

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 and the FY 2019 General Section 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.
- New projects may only be submitted as either Reallocated, Bonus Projects, Reallocated + Bonus or DV Bonus. These funding methods are determined in collaboration with local CoC and it is critical that applicants indicate the correct funding method. Project applicants must communicate with their CoC to make sure that the CoC submissions reflect the same funding method.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- HUD reserves the right to reduce or reject any new project that fails to adhere to (24 CFR part 578 and application requirements set forth in FY 2019 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:

2. Type of Application: New Project Application

If Revision, select appropriate letter(s):

If "Other", specify:

3. Date Received: 08/27/2019

4. Applicant Identifier:

5a. Federal Entity Identifier:

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: The Cornerstone of Beaver County

b. Employer/Taxpayer Identification Number (EIN/TIN): 81-2519152

	c. Organizational DUNS:	033987958	PLUS 4:	
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d. Address

Street 1: 1217 7th Avenue

Street 2: 2nd Floor

City: Beaver Falls

County: Beaver

State: Pennsylvania

Country: United States

Zip / Postal Code: 15010

e. Organizational Unit (optional)

Department Name:

Division Name:

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

Prefix: Ms.

First Name: Ashley

Middle Name:

Last Name: McLaughlin

Suffix:

Title: Compliance Coordinator

Organizational Affiliation: The Cornerstone of Beaver County

Telephone Number: (724) 846-6400

Extension: 12

Fax Number: (724) 846-6406

Email: amclaughlin@cornerstonebeaver.org

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-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): Pennsylvania
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: Coordinated Entry

16. Congressional District(s):

a. Applicant: PA-012

b. Project: PA-012

(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 09/01/2020

b. End Date: 08/31/2021

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:

21. Authorized Representative

Prefix: Ms.

First Name: Marie

Middle Name:

Last Name: Timpano

Suffix:

Title: Executive Director

Telephone Number: (724) 846-6400
(Format: 123-456-7890)

Fax Number: (724) 846-6406
(Format: 123-456-7890)

Email: mtimpano@cornerstonebeaver.org

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

Date Signed: 08/27/2019

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: The Cornerstone of Beaver County

Prefix: Ms.

First Name: Marie

Middle Name:

Last Name: Timpano

Suffix:

Title: Executive Director

Organizational Affiliation: The Cornerstone of Beaver County

Telephone Number: (724) 846-6400

Extension: 13

Email: mtimpano@cornerstonebeaver.org

City: Beaver Falls

County: Beaver

State: Pennsylvania

Country: United States

Zip/Postal Code: 15010

2. Employer ID Number (EIN): 81-2519152

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$49,720.00

(Requested amounts will be automatically entered within applications)

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

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

Part I Threshold Determinations

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

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

Name / Title of Authorized Official: Marie Timpano, Executive Director

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

Date Signed: 08/27/2019

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: The Cornerstone of Beaver County

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

2. Sites for Work Performance.

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

I certify that the information provided on this form and in any accompanying X

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.



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: Marie

Middle Name

Last Name: Timpano

Suffix:

Title: Executive Director

Telephone Number: (724) 846-6400
(Format: 123-456-7890)

Fax Number: (724) 846-6406
(Format: 123-456-7890)

Email: mtimpano@cornerstonebeaver.org

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

Date Signed: 08/27/2019

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: The Cornerstone of Beaver County

Name / Title of Authorized Official: Marie Timpano, Executive Director

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

Date Signed: 08/27/2019

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: The Cornerstone of Beaver County

Street 1: 1217 7th Avenue

Street 2: 2nd Floor

City: Beaver Falls

County: Beaver

State: Pennsylvania

Country: United States

Zip / Postal Code: 15010

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: Marie

Middle Name:

Last Name: Timpano

Suffix:

Title: Executive Director

Telephone Number: (724) 846-6400
(Format: 123-456-7890)

Fax Number: (724) 846-6406
(Format: 123-456-7890)

Email: mtimpano@cornerstonebeaver.org

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

Date Signed: 08/27/2019

2A. Project Subrecipients

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

Total Expected Sub-Awards:

