

## 1A. SF-424 Application Type

1. Type of Submission:

2. Type of Application: Unsheltered Homelessness Set Aside Project Application

If Revision, select appropriate letter(s):

If "Other", specify:

3. Date Received: 09/15/2022

4. Applicant Identifier:

4a. Federal Entity Identifier:

5. Federal Award Identifier:

6. Date Received by State:

7. State Application Identifier:

## 1B. SF-424 Legal Applicant

### 8. Applicant

- a. Legal Name:** Operation Grace
- b. Employer/Taxpayer Identification Number (EIN/TIN):** 33-0556421
- c. UEI:** RV72CBKJJA9

### d. Address

**Street 1:** 1595 E Art Townsend  
**Street 2:**  
**City:** San Bernardino  
**County:** San Bernardino  
**State:** California  
**Country:** United States  
**Zip / Postal Code:** 92408

### 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:** Jenai  
**Middle Name:** A  
**Last Name:** Morehead  
**Suffix:**  
**Title:** Program Support  
**Organizational Affiliation:** Operation Grace  
**Telephone Number:** (909) 382-8540

**Extension:** 4  
**Fax Number:** (909) 495-1854  
**Email:** jenaimorehead@gmail.com

## 1C. SF-424 Application Details

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

**10. Name of Federal Agency:** Department of Housing and Urban Development

**11. Catalog of Federal Domestic Assistance Title:** CoC Program  
**CFDA Number:** 14.267

**12. Funding Opportunity Number:** FR-6500-N-25S  
**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): California  
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: Journey Home Youth Program

16. Congressional District(s):

16a. Applicant: CA-031

16b. Project: CA-031  
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 09/01/2024

b. End Date: 09/30/2027

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:** Pastor

**First Name:** Jessica

**Middle Name:** C

**Last Name:** Alexander

**Suffix:** J.D.

**Title:** Executive Director

**Telephone Number:** (909) 382-8540  
(Format: 123-456-7890)

**Fax Number:** (909) 495-1854  
(Format: 123-456-7890)

**Email:** operationgrace1595@gmail.com

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

**Date Signed:** 09/15/2022

# 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:** Operation Grace

**Prefix:**

**First Name:** Jessica

**Middle Name:** C

**Last Name:** Alexander

**Suffix:** J.D.

**Title:** Executive Director

**Organizational Affiliation:** Executive Director

**Telephone Number:** (909) 382-8540

**Extension:** 1

**Email:** operationgrace1595@gmail.com

**City:** San Bernardino

**County:** San Bernardino

**State:** California

**Country:** United States

**Zip/Postal Code:** 92408

**2. Employer ID Number (EIN):** 33-0556421

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



**4. Amount of HUD Assistance Requested/Received**

**4a. Total Amount Requested for this project:** \$4,550,124.00  
 (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.** 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

**Note: If additional sources of Government Assistance, please use the "Other Attachments" screen of the project applicant profile.**

**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 reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation	Financial Interest in Project/Activity (\$)	Financial Interest in Project/Activity (%)

**Note: If there are no other people included, write NA in the boxes.**

**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:** Jessica Alexander, Executive Director

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

**Date Signed:** 09/15/2022

# 1H. HUD 50070

## HUD 50070 Certification for a Drug Free Workplace

**Applicant Name:** Operation Grace  
**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 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.

X
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WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 1001, 1010, 1012; 31 U.S.C. §3729, 3802)

**Authorized Representative**

**Prefix:** Pastor

**First Name:** Jessica

**Middle Name:** C

**Last Name:** Alexander

**Suffix:** J.D.

**Title:** Executive Director

**Telephone Number:** (909) 382-8540  
**(Format: 123-456-7890)**

**Fax Number:** (909) 495-1854  
**(Format: 123-456-7890)**

**Email:** operationgrace1595@gmail.com

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

**Date Signed:** 09/15/2022

## **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:

**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:** Operation Grace

**Name / Title of Authorized Official:** Jessica Alexander, Executive Director

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

**Date Signed:** 09/15/2022

# 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:** Operation Grace

**Street 1:** 1595 E Art Townsend

**Street 2:**

**City:** San Bernardino

**County:** San Bernardino

**State:** California

**Country:** United States

**Zip / Postal Code:** 92408

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.



