

**Application for Federal Assistance SF-424**

Version 02

\*1. Type of Submission:

☐ Preapplication☒ Application☐ Changed/Corrected Application

\*2. Type of Application

☒ New☐ Continuation☐ Revision

\* If Revision, select appropriate letter(s)

\*Other (Specify)  
\_\_\_\_\_

3. Date Received:

4. Applicant Identifier:

53-6001131

5a. Federal Entity Identifier:

\*5b. Federal Award Identifier:

**State Use Only:**

6. Date Received by State:

7. State Application Identifier:

**8. APPLICANT INFORMATION:**

\*a. Legal Name: District of Columbia

\*b. Employer/Taxpayer Identification Number (EIN/TIN):

53-6001131

\*c. Organizational DUNS:

072634306

**d. Address:**\*Street 1: 1800 Martin Luther King, Jr. Ave. SEStreet 2: 3<sup>rd</sup> Floor\*City: Washington

County: \_\_\_\_\_

\*State: DC

Province: \_\_\_\_\_

\*Country: USA\*Zip / Postal Code 20020**e. Organizational Unit:**

Department Name:

Department of Housing and Community

Division Name:

Office of Program Monitoring

**f. Name and contact information of person to be contacted on matters involving this application:**Prefix: Ms\*First Name: MichelleMiddle Name: Y\*Last Name: Christopher

Suffix: \_\_\_\_\_

Title: Housing Compliance Officer

Organizational Affiliation:

Employee

\*Telephone Number: 202-442-7241

Fax Number: 202-645-5884

\*Email: michelle.christopher@dc.gov

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**\*9. Type of Applicant 1: Select Applicant Type:**

D. Special District Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\*Other (Specify)

**\*10 Name of Federal Agency:****US Department of Housing and Urban Development, Office of Community Planning and Development****11. Catalog of Federal Domestic Assistance Number:**

14.257

CFDA Title:

Homelessness Prevention and Rapid Re-Housing Program (HPRP)

**\*12 Funding Opportunity Number:**

\*Title:

Funding Availability for the Homelessness Prevention Fund created under Title XII of Division A of the Recovery Act, referred to as the "Homelessness Prevention and Rapid Re-Housing Program (HPRP).**13. Competition Identification Number:**

Title:

**14. Areas Affected by Project (Cities, Counties, States, etc.):****District of Columbia****\*15. Descriptive Title of Applicant's Project:**

The District of Columbia proposes to administer the Homeless Prevention and Rapid Re-Housing program (HPRP) to prevent new episodes of homelessness and reduce the length of homelessness for those that have become homeless. The District's approach builds on existing programs to reach a greater number of people in need of prevention and housing support and fill a current gap where such supports are currently absent.

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OMB Number: 4040-0004

Expiration Date: 01/31/2009

<b>Application for Federal Assistance SF-424</b>		Version 02
<b>16. Congressional Districts Of:</b>		
*a. Applicant: District of Columbia		*b. Program/Project: DC-all
<b>17. Proposed Project:</b>		
*a. Start Date: September 30, 2009		*b. End Date: September 30, 2012
<b>18. Estimated Funding (\$):</b>		
*a. Federal	\$7,489,476	
*b. Applicant		
*c. State		
*d. Local		
*e. Other		
*f. Program Income		
*g. TOTAL	\$7,489,476	
<b>*19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>		
<input type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on _____		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input checked="" type="checkbox"/> c. Program is not covered by E. O. 12372		
<b>*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)</b>		
<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
21. *By signing 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)		
<input checked="" type="checkbox"/> ** I AGREE		
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions		
<b>Authorized Representative:</b>		
Prefix:	Ms.	*First Name: Leila
Middle Name:	Finucane	
*Last Name:	Edmonds	
Suffix:		
*Title: Director		
*Telephone Number: 202-442-7200		Fax Number: 202-442-7078
* Email: leila.edmonds@dc.gov		
*Signature of Authorized Representative:		*Date Signed:



**Application for Federal Assistance SF-424**

Version 02

**\*Applicant Federal Debt Delinquency Explanation**

The following should contain an explanation if the Applicant organization is delinquent of any Federal Debt.