Organization	Type	Sub-Award Amount
This list contains no items		

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

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

The Cornerstone of Beaver County (TCBC) currently receives both federal and state funding for providing comprehensive housing stability services in Beaver County. TCBC is the local agency responsible for administering both the state and federal Emergency Solutions Grant Program (ESG & DCED). With these funds, homeless prevention and rapid rehousing services are provided to applicants in need. In 2018, TCBC assisted 409 total households in maintaining or securing housing through the ESG program. Of the 409, 248 experienced a housing crisis and were promptly rehoused through the rapid rehousing program, and 161 of the households listed were able to sustain their rental unit through the homeless prevention program. TCBC also administers the Supportive Services for Veteran Families Program (SSVF), serves as the Beaver County Fair Housing Office, maintains the Beaver County Homeless Hotline during working hours, serves as the liaison between homeless households and Beaver County Children and Youth Services, operates the Beaver County Warming and Cooling Centers and operates the Beaver County on Call Emergency Shelter Apartments. TCBC currently partners with five different agencies who rent space in our office building. The Franklin Center has a satellite office where they run the Homeless Assistance Program (HAP). The Housing Authority of the County of Beaver has space at TCBC where they run the CARL Supportive Housing Program. Holy Family Institute has two offices where they provide CAP services. The Great Pittsburgh Community Food Bank is also an asset to TCBC as they can provide assistance with SNAP applications. Beaver County also partners with TCBC for office space to use for their HMIS Administrator and the Coordinator of the Continuum of Care. TCBC has a proven record of effectively utilizing federal funds to provide assistance to the homeless in Beaver County. TCBC has consistently operated within funding restraints and time limitations with all above mentioned sources of funding. TCBC has operated the Coordinated Entry program with CoC support in the past. This funding was lost this year due the high demands of homeless services and housing needs in Beaver County.

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

Over the past two and a half year The Cornerstone of Beaver County (TCBC) has been actively working to leverage Federal, State, local, and private funds, to bring needed homeless services into Beaver County. TCBC currently receives funding from several different levels of states, federal, and local agencies. TCBC received funding from PHFA to assist with the purchase and

renovation of new office space located at 600 6th Street in Beaver Falls, PA. TCBC also receives funding from the Community Services Block Grant, Homeless Assistance Program, Emergency Solutions Grant Program, Supportive Services for Veteran Families, Beaver County Behavioral Health, and Beaver County CYS. TCBC recently received support from the Staunton Farms Foundation and the PetSmart Charity to address specific gaps in service in Beaver County. These private foundation funds can be used to leverage other needed dollars. TCBC continues to work to diversify funding in order to have more leveraging dollars available.

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

The Cornerstone of Beaver County (TCBC) is overseen by its' Executive Director, who has more than 20 years of experience working with vulnerable individuals and families. In addition, TCBC is under the supervision of the agencies Board of Directors. The ten (10) member Board has representatives from Human Services, Business, Finance, as well as the medical field. TCBC currently employees a team of nine (9), two of which are salaried management positions. TCBC contracts with an accountant who reviews TCBC's finances on a monthly basis; however, the accountant is available to meet with management and the Finance committee, as needed. TCBC budgets are a fiscal year running July 1 through June 30th. An annual budget is created and presented to the Finance Committee and the entire Board the at June Board Meeting. TCBC also contracts with an auditor who completes a yearly review of all TCBC contractual and financial business. TCBC is supported primarily by the Community Development Program for Beaver County, through federal and state funding. The agency also receives supports through a contract with Beaver County Children and Youth Services and Beaver County Behavioral Health. In addition to these sources, TCBC conducts two main fundraising events per year, along with several smaller campaigns, in an effort to raise discretionary dollars necessary to help meet the complex needs of homeless individuals and families in the County. TCBC is an active member of the Beaver County Continuum of Care and takes part in the monthly partner meetings for the Beaver County Homeless Coalition. Partnerships are extremely important to the structure of TCBC and having many partner agencies under one roof has proven to be a exemplary model for best assisting the populations that are in need.

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

3A. Project Detail

1a. CoC Number and Name: PA-603 - Beaver County CoC

1b. CoC Collaborative Applicant Name: County of Beaver

2. Project Name: Coordinated Entry

3. Project Status: Standard

4. Component Type: SSO

5. Does this project use one or more properties that have been conveyed through the Title V process? Yes

6. Is this new project application requesting to transition from eligible renewal project(s) that were awarded to the same recipient and fully eliminated through reallocation in the FY 2019 CoC Program Competition? (Section II.B.2. and Section III.C.3.q. of the FY 2019 NOFA). No

7. Under CoC Interim Rules, new grant funding cannot replace state or local funds. Can you confirm that this project application for new CoC Program funding will not replace state or local funds?