**Authorized Representative**

**Prefix:** Pastor  
**First Name:** Jessica  
**Middle Name:** C  
**Last Name:** Alexander  
**Suffix:** J.D.  
**Title:** Executive Director  
**Telephone Number:** (909) 382-8540  
**(Format: 123-456-7890)**  
**Fax Number:** (909) 495-1854  
**(Format: 123-456-7890)**  
**Email:** operationgrace1595@gmail.com  
**Signature of Authorized Representative:** Considered signed upon submission in e-snaps.  
**Date Signed:** 09/15/2022

## IK. SF-424B

### (SF-424B) ASSURANCES - NON-CONSTRUCTION PROGRAMS

**OMB Number: 4040-0007**  
**Expiration Date: 02/28/2022**

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

- |    |   |
|----|---|
| 1. | Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.   |
| 2. | Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.   |
| 3. | Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.  |
| 4. | Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.  |
| 5. | Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).  |
| 6. | Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism, (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application. |
| 7. | Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.  |
| 8. | Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.  |

- |     |  |
|-----|--|
| 9.  | Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327~333), regarding labor standards for federally-assisted construction subagreements.   |
| 10. | Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.  |
| 11. | Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93~205). |
| 12. | Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.   |
| 13. | Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).  |
| 14. | Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.   |
| 15. | Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.  |
| 16. | Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.   |
| 17. | Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."  |
| 18. | Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.  |
| 19. | Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.   |

As the duly authorized representative of the applicant, I certify:

**Authorized Representative for:** Operation Grace  
**Prefix:** Pastor

**First Name:** Jessica

**Middle Name:** C

**Last Name:** Alexander

**Suffix:** J.D.

**Title:** Executive Director

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

**Date Signed:** 09/15/2022

## 1L. SF-424D

Are you requesting CoC Program funds for No  
construction costs in this application?

No SF-424D is required. Select "Save and Next" to move to the next screen.

## 2A. Project Subrecipients

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

### Total Expected Sub-Awards:

Organization	Type	Sub-Award Amount
This list contains no items		

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

**1. Describe your organization's (and subrecipient(s) if applicable) experience in effectively utilizing federal funds and performing the activities proposed in the application.**

Operation Grace is an experienced service provider with nearly thirty years of experience effectively utilizing federal funds in programs that assist unhoused individuals and families to transition from homelessness and to become self-sufficient, financially stable and permanently housed.

In 1995, Operation Grace was approved by the Department of Housing and Urban Development (HUD) for the HUD Single Family Property Disposition Program for the Homeless. The organization was approved to purchase or lease homes in San Bernardino, Redlands and Highland to be used as transitional housing for homeless families. The organization was responsible for necessary repairs and maintenance of the properties, the payment of taxes and utilities, and charged with maintaining financial records for review during monitoring visits. The program was a success, resulting in many families advancing to permanent housing and breaking the cycle of homelessness.

During the 1990's and early 2000s, Operation Grace has been a recipient of numerous Community Development Block Grant and Emergency Solutions Grants awards from the City of San Bernardino. With these HUD funds, we have provided shelter, case management and wrap around supportive services to unhoused individuals and facilitated their transition from homelessness into permanent housing.

In 2011 and 2012, Operation Grace partnered with the San Bernardino Community College District to provide outreach and recruitment of qualified participants to attend the district's nanotechnology training program through a grant from the Department of Labor Employment Training Administration (DOL/ETA). In this role, Operation Grace recommended unhoused students to the District, assessed skills and barriers to employment for program participants, and facilitated mentoring services for individuals in search of nanotechnology-related jobs.

In 2019, Operation Grace began to offer homeless prevention/rapid rehousing activities to the list of services it provided to the homeless and imminently at-risk of homeless families. Operation Grace's clients experienced great success with our case management approach, offering Monthly Budgeting assistance to assist households seeking rapid rehousing and rental assistance.

In addition to its ongoing efforts to provide rapid rehousing to homeless individuals in San Bernardino County, Operation Grace is a sub-recipient of the Emergency Solutions Grant awarded to Victor Valley Family Resource Center (VVFRC) from the County of San Bernardino to operate its shelter and to provide essential services to shelter residents. Operation Grace is also a recipient of federal funding disbursed by the Federal Emergency Management Administration (FEMA) for the Emergency Food and Shelter Program.

**2. Describe your organization's (and subrecipient(s) if applicable) experience in leveraging Federal, State, local and private sector funds.**



Operation Grace has nearly thirty years of experience in leveraging Federal funding. The organization has created multiple projects from a single program design and we have developed a financial strategy that depends on diverse sources of income, rather than one single donor. This strategic stewardship approach allows us to attract private donors, corporate donations, and public grants awards to continuously serve the unhoused in San Bernardino County.

Operation Grace has experience bringing additional resources to projects or programs through its two residential properties, each fully owned by the organization including a small apartment unit. In addition, Operation Grace has secured a long-term lease of its administrative offices which allows it to offer office space for each program it designs.

