. Congressional District(s):	
a. Applicant: (for multiple selections hold CTRL key)	PA-012
b. Project: (for multiple selections hold CTRL key)	PA-012
17. Proposed Project	
a. Start Date:	11/01/2020
b. End Date:	10/31/2021
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: X

21. Authorized Representative

Prefix:	Mr.
First Name:	Brian
Middle Name:	
Last Name:	Yaworsky
Suffix:	
Title:	Executive Director
Telephone Number: (Format: 123-456-7890)	(724) 775-1220
Fax Number: (Format: 123-456-7890)	(724) 630-2016
Email:	habby@comcast.net
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	08/28/2019

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2506-0214 (exp.02/28/2022)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name:	Housing Authority of the County of Beaver
Prefix:	Mr.
First Name:	Brian
Middle Name:	
Last Name:	Yaworsky
Suffix:	
Title:	Executive Director
Organizational Affiliation:	Housing Authority of the County of Beaver
Telephone Number:	(724) 775-1220
Extension:	16
Email:	habby@comcast.net
City:	Beaver
County:	Beaver County
State:	Pennsylvania
Country:	United States
Zip/Postal Code:	15009

2. Employer ID Number (EIN):	25-6001767
3. HUD Program:	Continuum of Care Program
4. Amount of HUD Assistance Requested/Received:	$435,872.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: CARL Program 2019 Renewal 300 State Street Beaver Pennsylvania

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? (For further information, see 24 CFR Sec. 4.3). Yes

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

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

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

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
NA	NA	$0.00	NA
NA	NA	0.0	NA
NA	NA	$0.00	NA
NA	NA	$0.00	NA
NA	NA	$0.00	NA

Part III Interested Parties

You must disclose:
1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds $50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a	Social Security No.	Type of	Financial Interest	Financial Interest

reportable financial interest in the project or activity (For individuals, give the last name first)	or Employee ID No.	Participation	in Project/Activity ($)	in Project/Activity (%)
NA	NA	NA	$0.00	0%
NA	NA	NA	$0.00	0%
NA	NA	NA	$0.00	0%
NA	NA	NA	$0.00	0%
NA	NA	NA	$0.00	0%

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

I AGREE: X

Name / Title of Authorized Official: Brian Yaworsky, Executive Director

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

Date Signed: 08/08/2019

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Housing Authority of the County of Beaver

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:		
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.**	**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 Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;**
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.**	**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;**
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.;**	**g.**	**Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.**
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;**		

Sites for Work Performance.

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

I certify that the information provided on this form and in any accompanying documentation is true and accurate. I X

acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

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:	Mr.
First Name:	Brian
Middle Name	
Last Name:	Yaworsky
Suffix:	
Title:	Executive Director
Telephone Number: (Format: 123-456-7890)	(724) 775-1220
Fax Number: (Format: 123-456-7890)	(724) 630-2016
Email:	habby@comcast.net
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	08/28/2019

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

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: Housing Authority of the County of Beaver

Name / Title of Authorized Official: Brian Yaworsky, Executive Director

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

Date Signed: 08/28/2019

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:	Housing Authority of the County of Beaver
Street 1:	300 State Street
Street 2:	
City:	Beaver
County:	Beaver County
State:	Pennsylvania
Country:	United States
Zip / Postal Code:	15009

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:	Mr.
First Name:	Brian
Middle Name:	
Last Name:	Yaworsky
Suffix:	
Title:	Executive Director
Telephone Number: (Format: 123-456-7890)	(724) 775-1220
Fax Number: (Format: 123-456-7890)	(724) 630-2016
Email:	habby@comcast.net
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	08/28/2019

Information About Submission without Changes

Follow the instructions below making note of the exceptions and limitations to the “Submit Without Changes” process.

In general, HUD expects a project’s proposed project application information will remain the same from year-to-year unless changes are directed by HUD or approved through the grant agreement amendment process. However, HUD expects applicants to carefully review their information to determine if submitting without changes accurately reflects the expiring grant requesting renewal.

Data can be imported into a FY 2019 renewal project application from a FY 2018 new or renewal project application. For a project application that did not import last year’s FY 2018 information, e-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that select “Fully Consolidated” on the Grant Consolidation screen may not use the “Submit Without Changes” process and esnaps will automatically be set to “Make Changes”. However, if the applicant selects “Individual Renewal”, this project application(s) can use the “Submit Without Changes” process. In addition, esnaps will automatically be set to “Make Changes” if the project applicant indicates on the Renewal Expansion Screen, this project application is for a “Combined Renewal Expansion” project application. However, the stand-alone renewal expansion project application(s) can use the “Submit Without Changes” process.