# INSTRUCTIONS FOR THE SF-424

Public reporting burden for this collection of information is estimated to average 60 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0043), Washington, DC 20503.

**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.**

This is a standard form (including the continuation sheet) required for use as a cover sheet for submission of preapplications and applications and related information under discretionary programs. Some of the items are required and some are optional at the discretion of the applicant or the Federal agency (agency). Required items are identified with an asterisk on the form and are specified in the instructions below. In addition to the instructions provided below, applicants must consult agency instructions to determine specific requirements.

Item	Entry:	Item	Entry:
1.	<b>Type of Submission:</b> (Required): Select one type of submission in accordance with agency instructions. <ul style="list-style-type: none"> <li>• Preapplication</li> <li>• Application</li> <li>• Changed/Corrected Application – If requested by the agency, check if this submission is to change or correct a previously submitted application. Unless requested by the agency, applicants may not use this to submit changes after the closing date.</li> </ul>	10.	<b>Name Of Federal Agency:</b> (Required) Enter the name of the Federal agency from which assistance is being requested with this application.
2.	<b>Type of Application:</b> (Required) Select one type of application in accordance with agency instructions. <ul style="list-style-type: none"> <li>• New – An application that is being submitted to an agency for the first time.</li> <li>• Continuation – An extension for an additional funding/budget period for a project with a projected completion date. This can include renewals.</li> <li>• Revision – Any change in the Federal Government's financial obligation or contingent liability from an existing obligation. If a revision, enter the appropriate letter(s). More than one may be selected. If "Other" is selected, please specify in text box provided. <ul style="list-style-type: none"> <li>A. Increase Award    B. Decrease Award</li> <li>C. Increase Duration    D. Decrease Duration</li> <li>E. Other (specify)</li> </ul> </li> </ul>	11.	<b>Catalog Of Federal Domestic Assistance Number/Title:</b> Enter the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested, as found in the program announcement, if applicable.
3.	<b>Date Received:</b> Leave this field blank. This date will be assigned by the Federal agency.	12.	<b>Funding Opportunity Number/Title:</b> (Required) Enter the Funding Opportunity Number and title of the opportunity under which assistance is requested, as found in the program announcement.
4.	<b>Applicant Identifier:</b> Enter the entity identifier assigned by the Federal agency, if any, or applicant's control number, if applicable.	13.	<b>Competition Identification Number/Title:</b> Enter the Competition Identification Number and title of the competition under which assistance is requested, if applicable.
5a.	<b>Federal Entity Identifier:</b> Enter the number assigned to your organization by the Federal Agency, if any.	14.	<b>Areas Affected By Project:</b> List the areas or entities using the categories (e.g., cities, counties, states, etc.) specified in agency instructions. Use the continuation sheet to enter additional areas, if needed.
5b.	<b>Federal Award Identifier:</b> For new applications leave blank. For a continuation or revision to an existing award, enter the previously assigned Federal award identifier number. If a changed/corrected application, enter the Federal Identifier in accordance with agency instructions.	15.	<b>Descriptive Title of Applicant's Project:</b> (Required) Enter a brief descriptive title of the project. If appropriate, attach a map showing project location (e.g., construction or real property projects). For preapplications, attach a summary description of the project.
6.	<b>Date Received by State:</b> Leave this field blank. This date will be assigned by the State, if applicable.	16.	<b>Congressional Districts Of:</b> (Required) 16a. Enter the applicant's Congressional District, and 16b. Enter all District(s) affected by the program or project. Enter in the format: 2 characters State Abbreviation – 3 characters District Number, e.g., CA-005 for California 5 <sup>th</sup> district, CA-012 for California 12 <sup>th</sup> district, NC-103 for North Carolina's 103 <sup>rd</sup> district. <ul style="list-style-type: none"> <li>• If all congressional districts in a state are affected, enter "all" for the district number, e.g., MD-all for all congressional districts in Maryland.</li> <li>• If nationwide, i.e. all districts within all states are affected, enter US-all.</li> <li>• If the program/project is outside the US, enter 00-000.</li> </ul>
7.	<b>State Application Identifier:</b> Leave this field blank. This identifier will be assigned by the State, if applicable.	17.	<b>Proposed Project Start and End Dates:</b> (Required) Enter the proposed start date and end date of the project.
8.	<b>Applicant Information:</b> Enter the following in accordance with agency instructions: <ul style="list-style-type: none"> <li>a. <b>Legal Name:</b> (Required): Enter the legal name of applicant that will undertake the assistance activity. This is the name that the organization has registered with the Central Contractor Registry. Information on registering with CCR may be obtained by visiting the Grants.gov website.</li> <li>b. <b>Employer/Taxpayer Number (EIN/TIN):</b> (Required): Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service. If your organization is not in the US, enter 44-4444444.</li> <li>c. <b>Organizational DUNS:</b> (Required) Enter the organization's DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained by visiting the Grants.gov website.</li> <li>d. <b>Address:</b> Enter the complete address as follows: Street address (Line 1 required), City (Required), County, State (Required, if country is US), Province, Country (Required), Zip/Postal Code (Required, if country is US).</li> <li>e. <b>Organizational Unit:</b> Enter the name of the primary organizational unit (and department or division, if applicable) that will undertake the</li> </ul>	18.	<b>Estimated Funding:</b> (Required) Enter the amount requested or to be contributed during the first funding/budget period by each contributor. Value of in-kind contributions should be included on appropriate lines, as applicable. If the action will result in a dollar change to an existing award, indicate only the amount of the change. For decreases, enclose the amounts in parentheses.
		19.	<b>Is Application Subject to Review by State Under Executive Order 12372 Process?</b> Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the