Over the course of our history, we have created partnerships and received awards, leveraging each award for the purpose of assisting the unhoused in a continuous manner. These awards include Federal, State, local, and private sector funds from the following agencies:

U.S. Department of Housing and Urban Development (HUD) Single Family Property Disposition Program for the Homeless.

Federal Emergency Management Agency (FEMA) Emergency Food and Shelter Program

The State of California Homeless Emergency Aid Grant Program (HEAP sub-recipient) AND Homeless Housing, Assistance and Prevention Grant Program (HHAP)

The County of San Bernardino's HUD funded HOME Program, HUD funded CDBG Program, HUD funded Supportive Program

The County of Riverside's U.S. Department of Veterans Affairs funded Veterans Workforce Investment Program,

The City of San Bernardino's HUD funded Emergency Solutions Grant Program AND HUD funded Community Development Block Grant Program

The City of San Bernardino's U.S. Department of Labor (DOL) funded Workforce Investment Act Youth Program AND U.S. Department of Labor funded Prison to Employment Program

San Bernardino Community College District's U.S. Department of Labor funded Nanotechnology Training Grant

Inland Valley Development Agency- HUD approved Housing Participation Agreement

Private Funding from individuals and corporate donors on an ongoing basis.

**3. Describe your organization's (and subrecipient(s) if applicable) financial management structure.**

The Operation Grace Board of Directors follows and implements accounting standards and nonprofit financial management policies to ensure that the assets of our organization are used in accordance with each grantor or donor's intent, and in support of our charitable mission. The executive director begins the process of fiscal planning and program managers play an active role in the development of budgets for programs under their direction. This input is used to develop and revise an annual budget that is submitted to the Board of Directors for approval. The budget includes a multi-year plan for major maintenance and replacement of facilities and equipment.

Operation Grace adheres to policies, procedures and internal controls in order to prevent misuse and misappropriation of assets. These policies govern access of employees to bank accounts, authority to spend money, the reimbursement of expenses, depositing and recording donations and other revenue, monthly review of bank statements, processing payroll, purchases, accounts payable, accounts receivable, and the periodic review of the vendors receiving fees/checks from the nonprofit. Operation Grace imposes checks and balances with each policy taking into account the importance of separation of duties. Written policies and procedures are reviewed and revised regularly.

Operation Grace exercises financial transparency so that all required disclosures of financial information to the public are available upon request and board members have access to financial information in order to fulfill their fiduciary duty to the nonprofit. These include (IRS Form 990 filings and our application for tax exemption. Our organization adheres to conflicts of interest policy requiring members of the Board with a conflict or potential conflict to disclose it, and interested board members are prohibited from voting on any matter in which there is a conflict

**4. Are there any unresolved HUD monitoring or  
OIG audit findings for any HUD grants (including  
ESG) under your organization?** No

### 3A. Project Detail

**1. CoC Number and Name:** CA-609 - San Bernardino City & County CoC

**2. CoC Collaborative Applicant Name:** County of San Bernardino

**3. Project Name:** Journey Home Youth Program

**4. Project Status:** Standard

**5. Is this project applying for the Unsheltered Homelessness Set Aside or Rural Set Aside?** Unsheltered Homelessness Set Aside

**6. Component Type:** Joint TH & PH-RRH

**7. Is your organization or expected subrecipient a victim service provider defined in 24 CFR 578.3 and uses a comparable HMIS database?** No

**8. Will funds requested in this new project application replace state or local government funds (24 CFR 578.87(a))?** No