The e-snaps screens that remain “open” for required annual updates and do not affect applicants’ ability to select “Submit without Changes” are:
- Recipient Performance Screen;
- Renewal Expansion Screen;
- Renewal Grant Consolidation Screen;
- Screen 3A. Project Detail
- Screen 6D. Sources of Match
- All of Part 7: Attachments and Certification; and
- All of Part 8: Submission Summary.

All other screens in Part 2 through Part 6 begin in “Read-Only” format and should be reviewed for accuracy; including any updates that were made to the 2018 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select “Submit Without Changes” in Part 8. If project applicants imported data and do need to make updates to the information on one or more screens, they must navigate to Part 8: “Submission Without Changes” Screen, select “Make Changes”, and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Once a project applicant selects a checkbox and clicks "Save", the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions and esnaps navigation guides found on the HUD Exchange to find more in depth information about applying under the FY 2019 CoC Competition.

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?	Yes
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?	Yes
4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?	Yes

Explain the circumstances that led HUD to recapture funds from the most recently expired grant term related to this renewal project request.

The CARL program had $321 in Administrative funds unused during the 2018-19 year. It was an oversight on the part of HACB.

Renewal Expansion

As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Expansion. This process can combine up to 1 stand-alone renewal project application and 2 stand-alone new expansion project applications into 1 combined renewal expansion project application. This means recipients no longer need to combine expansion data in CoC Post-Award. Renewal projects that are part of an expansion must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 GIW or eLOCCS, 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 combined renewal expansion in the FY 2019 CoC Program Competition? "If "No" click on "Next" or "Save & Next" below to move to the next screen.	No

Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2019 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) 2020, as confirmed on the FY 2019 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 2019 CoC Program Competition? If "No" click on "Next" or "Save & Next" below to move to the next screen.	No

2A. Project Subrecipients

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the icon. To view or update subrecipient information already listed, select the view option.

Total Expected Sub-Awards: $0

Organization	Type	Type	Sub-Award Amount
This list contains no items			

3A. Project Detail

1. Project Identification Number (PIN) of expiring grant:	PA0675

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

2a. CoC Number and Name:	PA-603 - Beaver County CoC
2b. CoC Collaborative Applicant Name:	County of Beaver
3. Project Name:	CARL Program 2019 Renewal
4. Project Status:	Standard
5. Component Type:	PH
5a. Does the PH project provide PSH or RRH?	PSH
6. Does this project use one or more properties that have been conveyed through the Title V process?	No

3B. Project Description

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

The Community Assisted Residential Living (CARL) is a permanent supportive housing program that finds homes for homeless households (HH) (literally homeless or fleeing/attempting to flee DV & Human Trafficking) with mental or physical disabilities, or a history of drug & alcohol. The Target population consists of families, youth-headed HH, DV survivors & veterans. This program prioritizes the chronically homeless (CH), HH with the longest length of homelessness & the highest need by way of using the Coordinated Entry Program (CE). In accordance with HUD's priority of eliminating barriers, the Housing First model is used & HH are housed regardless of income or disability. Clients with criminal backgrounds are individually reviewed & every attempt is made to grant PSH. CARL demonstrates a low barrier and prioritizes rapid placement and stabilization in permanent housing. CARL adheres to the VAWA, the Fair Housing Act & Equal Access Rule. CARL serves 40 households/84 beds, in which 76 beds are devoted for CH. CARL strives to rapidly house HH while growing self-sufficient with income & secure housing. Clients will be able to meaningfully participate in the planning process in locating a unit where they can access their mainstream & natural support systems (family, friends, churches, other mainstream health, social services, & employment programs) by being a scattered site program. All scattered sites are not restricted to units within a pre-determined specific area since the clients can choose their own units CARL is a part of the CoC Housing & Homeless Coalition, collaborates with all CoC programs, & attends community events & meetings. CARL is conscious of & advocates for the protections of homeless HH under the McKinney-Vento Act & advocates for expeditious school enrollment. CARL served 47 HH, 110 clients, which includes 56 children. CARL operated at full capacity or over capacity for most of the year & any potential clients are provided case management & linkages to alternative programs based on their current needs and assessments. These include: The Cornerstone of Beaver County, ROOTS, BCBH, BCCYS, ABC Associates, SSVF, Trails Ministries, The Salvation Army & the homeless shelters in Beaver County. In the upcoming year CARL’s focus will be on promoting prosperity and economic opportunity by encouraging self-sufficiency and reducing dependency. CARL is projecting an outcome of 85% of exiting HH to permanent housing & 66% of HH to maintain or increase their income. Continued funding of CARL is necessary for the stabilization of HH who are without case management supports, who lack a wide support network, or are CYS-involved & have barriers to securing housing on their own.