	assistance activity, if applicable. <b>f. Name and contact information of person to be contacted on matters involving this application:</b> Enter the name (First and last name required), organizational affiliation (if affiliated with an organization other than the applicant organization), telephone number (Required), fax number, and email address (Required) of the person to contact on matters related to this application.		State intergovernmental review process. Select the appropriate box. If "a." is selected, enter the date the application was submitted to the State  20. <b>Is the Applicant Delinquent on any Federal Debt?</b> (Required) Select the appropriate box. This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans and taxes.  If yes, include an explanation on the continuation sheet.		
9.	<b>Type of Applicant: (Required)</b> Select up to three applicant type(s) in accordance with agency instructions. <table border="1" data-bbox="199 436 873 991"> <tr> <td data-bbox="199 436 532 991">           A. State Government            B. County Government            C. City or Township Government            D. Special District Government            E. Regional Organization            F. U.S. Territory or Possession            G. Independent School District            H. Public/State Controlled Institution of Higher Education            I. Indian/Native American Tribal Government (Federally Recognized)            J. Indian/Native American Tribal Government (Other than Federally Recognized)            K. Indian/Native American Tribally Designated Organization            L. Public/Indian Housing Authority         </td> <td data-bbox="540 436 873 991">           M. Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)            N. Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education)            O. Private Institution of Higher Education            P. Individual            Q. For-Profit Organization (Other than Small Business)            R. Small Business            S. Hispanic-serving Institution            T. Historically Black Colleges and Universities (HBCUs)            U. Tribally Controlled Colleges and Universities (TCCUs)            V. Alaska Native and Native Hawaiian Serving Institutions            W. Non-domestic (non-US) Entity            X. Other (specify)         </td> </tr> </table>		A. State Government B. County Government C. City or Township Government D. Special District Government E. Regional Organization F. U.S. Territory or Possession G. Independent School District H. Public/State Controlled Institution of Higher Education I. Indian/Native American Tribal Government (Federally Recognized) J. Indian/Native American Tribal Government (Other than Federally Recognized) K. Indian/Native American Tribally Designated Organization L. Public/Indian Housing Authority	M. Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education) N. Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education) O. Private Institution of Higher Education P. Individual Q. For-Profit Organization (Other than Small Business) R. Small Business S. Hispanic-serving Institution T. Historically Black Colleges and Universities (HBCUs) U. Tribally Controlled Colleges and Universities (TCCUs) V. Alaska Native and Native Hawaiian Serving Institutions W. Non-domestic (non-US) Entity X. Other (specify)	21. <b>Authorized Representative: (Required)</b> To be signed and dated by the authorized representative of the applicant organization. Enter the name (First and last name required) title (Required), telephone number (Required), fax number, and email address (Required) of the person authorized to sign for the applicant. A copy of the governing body's authorization for you to sign this application as the official representative must be on file in the applicant's office. (Certain Federal agencies may require that this authorization be submitted as part of the application.)
A. State Government B. County Government C. City or Township Government D. Special District Government E. Regional Organization F. U.S. Territory or Possession G. Independent School District H. Public/State Controlled Institution of Higher Education I. Indian/Native American Tribal Government (Federally Recognized) J. Indian/Native American Tribal Government (Other than Federally Recognized) K. Indian/Native American Tribally Designated Organization L. Public/Indian Housing Authority	M. Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education) N. Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education) O. Private Institution of Higher Education P. Individual Q. For-Profit Organization (Other than Small Business) R. Small Business S. Hispanic-serving Institution T. Historically Black Colleges and Universities (HBCUs) U. Tribally Controlled Colleges and Universities (TCCUs) V. Alaska Native and Native Hawaiian Serving Institutions W. Non-domestic (non-US) Entity X. Other (specify)				