**9. Will this project include replacement reserves in the Operating budget?** No

### 3B. Project Description

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

The proposed Journey Home project is a Joint TH-RRH Project that will utilize surplus Federal Real Property dedicated for utilization by organizations serving the homeless to Reduce Unsheltered Homelessness in areas of greatest need, including unsheltered youth with Severe Service Needs. Specifically, the program will provide transitional housing to youth between the ages of 18-24 that require a significant level of support to maintain housing and that have a history of living unsheltered. In addition, the program will offer rapid rehousing and supportive services that include case management, budgeting and rental assistance to households using the housing first model. The project will leverage Housing and Healthcare Resources that are not currently funded by our CoC or ESG. These Healthcare resources will provide coordinated care across social, behavioral and clinical needs, automated outreach over text, phone, email and mailers and establish a closed loop referral system for eligible high needs individuals participating in the program. Transitional Housing- Operation Grace will provide up to 15 beds for transitional housing (TH) for youth that desire to begin the program with Transitional Housing. We will provide case management and housing navigation to assist participants to find suitable and affordable housing. Rapid Re-Housing- Operation Grace will provide 30 youth households with rapid rehousing resources annually which includes case management, housing navigation and financial assistance for move-in and short term rental expenses. We expect that most, if not all of the participants in our transitional housing program will also become participants in the rapid rehousing program. Supportive Services- Operation Grace will provide supportive services to all eligible recipients including intake and case management, housing navigation, and financial assistance for obtaining rapid-rehousing/permanent housing for individuals and families that meet the qualifications of the target youth homeless population. Between the Transitional Housing and Rapid Rehousing program, we will provide a total of 24 months of supportive services and housing assistance per household. Youth Drop in Center- The Journey Home program proposes a youth drop-in center that provides supportive services to youth experiencing homelessness that need supportive services. These services will include access to computers, WiFi, employment leads, job readiness, education counseling, housing navigation, games, snacks, school supplies and clothes. Operation Grace has identified a program site that is undergoing a \$1.2 million capital renovation for building improvements customized to the Journey Home Youth program. The organization is currently in the final phases of obtaining building permits from the City of San Bernardino to begin renovations to the facility for the proposed transitional housing dormitory and drop in center.

**1a. Describe how the proposed project is consistent with the plan described by the CoC in response to Section VII.B.4 of this NOFA?**

The project is consistent with the plan because it will provide an unsheltered population of vulnerable young adults with severe service needs, with the opportunity for housing in either a transitional home or a home of their own using the rapid rehousing model. The participants will have support services to maintain permanent housing, the opportunity to stay at a transitional home environment while stabilizing, an opportunity to be rapidly re-housed and a chance to become exposed to a positive and healthy environment that supports behavioral health and medical intervention.

**2. For each primary project location, or structure, enter the number of days from the execution of the grant agreement that each of the following milestones will occur if this project is selected for conditional award.**

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
Begin hiring staff or expending funds	30			
Begin program participant enrollment	60			
Program participants occupy leased or rental assistance units or structure(s), or supportive services begin	90			
Leased or rental assistance units or structure, and supportive services near 100% capacity	90			
Closing on purchase of land, structure(s), or execution of structure lease	30			
Start rehabilitation	60			
Complete rehabilitation	120			
Start new construction	0			
Complete new construction	0			

**3. Check the appropriate box(s) if this project will have a specific subpopulation focus.**

**(Select ALL that apply)**

N/A - Project Serves All Subpopulations	<input type="checkbox"/>	Domestic Violence	<input type="checkbox"/>
Veterans	<input type="checkbox"/>	Substance Abuse	<input type="checkbox"/>
Youth (under 25)	<input checked="" type="checkbox"/>	Mental Illness	<input type="checkbox"/>
Families	<input checked="" type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>
		Chronic Homeless	<input checked="" type="checkbox"/>

Other (Click 'Save' to update)	<input type="checkbox"/>
-----------------------------------	--------------------------

4. Will your project participate in the CoC's Coordinated Entry (CE) process or recipient organization is a victim service provider, as defined in 24 CFR 578.3 and uses an alternate CE process that meets HUD's minimum requirements? **Yes**

**5. Housing First**

5a. Will the project quickly move participants into permanent housing? **Yes**

5b. Will the project enroll program participants who have the following barriers?  
 Select all that apply.

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

5c. Will the project prevent program participant termination from the project for the following reasons? Select all that apply.

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

5d. Will the project follow a "Housing First" approach? **Yes**  
 (Click 'Save' to update)

**6. Will program participants be required to live in a specific structure, unit, or locality at any time while in the program?** No

**7. Will more than 16 persons live in a single structure?** No

## 4A. Supportive Services for Participants

### 1. Describe how program participants will be assisted to obtain and remain in permanent housing.

Operation Grace is committed to providing supportive services to assist participants in the Journey Home Youth program to obtain and remain in permanent housing. Operation Grace recognizes that households experiencing homelessness have greater outcomes of success when they return to permanent housing as quickly as possible. Because the majority of households are experiencing homelessness due to a financial crisis or other crisis that leads to the loss of housing, our program aims to connect youth experiencing homelessness to permanent housing through a 24-month package of assistance that includes case management, housing navigation and financial assistance together with targeted supportive services based on the unique needs of each participant household.

Participants in the Journey Home Youth program will either obtain permanent housing following a period of transitional housing in our program or they may choose to enter the rapid rehousing program directly after experiencing an episode of homelessness. The program will utilize a flexible strategy for engagement and flexible financial assistance to help clients choose the best route for their journey home.