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

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

Chronic Homeless	X	**Domestic Violence**	X
Veterans	X	**Substance Abuse**	X
Youth (under 25)	X	**Mental Illness**	X
Families with Children	X	**HIV/AIDS**	X
		Other (Click 'Save' to update)	X

Other: Chronic Physical Disability

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	X
Active or history of substance use	X
Having a criminal record with exceptions for state-mandated restrictions	X
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
None of the above	

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	X
Failure to make progress on a service plan	X
Loss of income or failure to improve income	X
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	X
None of the above	

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

3C. Dedicated Plus

Dedicated and DedicatedPLUS

A “100% Dedicated” project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and families, according to NOFA Section lll.3.b.

A “DedicatedPLUS” project is a permanent supportive housing project where 100% of the beds are dedicated to serve individuals with disabilities and families in which one adult or child has a disability, including unaccompanied homeless youth, that at a minimum, meet ONE of the following criteria according to NOFA Section lll.3.d:

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

A renewal project where 100 percent of the beds are dedicated in their current grant as described in NOFA Section lll.A.3.b. must either become DedicatedPLUS or remain 100% Dedicated. If a renewal project currently has 100 percent of its beds dedicated to chronically homeless individuals and families and elects to become a DedicatedPLUS project, the project will be required to adhere to all fair housing requirements at 24 CFR 578.93. Any beds that the applicant identifies in this application as being dedicated to chronically homeless individuals and families in a DedicatedPLUS project must continue to operate in accordance with Section lll.A.3.b. Beds are identified on Screen 4B.

1. Indicate whether the project is "100% Dedicated", "DedicatedPLUS", or "N/A", according to the information provided above.	N/A

4A. Supportive Services for Participants

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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

SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?	
3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months.	Yes

4B. Housing Type and Location

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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: 40

Total Beds: 84

Total Dedicated CH Beds: 76

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...	---	40	84

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: 40

b. Beds: 84

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 76

This includes both the “dedicated” and “prioritized” beds from previous competitions.

4. 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: Housing Authority of the County Of Beaver

Street 2: 300 State Street

City: Beaver

State: Pennsylvania

ZIP Code: 15009

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

429007 Beaver County

5A. Project Participants - Households

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	23	17	0	40

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	25	14		39
Persons ages 18-24	11	10		21
Accompanied Children under age 18	24		0	24
Unaccompanied Children under age 18			0	0
Total Persons	60	24	0	84

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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	24	1	0	20	0	20	5	2	0	0
Persons ages 18-24	10	1	0	8	0	10	3	2	0	0
Children under age 18	24			0	0	1	0	1	1	0
Total Persons	58	2	0	28	0	31	8	5	1	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	13	1	0	10	1	13	3	2	0	0
Persons ages 18-24	8	1	0	6	0	4	0	1	1	0
Total Persons	21	2	0	16	1	17	3	3	1	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										
Total Persons	0			0	0	0	0	0	0	0

6A. Funding Request

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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	
Leased Structures	
Rental Assistance	X
Supportive Services	
Operating	
HMIS	

6C. Rental Assistance Budget

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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:	$418,344
Total Units:	40

Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	PA - Pittsburgh, PA HUD Metro FMR Are...	40	$418,344

Rental Assistance Budget Detail

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: PA - Pittsburgh, PA HUD Metro FMR Area (4200399999)

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	$466	$466	x	12		=	$0
0 Bedroom		x	$621	$621	x	12		=	$0
1 Bedroom	17	x	$710	$710	x	12		=	$144,840
2 Bedrooms	13	x	$884	$884	x	12		=	$137,904
3 Bedrooms	8	x	$1,109	$1,109	x	12		=	$106,464
4 Bedrooms	2	x	$1,214	$1,214	x	12		=	$29,136
5 Bedrooms		x	$1,396	$1,396	x	12		=	$0
6 Bedrooms		x	$1,578	$1,578	x	12		=	$0
7 Bedrooms		x	$1,760	$1,760	x	12		=	$0
8 Bedrooms		x	$1,942	$1,942	x	12		=	$0
9 Bedrooms		x	$2,125	$2,125	x	12		=	$0
Total Units and Annual Assistance Requested	40								$418,344
Grant Term									1 Year
Total Request for Grant Term									$418,344

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:	$75,152
Total Value of In-Kind Commitments:	$128,364
Total Value of All Commitments:	$203,516