## **Substantial Amendment to the Consolidated Plan 2008 Action Plan for the Homelessness Prevention and Rapid Re-Housing Program (HPRP)**

Grantees eligible to receive funds under the Homelessness Prevention and Rapid Re-Housing Program (HPRP) are required to complete a substantial amendment to their Consolidated Plan 2008 Action Plan. This form sets forth the required format for this substantial amendment. A completed form is due to HUD within 60 days of the publication of the HUD HPRP notice.

To aid grantees in meeting this submission deadline, the HPRP Notice reduces the requirement for a 30-day public comment period to no less than 12 calendar days for this substantial amendment. With this exception, HPRP grantees are required to follow their Consolidated Plan's citizen participation process, including consultation with the Continuum of Care (CoC) in the appropriate jurisdiction(s). Grantees are also required to coordinate HPRP activities with the CoC's strategies for homeless prevention and ending homelessness. To maximize transparency, HUD strongly recommends that each grantee post its substantial amendment materials on the grantee's official website as the materials are developed.

A complete submission contains the following three documents:

- 1) A signed and dated SF-424,
- 2) A completed form HUD-40119 (this form), and
- 3) Signed and dated General Consolidated Plan and HPRP certifications.

For additional information regarding the HPRP program, visit the HUD Homelessness Resource Exchange ([www.hudhre.info](http://www.hudhre.info)). This site will be regularly updated to include HPRP resources developed by HUD and its technical assistance providers.

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The information collection requirements contained in this application have been submitted to the Office of Management and Budget (OMB) for review under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

*Information is submitted in accordance with the regulatory authority contained in each program rule. The information will be used to rate applications, determine eligibility, and establish grant amounts.*

Public reporting burden for this collection of information is estimated to be 16 hours, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits. To the extent that any information collected is of a confidential nature, there will be compliance with Privacy Act requirements. However, the substantial amendment to the Consolidated Plan 2008 Action Plan does not request the submission of such information.