Case managers will conduct a needs assessment with each participant to identify the specific housing barriers. Case managers will act as mentors and focus on identifying and building upon the strengths of each individual or family to maintain their own housing. Case managers will assist clients to troubleshoot barriers to obtaining and remaining in permanent housing such as credit history, arrears, and legal issues and offer solutions for negotiating manageable and appropriate lease agreements with landlords. Case managers will create a plan of action that will guide participants to select among various permanent housing options based on their unique needs, preferences, and financial resources. Case managers will also assist participants to connect to resources that help them improve their safety and well-being and achieve their long-term goals including referrals for the household to access to healthcare. Case managers will assist the program to fulfill data requirements and evaluate outcomes of program participants, meeting with participants regularly to overcome barriers and remain permanently housed.

A housing navigator will assist participants with detailed housing search and will assist them to negotiate manageable and appropriate lease agreements with landlords, and make appropriate and time-limited services and supports available to families and individuals—and to the landlords who are partnering with the rapid re-housing program. The housing navigator may make recommendations on the type of unit to be leased based on the household's preferences. The Housing Navigator will build relationships with landlord associations and civic organizations and highlight the benefits of this program for landlords. Financial Assistance in the form of rent/move-In, assistance will be provided.



**2. Describe the specific plan to coordinate and integrate with other mainstream health, social services, and employment programs for which program participants may be eligible.**

Health- Operation Grace has engaged with the Pair Team, a healthcare provider organization which will connect all Journey Home Youth program participants, including those with highest needs, to health care services.

The Pair team will

- Determine Medi-Cal eligibility, enroll uninsured participants in Medi-Cal program for services through Inland Empire Health Plan (IEHP) or Molina.
- Provide coordinated care across social, behavioral, and clinical needs
- Provide outreach over text, phone, email, and mailers
- Provide extra clinical support through same-day telemed visits
- Create workflows to ensure no one is lost to follow-up
- Understand each patient's social determinants, including family and caregiver relationships
- Support collaboration with local Medicaid managed care organizations, including the Community Supports program
- Establish a closed loop referral system for eligible high need individuals

Social Services- Operation Grace has experience in connecting clients with mainstream social services including the Transitional Assistance Department (TAD), to enroll in Medi-Cal, Cal-Fresh, Temporary Aid for Needy families (TANF). We are also familiar with making referrals for individuals in need of Supplemental Security Income (SSI) and San Bernardino County Workforce Development Department, San Bernardino County Substance Use Disorder and Recovery Services through the San Bernardino County Department of Behavioral Health (DBH). We are also well connected with local service providers within our Continuum of Care that may be better suited to link participants to additional mainstream services.

Employment Programs- Operation Grace has undertaken efforts with neighboring businesses to ensure that participants in the Journey Home Youth program are financially stable through employment opportunities and training. Operation Grace has a track record of partnering with the San Bernardino Community College District's Professional Development Center and currently partners with employers who teach courses at the PDC by offering their students the opportunity to do hands on training through work at our site. Operation Grace has a good reputation in the community where we are situated, and anticipates working with local corporations to employ our program participants.

**3. For all supportive services available to program 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	Weekly
Assistance with Moving Costs	Applicant	As needed
Case Management	Applicant	Weekly
Child Care	Applicant	As needed
Education Services		
Employment Assistance and Job Training		
Food	Applicant	Daily
Housing Search and Counseling Services	Applicant	As needed
Legal Services	Applicant	As needed
Life Skills Training	Applicant	Weekly
Mental Health Services		
Outpatient Health Services		
Outreach Services	Applicant	Weekly
Substance Abuse Treatment Services		
Transportation	Applicant	As needed
Utility Deposits	Applicant	As needed

**Identify whether the project will include the following activities:**


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

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

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

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

## 4B. Housing Type and Location

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

List all CoC-funded and Non CoC-funded units and beds for this project

	TH	RRH	Total	
Total Units:	1	30	31	
Total Beds:	15	45	60	
Housing Type	Housing Type (JOINT)	Units	Beds	Dedicated CH Beds
---	Dormitory, shared...	1	15	
---	Scattered-site ap...	15	30	
---	Shared housing	15	15	

## 4B. Housing Type and Location Detail

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

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

1a. Does this TH portion of the project have Yes  
private rooms per household?