3B. Project Description

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

The CoC bonus will be used to support the Coordinated Entry Intake Worker position at The Cornerstone of Beaver County (TCBC), which is responsible for quickly assessing and prioritizing households who are experiencing a housing crisis. This bonus will also allow TCBC to continue to enhance our CoC’s process of Coordinated Entry (CE), by working with the CE subcommittee to address issues that arise within the CE system. TCBC is currently implementing a one access point approach to CE, however, the position is mobile so CE services can be rendered at any location in the county at any needed time. The Coordinated Entry process is started by using a standardized assessment tool to determine the appropriate level of housing services needed to stabilize the households housing crisis. The assessment tool also identifies and prioritizes households that are chronically homeless, families, youth headed household, veterans, and applicants with significant barriers to housing. The CE worker also provides homeless household’s with comprehensive referrals to housing programs and other needed services throughout Beaver County. These include referrals to several of our housing partners including Salvation Army, The Franklin Center, Housing Authority of the County of Beaver, and Cornerstone Recovery and Supports. These referrals allow the client to choose the services and programs that they are most comfortable working with and that will move them towards a positive housing outcome. The Coordinated Entry worker is also charged with securing an emergency nighttime residence for the clients to assure the immediate housing need is addressed, this can include emergency shelter or hotels options when available. After a client is screened through the CE process, they are placed on a waiting list for the respective housing type that they scored for. TCBC is in the process of implementing a program that will assist in case managing individuals who are placed on the CE waiting lists until a program has an opening and can assist them. CoC Program support is needed for the CE Intake worker position because this program provides CE throughout the entire CoC, which results in effectively utilizing all CoC housing resources. This CE position is projected to serve 450 homeless individuals and families throughout the project year. The CE position works in tandem with the HMIS program, which is vital in tracking and producing housing related outcomes to assure the program is effectively serving those in need.

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

Note: To expend funds within statutorily required deadlines, project applicants must be able to begin assistance within 12 months of conditional award. The one exception is for applicants who

are conditionally awarded sponsor-based and project-based rental assistance. These conditional award recipients will have 24 months to execute a grant agreement; however, HUD encourages all recipients conditionally awarded funds to begin assistance within 12 months. The estimated schedule should reflect these statutorily required deadlines.

Project Milestones	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement
	A	B	C	D
New project staff hired, or other project expenses begin?	30			
Participant enrollment in project begins?	30			
Participants begin to occupy leased units or structure(s), and supportive services begin?				
Leased or rental assistance units or structure, and supportive services near 100% capacity?				
Closing on purchase of land, structure(s), or execution of structure lease?				
Rehabilitation started?				
Rehabilitation completed?				
New construction started?				
New construction completed?				

*** 3. Please identify the project's specific population focus.**

(Select ALL that apply)

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

4. Please select the type of SSO project: Coordinated Entry

4a. Will the coordinated entry process funded in part by this grant cover the CoC's entire geographic area? Yes

4b. Will the coordinated entry process funded in part by this grant be easily accessible? Yes

4c. Describe the advertisement strategy for the coordinated entry process and how it is designed to reach those with the highest barriers to

accessing assistance.

The Coordinated Entry (CE) process has been implemented in Beaver County since January of 2018. Since that time TCBC along with the CoC Coordinator and the CE subcommittee has worked diligently to advertise the CE tool and process. All social service agencies within the County have been provided up to date CE information on a consistence basis. The Homeless Coalition which consists of about 50 providers a month has been an effective place to advertise the coordinated entry process. TCBC has actively participated in the County outreach efforts several time a years that engages homeless individuals and families that my have barrier to accessing assistance. The CE process is mobile and can be administered at any location throughout Beaver County. The process can also be completed over the phone. TCBC offices are accessible for people with disabilities as we have an elevator in the building. TCBC has access to translator services through both the County and a private entity should this service be needed.

4d. Does the coordinated entry process use a comprehensive, standardized assessment process? Yes

4e. Describe the referral process and how the coordinated entry process ensures that participants are directed to appropriate housing and/or services.

The Coordinated Entry worker is responsible for providing homeless household's with comprehensive referrals to housing programs and other needed services throughout Beaver County. These referrals allow the client to choose the services and programs that they are most comfortable working with and that will move them towards a positive housing outcome. The Coordinated Entry worker is also charged with securing an emergency nighttime residence for the clients to assure the immediate housing need is addressed, this can include emergency shelter or hotels options when available. After a client is screened through the CE process, they are placed on a waiting list for the respective housing type that they scored for. The housing programs can then access these waiting lists and contact clients as they have openings in their programs. TCBC is in the process of implementing a program that will assist in case managing individuals who are placed on the CE waiting lists until a program has an opening and can assist them.

4f. If the coordinated entry process includes differences in the access, entry, assessment, or referral for certain populations, are those differences limited only to the following five groups: Chronically Homeless, Individuals, Families, Youth, and Persons At Risk of Homelessness? Yes

4g. This Coordinated Entry project will refer persons experiencing homelessness to projects that specifically coordinates and integrates mainstream health, social services,

X

and employment programs to project participants for which they may be eligible?