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)



**Substantial Amendment to the Consolidated Plan 2008 Action Plan for the  
Homelessness Prevention and Rapid Re-Housing Program (HPRP)**

**A. General Information**

<b>Grantee Name</b>	District of Columbia
<b>Name of Entity or Department Administering Funds</b>	District of Columbia Department of Housing and Community Development
<b>HPRP Contact Person</b> (person to answer questions about this amendment and HPRP)	Michelle Y. Christopher
<b>Title</b>	Housing Compliance Officer
<b>Address Line 1</b>	1800 Martin Luther King, Jr. Ave., SE
<b>Address Line 2</b>	
<b>City, State, Zip Code</b>	Washington, DC 20020
<b>Telephone</b>	(202) 442-7241
<b>Fax</b>	(202) 645-6166
<b>Email Address</b>	Michelle.christopher@dc.gov
<b>Authorized Official</b> (if different from Contact Person)	Leila Finucane Edmonds
<b>Title</b>	Director
<b>Address Line 1</b>	1800 Martin Luther King, Jr. Ave., SE
<b>Address Line 2</b>	
<b>City, State, Zip Code</b>	Washington, DC 20020
<b>Telephone</b>	(202) 442 - 7210
<b>Fax</b>	(202) 645-6727
<b>Email Address</b>	Leila.edmonds@dc.gov
<b>Web Address where this Form is Posted</b>	www.dhcd.dc.gov

<b>Amount Grantee is Eligible to Receive*</b>	<b>\$7,489,476</b>
<b>Amount Grantee is Requesting</b>	<b>\$7,489,476</b>

\*Amounts are available at <http://www.hud.gov/recovery/homelesspreventrecov.xls>

## **Substantial Amendment to the Consolidated Plan 2008 Action Plan for the Homelessness Prevention and Rapid Re-Housing Program (HPRP)**

### **B. Citizen Participation and Public Comment**

1. Briefly describe how the grantee followed its citizen participation plan regarding this proposed substantial amendment (limit 250 words).

Response:

The D.C. Department of Housing and Community Development (DHCD) has followed its Citizen Participation Plan (CPP) through a vigorous effort to notify and engage the public, Continuum of Care stakeholders, and District agencies who serve the targeted population throughout the plan development process.

DHCD provided formal notice of a public hearing regarding the HPRP Substantial Amendment through advertisement in *The Washington Post* and *The DC Register* on April 17, 2009. DHCD released a draft HPRP Substantial Amendment on April 22, 2009, available on DHCD's website-[www.dhcd.dc.gov](http://www.dhcd.dc.gov)- and in specified public locations, in advance of a public hearing held on April 29, 2009. The public comment period opened on April 22, 2009, and remained open through May 6, 2009, with the public able to submit comments in person at the hearing, by email to [HPRP@dc.gov](mailto:HPRP@dc.gov), or by U.S. Mail throughout that period.

District of Columbia Continuum of Care stakeholders were specifically encouraged to provide feedback. DHCD and The Community Partnership for the Prevention of Homelessness conducted a Continuum of Care Stakeholder meeting on April 21, 2009, with stakeholder comments recorded and duly considered.

Finally, District Agencies that serve the targeted population were involved in the development of the plan. DHCD worked in close collaboration with the Department of Human Services (DHS), and held stakeholder meetings attended by the following agencies: Department of Health, HIV/AIDS Administration; Office of Victim Services; Office of the Tenant Advocate; Child and Family Services Agency; Department of Mental Health; and the Office on Aging.

2. Provide the appropriate response regarding this substantial amendment by checking one of the following options:
  - ☐ Grantee did not receive public comments.
  - ☐ Grantee received and accepted all public comments.
  - ☐ Grantee received public comments and did not accept one or more of the comments.

**Substantial Amendment to the Consolidated Plan 2008 Action Plan for the  
Homelessness Prevention and Rapid Re-Housing Program (HPRP)**

3. Provide a summary of the public comments regarding this substantial amendment. Include a summary of any comments or views not accepted and the reasons for non-acceptance.