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	Cash	Government	Community Develop...	08/28/2019	$39,500
Yes	Cash	Government	Beaver County Chi...	08/22/2019	$35,652
Yes	In-Kind	Government	The Housing Autho...	08/21/2019	$7,200
Yes	In-Kind	Government	Beaver County Beh...	08/26/2019	$121,164

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: (Be as specific as possible and include the office or grant program as applicable)	Community Development Program of Beaver County
5. Date of Written Commitment:	08/28/2019
6. Value of Written Commitment:	$39,500

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: (Be as specific as possible and include the office or grant program as applicable)	Beaver County Children & Youth Services
5. Date of Written Commitment:	08/22/2019
6. Value of Written Commitment:	$35,652

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: (Be as specific as possible and include the	The Housing Authority of The County of Beaver

office or grant program as applicable)

5. Date of Written Commitment: 08/21/2019

6. Value of Written Commitment: $7,200

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: In-Kind

3. Type of Source: Government

4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable) Beaver County Behavioral Health

5. Date of Written Commitment: 08/26/2019

6. Value of Written Commitment: $121,164

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.

6E. Summary Budget

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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 2018 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2018, 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	$418,344
3. Supportive Services	$0
4. Operating	$0
5. HMIS	$0
6. Sub-total Costs Requested	$418,344
7. Admin (Up to 10%)	$17,528
8. Total Assistance plus Admin Requested	$435,872
9. Cash Match	$75,152
10. In-Kind Match	$128,364
11. Total Match	$203,516
12. Total Budget	$639,388

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No		
2) Other Attachmenbt	No	CARL Renewal Lett...	08/28/2019
3) Other Attachment	No	2019 HACB in-kind...	08/28/2019

Attachment Details

Document Description: HUD 50070, HUD 2880, HACB Incorporation

Attachment Details

Document Description: CARL Renewal Letters-Govt

Attachment Details

Document Description: 2019 HACB in-kind match

7A. In-Kind Match MOU Attachment

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

Attachment Details

Document Description: CARL MATCH LETTERS

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 Brian Yaworsky

Date: 08/28/2019

Title: Executive Director

Applicant Organization: Housing Authority of the County of Beaver

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, ficticious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).	X
Active SAM Status Requirement. I certify that our organization has an active System for Award Management (SAM) registration as required by 2 CFR 200.300(b) at the time of project application submission to HUD and will ensure this SAM registration will be renewed annually to meet this requirement.	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	☐
Part 3 - Project Information	
3A. Project Detail	X
3B. Description	X
3C. Dedicated Plus	☐
Part 4 - Housing Services and HMIS	
4A. Services	☐
4B. Housing Type	☐
Part 5 - Participants and Outreach Information	
5A. Households	☐
5B. Subpopulations	☐
Part 6 - Budget Information	
6A. Funding Request	☐
6C. Rental Assistance	☐
6D. Match	X

6E. Summary Budget	☐
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	X
7A. In-Kind Match MOU Attachment	☐
7B. Certification	X

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):

I wanted to update the description of the Program for the current grant year.

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
1A. SF-424 Application Type	08/08/2019
1B. SF-424 Legal Applicant	No Input Required

1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	08/15/2019
1E. SF-424 Compliance	08/08/2019
1F. SF-424 Declaration	08/08/2019
1G. HUD-2880	08/08/2019
1H. HUD-50070	08/08/2019
1I. Cert. Lobbying	08/08/2019
1J. SF-LLL	08/08/2019
Recipient Performance	08/28/2019
Renewal Expansion	08/08/2019
Renewal Grant Consolidation	08/08/2019
2A. Subrecipients	No Input Required
3A. Project Detail	08/08/2019
3B. Description	08/27/2019
3C. Dedicated Plus	08/08/2019
4A. Services	08/08/2019
4B. Housing Type	08/08/2019
5A. Households	08/08/2019
5B. Subpopulations	No Input Required
6A. Funding Request	08/08/2019
6C. Rental Assistance	08/08/2019
6D. Match	08/28/2019
6E. Summary Budget	No Input Required
7A. Attachment(s)	08/28/2019
7A. In-Kind Match MOU Attachment	No Input Required
7B. Certification	08/22/2019
Submission Without Changes	08/22/2019

BEAVER COUNTY BEHAVIORAL HEALTH

Board of Commissioners
Daniel C. Camp, III, Chairman
Sandie Egley
Tony Amadio

BEAVER COUNTY
BEHAVIORAL HEALTH
1040 Eighth Avenue
Beaver Falls, PA 15010

Gerard Mike, Administrator

(724) 847-6225 (Admin)
724-847-6229 (Fax)
724-891-2827 (DSU)
724-891-2865 (Fax)
724-847-6220 (D&A)
724-847-6223 (Fax)
1-800-318-8138
www.bcbh.org