2. Housing Type: Dormitory, shared or private rooms

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

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

2a. Units: 1

2b. Beds: 15

### 5. Address

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

**Street 1:** 105 South Del Rosa

**Street 2:**

**City:** San Bernardino

**State:** California

**ZIP Code:** 92408

**6. Select the geographic area(s) associated with the address. For new projects, select the area(s) expected to be covered. (for multiple selections hold CTRL key)**

069071 San Bernardino County

## **4B. Housing Type and Location Detail**

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

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

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

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

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

**2a. Units:** 15

**2b. Beds:** 30

### **5. Address**

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

**Street 1:** 105 Del Rosa Ave  
**Street 2:**  
**City:** San Bernardino  
**State:** California  
**ZIP Code:** 92408

6. Select the geographic area(s) associated with the address. For new projects, select the area(s) expected to be covered. (for multiple selections hold CTRL key)

069071 San Bernardino County

## 4B. Housing Type and Location Detail

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

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

2. Housing Type: Shared housing

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

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

2a. Units: 15

2b. Beds: 15

### 5. Address

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

**Street 1:** 105 Del Rosa Ave

**Street 2:**

**City:** San Bernardino

**State:** California

**ZIP Code:** 92408

**6. Select the geographic area(s) associated with the address. For new projects, select the area(s) expected to be covered.  
(for multiple selections hold CTRL key)**

069071 San Bernardino County



## 5A. Program Participants - Households

Households Table

Number of Households
----------------------

Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
15	15	0	30

Characteristics
Persons over age 24
Persons ages 18-24
Accompanied Children under age 18
Unaccompanied Children under age 18
Total Persons

Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
			0
15	15		30
15		0	15
		0	0
30	15	0	45

Click Save to automatically calculate totals

## 5B. Project Participants - Subpopulations

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

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24	0	0	0					0	0	0
Persons ages 18-24	0	0	0					9	6	0
Children under age 18	0							9	6	0
<b>Total Persons</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>18</b>	<b>12</b>	<b>0</b>

Click Save to automatically calculate totals

### Persons in Households without Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24										
Persons ages 18-24								7	8	
<b>Total Persons</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>7</b>	<b>8</b>	<b>0</b>

Click Save to automatically calculate totals

### Persons in Households with Only Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Accompanied Children under age 18										
Unaccompanied Children under age 18										
<b>Total Persons</b>	<b>0</b>				<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

## 6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 15, 2024? Yes

2. What type of funding is this project applying for in this Special Unsheltered and Rural Homelessness CoC Program Competition? Unsheltered

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

4. Select a grant term: 3 Years

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

Leased Units	<input type="checkbox"/>
Leased Structures	<input checked="" type="checkbox"/>
Rental Assistance	<input checked="" type="checkbox"/>
Supportive Services	<input checked="" type="checkbox"/>
Operating	<input checked="" type="checkbox"/>
HMIS	<input type="checkbox"/>

## 6D. Leased Structures Budget

The following list summarizes the funds being requested for one or more structures leased for operating the projects. To add information to the list, select the icon. To view or update information already listed, select the icon.

<b>Total Annual Assistance Requested:</b>		\$180,000	
<b>Grant Term:</b>		3 Years	
<b>Total Request for Grant Term:</b>		\$540,000	
<b>Total Structures:</b>		1	
Structure Name	HUD Paid Rent	Total Annual Assistance Requested	Total Assistance Requested
Journey Home TH	\$15,000	\$180,000	\$540,000

## Leased Structures Budget Detail

**Structure Name:** Journey Home TH  
**Street Address 1:** 105 South Del Rosa  
**Street Address 2:**  
**City:** San Bernardino  
**State:** California  
**Zip Code:** 92408

HUD Paid Rent (per Month):	\$15,000
12 Months:	12
Total Annual Assistance Requested:	\$180,000
Grant Term:	3 Years
Total Request for Grant Term:	\$540,000

Click the 'Save' button to automatically calculate the Total Assistance Requested.

## 6E. Rental Assistance Budget

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

Total Request for Grant Term:			\$1,299,924
Total Units:			30
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	CA - Riverside-San Bernardino-Ontario...	30	\$1,299,924

## Rental Assistance Budget Detail

### Instructions:

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

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

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

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

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

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

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

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

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

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

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

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

**Type of Rental Assistance:** TRA

**The RRH component of a Joint TH-RRH project can only use TRA. The TH component of a Joint TH-RRH project part of the component can only use PRA and SRA or the Leased Units budget.**