Response:

**C. Distribution and Administration of Funds**

Reminder: The HPRP grant will be made by means of a grant agreement executed by HUD and the grantee. The three-year deadline to expend funds begins when HUD signs the grant agreement. Grantees should ensure that sufficient planning is in place to begin to expend funds shortly after grant agreement.

1. Check the process(es) that the grantee plans to use to select sub grantees. Note that a sub grantee is defined as the organization to which the grantee provides HPRP funds.

☐ Competitive Process

☐ Formula Allocation

☒ Other (Specify: Competitive and Formula Allocation)

2. Briefly describe the process(es) indicated in question 1 above (limit 250 words).

Response:

The process that DHCD plans to use to select HPRP sub-grantees will entail a competitive (1) Request for Proposals (RFP) Process, as well as (2) providing monetary awards to previously selected District sub-grantees who provide targeted outreach, client case management, credit counseling, and Emergency Rental Assistance Program (ERAP) administration services that are determined to be eligible HPRP activities.

The RFP process will identify the eligible uses of HPRP funds and will request proposals to provide homelessness prevention funding to persons at risk of becoming homeless; for diversion programs; and for rapid re-housing coupled with time-limited subsidies for singles and families exiting emergency and transitional programs.

The RFP(s) will be made available to the public in accordance with all applicable District policies and procedures. Eligible applications will be competitively evaluated and ranked

## **Substantial Amendment to the Consolidated Plan 2008 Action Plan for the Homelessness Prevention and Rapid Re-Housing Program (HPRP)**

Providing monetary awards to existing District approved client case management, credit counseling, and Emergency Rental Assistance Program providers in order to conduct eligible HPRP activities will occur based upon a District-approved process.

3. Briefly describe the process the grantee plans to use, once HUD signs the grant agreement, to allocate funds available to sub-grantees by September 30, 2009, as required by the HPRP Notice (limit 250 words).

Response:

As referenced above, shortly after DHCD receives notice from HUD of acceptance of the HPRP Substantial Amendment, we will work with DHS to release RFP(s) for the funds that will be allocated competitively. Allocation to existing service providers will occur by September 30, 2009 in consultation with DHS and other District agencies serving the target population, and in accordance with the approved HPRP Substantial Amendment.

4. Describe the grantee's plan for ensuring the effective and timely use of HPRP grant funds on eligible activities, as outlined in the HPRP Notice. Include a description of how the grantee plans to oversee and monitor the administration and use of its own HPRP funds, as well as those used by its sub-grantees (limit 500 words).

Response:

As required, HMIS will be the reporting mechanism for all HPRP activities, with Quarterly Progress Reports submitted to HUD. Quarterly Progress Reports will be used as an opportunity to evaluate both grantee and sub-grantee use of funds, ensuring effective and timely use. The HPRP Operating Instructions will govern all HPRP activities.

The District's HPRP prevention, diversion and rapid re-housing efforts will be measured for their effectiveness, considering the varying risk levels of the sub-populations being served. The administration of the Program will be geared to ensuring that these resources are used efficiently. Measures adopted may include the following:

*Goal 1: Prevent people from becoming homeless.*

*Goal 1 Measures*

- Number of households identified as having a housing problem that warrant a referral to a homelessness prevention program

## **Substantial Amendment to the Consolidated Plan 2008 Action Plan for the Homelessness Prevention and Rapid Re-Housing Program (HPRP)**

- Number and percentage of people served who are at highest risk of homelessness (stratify by risk factors such as income, housing situation, etc.)
- Number and percentage of highest-risk households served who do not become homeless within 12 months
- Cost per household assisted
- Overall number of people who become homeless in the community

*Goal 2: Divert people who are applying for shelter, when appropriate, into other housing.*

### *Goal 2 Measures*

- Number and percentage of households who apply for shelter or other homeless assistance who are assessed for diversion
- Number and percentage of households who are successfully diverted from homelessness
- Number and percentage of households who are diverted who become homeless within 12 months
- Cost per household assisted