August 26, 2019

Renee Speaker
Housing Authority of the County of Beaver
300 State Street
Beaver, PA 15009

Dear Ms. Speaker:

This letter is a written commitment for support of the CARL Program and the individuals they will serve. As proposed, the program will serve approximately 50 households (115 individuals) in scattered housing sites, who may be receiving behavioral health services. Providing they meet eligibility requirements and utilize publically funded behavioral health services/programs, Beaver County Behavioral Health pledges a commitment of $121,164 for the renewal grant year 2020-2021. This figure is based upon an average per member per month cost of $87.80 for individuals enrolled in HealthChoices.

If you have any questions, you may contact me at 724-847-6225.

Sincerely,

HertaK.Madder

Herta Madder, MA, MBA
HealthChoices Specialist

cc: Gerard Mike
Lisa McCoy

COMMUNITY DEVELOPMENT PROGRAM OF BEAVER COUNTY

Board of Commissioners
Daniel C. Camp, III, Chairman
Sandie Egley
Tony Amadio

COMMUNITY DEVELOPMENT
PROGRAM OF
BEAVER COUNTY

1013 Eighth Avenue
Beaver Falls, PA 15010

724-770-2040
800-339-0984
724-847-3861 FAX

August 03, 2019

Mr. Brian Yaworsky, Director
Housing Authority of the County of Beaver County
300 State Street
Beaver, PA 15009

RE: Letter of Match Commitment
Renewal Application for The CARL Program
Fiscal Year 2020-2021

Dear Mr. Yaworsky:

The County of Beaver, through the Community Development Program of Beaver County, administers the Homeless Assistance Program (HAP) through the PA Department of Human Services.

Through this program, the County plans to commit funding from its 2019 and 2020 HAP Allocations for eligible costs associated with The CARL Program as follows:

$26,333 HAP Program Year 2019

$13,167 HAP Program Year 2020, as approved

If you have questions, please contact Cathy Smith of this office at 724-770-2044.

Sincerely,

Lisa E. Signore

Director

BEAVER COUNTY CHILDREN & YOUTH SERVICES

Board of Commissioners
Daniel C. Camp, III, Chairman
Sandie Egley
Tony Amadio

Administrator
Lesley Hallas, MSW

1080 Eighth Avenue
Beaver Falls, PA 15010

724-891-5800
800-615-7743
724-891-5801 FAX

www.bccys.org

August 22, 2019

Mr. Brian Yaworsky
Housing Authority of Beaver County
300 State Street
Beaver, PA 15009

Dear Mr. Yaworsky:

This letter is being written to provide support for the Community Assisted Residential Living Program (CARL) for the upcoming grant year 2020-2021. Beaver County Children and Youth Services will enter into a contract with the Housing Authority to partially fund an outreach and engagement case manager who will serve as a liaison between the homeless individuals and the Housing Authority. Beaver County Children and Youth Services will provide $35,652.00 per fiscal year.

Please feel free to contact me with any questions or concerns regarding this matter.

Sincerely,

BEAVER COUNTY CHILDREN
AND YOUTH SERVICES

Lesley Hallas, MSW
Administrator

HOUSING AUTHORITY of the COUNTY of BEAVER

James F. Tress Administration Building

300 State Avenue
Beaver, Pennsylvania 15009-1629

Telephone: (724)-775-1220; *TDD:* (724)-775-5101
Web site: www.beavercountyhousing.org

Brian L. Yaworsky
Executive Director

Kathryn L. Walter
Deputy Executive Director/ Comptroller

Board of Commissioners
Michael D. Lacey
Chairman

Domenic Leone
Vice Chairman

Cheryl M. Szedny

Dr. Michael Sisk

Rev. Bobby V. Wilson

George A. Verlihay
Legal Counsel

HACB

August 28, 2019

To Whom It May Concern,

This letter is written in support of the Community Assisted Residential Living (CARL) Renewal application as a commitment of in-kind match for the 11-1-2020-10-31-21 fiscal year.

The match will consist of the use of office space, use of office equipment, insurance, & utilities for a remote location apart from the Central Office.

The per month rate for this commitment is $600/month or $7,200 annually.

Sincerely,

HOUSING AUTHORITY OF THE
COUNTY OF BEAVER

Brian L. Yaworsky,
Executive Director

BLY:jll
Cc: File