**Metropolitan or non-metropolitan fair market rent area:** CA - Riverside-San Bernardino-Ontario, CA MSA (0606599999)

Size of Units	# of Units (Applicant)		FMR Area (Applicant)		12 Months		Total Request (Applicant)
SRO		x	\$797	x	12	=	\$0
0 Bedroom	15	x	\$1,062	x	12	=	\$191,160
1 Bedroom	8	x	\$1,202	x	12	=	\$115,392
2 Bedrooms	7	x	\$1,509	x	12	=	\$126,756
3 Bedrooms		x	\$2,065	x	12	=	\$0
4 Bedrooms		x	\$2,542	x	12	=	\$0
5 Bedrooms		x	\$2,923	x	12	=	\$0
6 Bedrooms		x	\$3,305	x	12	=	\$0
7 Bedrooms		x	\$3,686	x	12	=	\$0
8 Bedrooms		x	\$4,067	x	12	=	\$0
9 Bedrooms		x	\$4,449	x	12	=	\$0
<b>Total Units and Annual Assistance Requested</b>	30						\$433,308
<b>Grant Term</b>							3 Years
<b>Total Request for Grant Term</b>							\$1,299,924

Click the 'Save' button to automatically calculate totals.



## 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
<b>1. Assessment of Service Needs</b>	Initial Intake coordinator 1 person part time	\$15,000
<b>2. Assistance with Moving Costs</b>	Moving furniture and goods into a unit for RRH	\$3,000
<b>3. Case Management</b>	2 case managers full time at 45,000 per yr plus benefits, one program manager and 1 dorm manager for TH program beds	\$216,000
<b>4. Child Care</b>		
<b>5. Education Services</b>		
<b>6. Employment Assistance</b>		
<b>7. Food</b>	Breakfast items, snacks etc	\$15,000
<b>8. Housing/Counseling Services</b>	Housing Navigator	\$54,000
<b>9. Legal Services</b>	Legal Servies	\$10,000
<b>10. Life Skills</b>	In our educational component 1 person, cooking, financials, self care ec	\$20,000
<b>11. Mental Health Services</b>		
<b>12. Outpatient Health Services</b>		
<b>13. Outreach Services</b>	2 part time outreach	\$24,000
<b>14. Substance Abuse Treatment Services</b>		
<b>15. Transportation</b>	bus passes or gas cards for 12 months for 30 individuals at \$55 per person	\$19,000
<b>16. Utility Deposits</b>	Deposits for 10 RRH units at \$1,000 each	\$10,000
<b>17. Operating Costs</b>		
<b>18. (Rural Set Aside ONLY) Section 491 Eligible Activities</b>		
<b>Total Annual Assistance Requested</b>		\$386,000
<b>Grant Term</b>		3 Years
<b>Total Request for Grant Term</b>		\$1,158,000

Click the 'Save' button to automatically calculate totals.

## 6G. Operating

**Instructions:**

Enter the quantity and total budget request for each operating cost. The request entered should be equivalent to the cost of one year of the relevant operations activity.

Eligible Costs: The system populates a list of eligible operating costs for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.55.

Quantity AND Detail: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity in detail (e.g. .75 FTE hours and benefits for staff, utility types, monthly allowance for supplies) for each operating cost for which funding is being requested. Please note that simply stating "1FTE" is NOT providing "Quantity AND Detail" and restricts understanding of what is being requested. Failure to enter adequate "Quantity AND Detail" may result in conditions being placed on the award and a delay of grant funding.

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

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

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

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

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



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

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

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Maintenance/Repair	Janitorial average 1500 per month	\$18,000
2. Property Taxes and Insurance	average 700 per month	\$8,400
3. Replacement Reserve	20%	\$31,000
4. Building Security	evening security guard per month 12 hours per day (7500 mo)	\$90,000
5. Electricity, Gas, and Water	Utility costs 15,000 per month avg	\$180,000
6. Furniture	furniture for units 30 families person (\$2,500)	\$75,000
7. Equipment (lease, buy)	Purxhase projectors,staff computers, client work-station desktop and printers, maintenance equipment	\$15,000
<b>Total Annual Assistance Requested</b>		<b>\$417,400</b>
<b>Grant Term</b>		<b>3 Years</b>
<b>Total Request for Grant Term</b>		<b>\$1,252,200</b>

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 this project. To add a Match source to the list, select the  icon. To view or update a Match source already listed, select the  icon.

### Summary for Match

Total Amount of Cash Commitments:	\$0
Total Amount of In-Kind Commitments:	\$1,168,146
Total Amount of All Commitments:	\$1,168,146

1. Will this project generate program income No  
 described in 24 CFR 578.97 to use as Match for  
 this project?

Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.