*Goal 3: Help people who become homeless to quickly move into permanent housing.*

### *Goal 3 Measures*

- Number and percentage of households who are assessed for their barriers to housing within 7 days of shelter entry
- Average length of time people are homeless (for all homeless people in the system and for just those served by a re-housing program)
- Percentage of households who receive re-housing services who do not become homeless again within 12 months
- Overall number of people in shelter
- Number of landlords and the number of units of housing that participate in the re-housing program

Concerning jobs created and retained, this plan anticipates that the District and its sub-grantees will track the creation and retention of case management and staff positions to administer the HPRP Program. These jobs will be reported as “created” or “retained” through the use of HPRP funds.

**Substantial Amendment to the Consolidated Plan 2008 Action Plan for the  
Homelessness Prevention and Rapid Re-Housing Program (HPRP)**

**D. Collaboration**

1. Briefly describe how the grantee plans to collaborate with the local agencies that can serve similar target populations, which received funds under the American Recovery and Reinvestment Act of 2009 from other Federal agencies, including the U.S. Departments of Education, Health and Human Services, Homeland Security, and Labor (limit 250 words).

Response:

Under the auspices of the City Administrator, the District has implemented a workgroup structure to enhance interagency collaboration for the programming and use of all federal stimulus funds. Weekly interagency conference calls and a specialized intranet site shared across agencies ensure close calibration of goals and activities. DHCD serves as the key contact for all housing-related stimulus funds, with participation from relevant agencies. Opportunity for public participation is heightened through a new website- [www.recovery.dc.gov](http://www.recovery.dc.gov)- that tracks milestones related to stimulus funds across all agencies.

As we have in the planning process, DHCD and DHS and will continue to work jointly with input from multiple government offices and agencies serving similar target populations, including, but not limited to the following: HIV/AIDS Administration, Department of Health; Office of Victim Services, Office of the Tenant Advocate, Child and Family Services Agency, Department of Mental Health, Department of Employment Services (DOES), and the Office on Aging in order to maximize the effective and timely use of HPRP funds.

2. Briefly describe how the grantee plans to collaborate with appropriate Continuum(s) of Care and mainstream resources regarding HPRP activities (limit 250 words).

Response:

As with the administration of Emergency Shelter Grant (ESG) funds, DHCD will maintain ongoing contact with The Community Partnership for the Prevention of Homelessness and with Continuum of Care organizations.

The DC Department of Housing and Community Development (DHCD), the DC Department of Human Services (DHS), and The Community Partnership for the Prevention of Homelessness (TCP) plan to continue hosting public meetings targeted to the Continuum of Care in order to discuss progress in meeting program goals and ensuring timely and effective use of HPRP funding provided through the American Recovery and Reinvestment Act of 2009.

## **Substantial Amendment to the Consolidated Plan 2008 Action Plan for the Homelessness Prevention and Rapid Re-Housing Program (HPRP)**

Additionally, both DHCD and DHS serve on the District's Interagency Council on Homelessness (ICH), which provides a bimonthly forum for information sharing and collaboration with a broad array of stakeholders.

3. Briefly describe how HPRP grant funds for financial assistance and housing relocation/stabilization services will be used in a manner that is consistent with the grantee's Consolidated Plan (limit 250 words).

Response:

The District's Consolidated Plan places a priority on serving vulnerable populations, including homeless individuals and families, and those at risk of homelessness. HPRP resources will expand our ability to provide housing and related services for these households to achieve housing stability.

Rapid re-housing and stabilization assistance will be available for people who are homeless according to HUD's definition. During the period of the subsidy, these individuals and families will be connected to the resources and services needed for them to become self-sufficient by the time their subsidy expires. Criteria such as employment status, income level, employment experience, education level, job skills and training experience, and willingness to address barriers to self-sufficiency will be considered as factors for targeting those that are likely to be able to sustain housing beyond the timeframe of HPRP supports.