3C. Project Expansion Information

- 1. Is this New project application requesting a “Project Expansion” of an eligible renewal project of the same component type?** No

6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 30, 2021? Yes

2. What type of CoC funding is this project applying for in the 2019 CoC Competition? CoC Bonus

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

4. Select a grant term: 1 Year

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

Supportive Services

6. If awarded, will this project require an initial grant term greater than 12 months? No

6F. Supportive Services Budget

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

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Assessment of Service Needs	One full time employee (salary, benefits, taxes)	\$41,600
2. Assistance with Moving Costs		
3. Case Management		
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food		
8. Housing/Counseling Services		
9. Legal Services		
10. Life Skills		
11. Mental Health Services		
12. Outpatient Health Services		
13. Outreach Services		
14. Substance Abuse Treatment Services		
15. Transportation		
16. Utility Deposits		
17. Operating Costs	Cost associated with office expenses such as rent, utilities, taxes, and insurances.	\$3,600
Total Annual Assistance Requested		\$45,200
Grant Term		1 Year
Total Request for Grant Term		\$45,200

Click the 'Save' button to automatically calculate totals.

6I. Sources of Match

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

Summary for Match

Total Value of Cash Commitments:	\$12,430
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$12,430

1. Will this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? No

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Private	Staunton Farms	08/01/2019	\$12,430

Sources of Match Detail

1. Will this commitment be used towards match ? Yes

2. Type of commitment: Cash

3. Type of source: Private

4. Name the source of the commitment: Staunton Farms
(Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 08/01/2019

6. Value of Written Commitment: \$12,430

6J. Summary Budget

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

Eligible Costs	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	Total Assistance Requested for Grant Term (Applicant)
1a. Acquisition			\$0
1b. Rehabilitation			\$0
1c. New Construction			\$0
2a. Leased Units	\$0	1 Year	\$0
2b. Leased Structures	\$0	1 Year	\$0
3. Rental Assistance	\$0	1 Year	\$0
4. Supportive Services	\$45,200	1 Year	\$45,200
5. Operating	\$0	1 Year	\$0
6. HMIS	\$0	1 Year	\$0
7. Sub-total Costs Requested			\$45,200
8. Admin (Up to 10%)			\$4,520
9. Total Assistance Plus Admin Requested			\$49,720
10. Cash Match			\$12,430
11. In-Kind Match			\$0
12. Total Match			\$12,430
13. Total Budget			\$62,150

Click the 'Save' button to automatically calculate totals.

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	TCBC 501c3 Status	08/19/2019
2) Other Attachment(s)	No		
3) Other Attachment(s)	No		

Attachment Details

Document Description: TCBC 501c3 Status

Attachment Details

Document Description:

Attachment Details

Document Description:

7D. Certification

A. For all projects:

Fair Housing and Equal Opportunity

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

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

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

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

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

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

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

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

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

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

Additional for Rental Assistance Projects:

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

B. For non-Rental Assistance Projects Only.

15-Year Operation Rule.

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

1-Year Operation Rule.

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

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

Name of Authorized Certifying Official: Marie Timpano

Date: 08/27/2019

Title: Executive Director

Applicant Organization: The Cornerstone of Beaver County

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent

X

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

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.

8B. Submission Summary

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

Page	Last Updated
1A. SF-424 Application Type	No Input Required
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	08/22/2019
1E. SF-424 Compliance	08/19/2019
1F. SF-424 Declaration	08/19/2019

1G. HUD 2880	08/19/2019
1H. HUD 50070	08/19/2019
1I. Cert. Lobbying	08/19/2019
1J. SF-LLL	08/19/2019
2A. Subrecipients	No Input Required
2B. Experience	08/27/2019
3A. Project Detail	08/19/2019
3B. Description	08/27/2019
3C. Expansion	08/19/2019
6A. Funding Request	08/19/2019
6F. Supp Srvcs Budget	08/19/2019
6I. Match	08/21/2019
6J. Summary Budget	No Input Required
7A. Attachment(s)	08/19/2019
7D. Certification	08/22/2019

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: SEP 27 2016

THE CORNERSTONE OF BEAVER COUNTY
1217 SVENETH AVE 2ND FLR
BEAVER FALLS, PA 15010-4427

Employer Identification Number:
81-2519152
DLN:
17053208376016
Contact Person:
REGINA M PARKER ID# 31274
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
June 30
Public Charity Status:
170(b)(1)(A)(vi)
Form 990/990-EZ/990-N Required:
Yes
Effective Date of Exemption:
April 11, 2016
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.