Type	Source	Name of Source	Amount of Commitments
In-Kind	Private	Lease Amount Lowe...	\$1,104,000
In-Kind	Private	Use of office spa...	\$64,146

## Sources of Match Detail

- 1. **Type of Match commitment:** In-Kind
- 2. **Source:** Private
- 3. **Name of Source:** Lease Amount Lowered at 105 Del Rosa Ave  
(Be as specific as possible and include the office or grant program as applicable)
- 4. **Amount of Written Commitment:** \$1,104,000

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. **Type of Match commitment:** In-Kind
- 2. **Source:** Private
- 3. **Name of Source:** Use of office space at 1595 E. Art Townsend Drive  
(Be as specific as possible and include the office or grant program as applicable)
- 4. **Amount of Written Commitment:** \$64,146

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.

## 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)
2a. Leased Units	\$0	3 Years	\$0
2b. Leased Structures	\$180,000	3 Years	\$540,000
3. Rental Assistance	\$433,308	3 Years	\$1,299,924
4. Supportive Services	\$386,000	3 Years	\$1,158,000
5. Operating	\$417,400	3 Years	\$1,252,200
6. HMIS	\$0	3 Years	\$0
7. Sub-total Costs Requested			\$4,250,124
8. Admin (Up to 10%)			\$300,000
9. Total Assistance Plus Admin Requested			\$4,550,124
10. Cash Match			\$0
11. In-Kind Match			\$1,168,146
12. Total Match			\$1,168,146
13. Total Budget			\$5,718,270

Click the 'Save' button to automatically calculate totals.

## 7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No		
2) Other Attachment(s)	No	Healthcare Partne...	09/14/2022
3) Other Attachment(s)	No		

## Attachment Details

Document Description:

## Attachment Details

Document Description: Healthcare Partnership Letter

## Attachment Details

Document Description:



## 7A. In-Kind MOU Attachment

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

## Attachment Details

### Document Description:

Unsheltered Homelessness Set Aside Project Application FY2022	Page 58	09/15/2022
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## 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:** Jessica Alexander

**Date:** 09/15/2022

**Title:** Executive Director

**Applicant Organization:** Operation Grace

**PHA Number (For PHA Applicants Only):**

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).

**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.**

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

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Page	Last Updated
1A. SF-424 Application Type	No Input Required
1B. SF-424 Legal Applicant	09/07/2022
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/14/2022
1E. SF-424 Compliance	09/07/2022
1F. SF-424 Declaration	09/07/2022
1G. HUD 2880	09/10/2022
1H. HUD 50070	09/07/2022
1I. Cert. Lobbying	09/07/2022
1J. SF-LLL	09/07/2022
1K. SF-424B	09/07/2022
1L. SF-424D	09/07/2022
2A. Subrecipients	No Input Required
2B. Experience	09/15/2022
3A. Project Detail	09/15/2022
3B. Description	09/15/2022
4A. Services	09/15/2022
4B. Housing Type	09/14/2022
5A. Households	09/14/2022
5B. Subpopulations	No Input Required
6A. Funding Request	09/07/2022
6D. Leased Structures	09/15/2022
6E. Rental Assistance	09/15/2022
6F. Supp Srvcs Budget	09/15/2022
6G. Operating	09/15/2022
6I. Match	09/14/2022

<b>6J. Summary Budget</b>	No Input Required
<b>7A. Attachment(s)</b>	09/14/2022
<b>7A. In-Kind MOU Attachment</b>	No Input Required
<b>7D. Certification</b>	09/07/2022



September 12, 2022



Dear Operation Grace,

We are excited about the impact that Operation Grace and Pair Team can make for our prospective target populations in San Bernardino County.

A mutual partnership in future projects and grant opportunities will better prepare un-sheltered youth, ages 18-25, by utilization of crisis or emergency services to meet basic needs and therapy or psychiatric services that will assist unsheltered persons to overcome barriers to housing or independent living.

The Pair Team is committed to partnering and supporting Operation Grace by ensuring everyone we mutually serve has an opportunity to interact with the healthcare system to improve outcomes and lower the risks associated with severe service needs.

Together, we can create supportive and engaged communities where homeless populations with severe service needs can experience solutions to systemic issues and ultimately improved healthcare.

Below are some ways we would like to partner with you and commit to our mission in working with our partners to provide your target population with great healthcare:

- Coordinated care across social, behavioral, and clinical needs
- Automated outreach over text, phone, email, and mailers
- Workflows to ensure no one is lost to follow-up
- understand each patient's social determinants, including family and caregiver relationships
- Supporting collaboration with local Medicaid managed care organizations, including the Community Supports program
- Establishing a closed loop referral system for eligible high need individuals

Sincerely,  
Cassie Choi, President

A handwritten signature in black ink, appearing to read "Cassie Choi", with a large, decorative flourish on the left side.