Households will be reassessed at 3-month intervals for continued need for housing supports. As needed, the program will provide supportive services, connections to employment training and address client needs to enable program participants to independently maintain their housing at the conclusion of the assistance period. Consistent with other local housing programs, where feasible, the District will require participants receiving medium-term subsidies to pay 30% of their income toward rent. When appropriate, the District will implement graduated subsidies to assist in transitioning families from rental supports. The District will strive to provide the smallest subsidy needed, for the shortest essential time period, so that we may assist the greatest number of households possible.

## Substantial Amendment to the Consolidated Plan 2008 Action Plan for the Homelessness Prevention and Rapid Re-Housing Program (HPRP)

### **E. Estimated Budget Summary**

HUD requires the grantee to complete the following table so that participants in the citizen participation process may see the grantee's preliminary estimated amounts for various HPRP activities. Enter the estimated budget amounts for each activity in the appropriate column and row. The grantee will be required to report actual amounts in subsequent reporting.

<b>HPRP Estimated Budget Summary</b>			
	<b>Homelessness Prevention</b>	<b>Rapid Re- housing</b>	<b>Total Amount Budgeted</b>
Financial Assistance <sup>1</sup>	\$ 1,101,870	\$ 3,290,018	\$ 4,391,888
Housing Relocation and Stabilization Services <sup>2</sup>	\$ 711,931	\$ 1,661,174	\$ 2,373,105
<b>Subtotal</b> (add previous two rows)	<b>\$ 1,813,801</b>	<b>\$ 4,951,192</b>	<b>\$ 6,764,993</b>

  

Data Collection and Evaluation <sup>3</sup>	\$350,010
Administration (up to 5% of allocation)	\$374,473
<b>Total HPRP Amount Budgeted<sup>4</sup></b>	<b>\$7,489,476</b>

<sup>1</sup>Financial assistance includes the following activities as detailed in the HPRP Notice: short-term rental assistance, medium-term rental assistance, security deposits, utility deposits, utility payments, moving cost assistance, and motel or hotel vouchers.

<sup>2</sup>Housing relocation and stabilization services include the following activities as detailed in the HPRP Notice: case management, outreach, housing search and placement, legal services, mediation, and credit repair.

<sup>3</sup>Data collection and evaluation includes costs associated with operating HUD-approved homeless management information systems for purposes of collecting unduplicated counts of homeless persons and analyzing patterns of use of HPRP funds.

<sup>4</sup>This amount must match the amount entered in the cell on the table in Section A titled "Amount Grantee is Requesting."



**Substantial Amendment to the Consolidated Plan 2008 Action Plan for the  
Homelessness Prevention and Rapid Re-Housing Program (HPRP)**

**F. Authorized Signature**

By signing 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)

\_\_\_\_\_  
Signature/Authorized Official

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

## **GENERAL CERTIFICATIONS FOR STATE OR LOCAL GOVERNMENT FOR THE HOMELESSNESS PREVENTION AND RAPID RE-HOUSING PROGRAM (HPRP)**

In accordance with the applicable statutes and the regulations governing the consolidated plan regulations, the state, territory, or local government certifies that:

**Affirmatively Further Fair Housing --** The state, territory, or local government will affirmatively further fair housing, which means it will conduct an analysis of impediments to fair housing choice within the jurisdiction or state, take appropriate actions to overcome the effects of any impediments identified through that analysis, and maintain records reflecting that analysis and actions in this regard.

**Drug-Free Workplace --** It will or will continue to provide a drug-free workplace by:

1. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
2. Establishing an ongoing drug-free awareness program to inform employees about:
  - (a) The dangers of drug abuse in the workplace;
  - (b) The grantee's policy of maintaining a drug-free workplace;
  - (c) Any available drug counseling, rehabilitation, and employee assistance programs; and
  - (d) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
3. 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 1;
4. Notifying the employee in the statement required by paragraph 1 that, as a condition of employment under the grant, the employee will -
  - (a) Abide by the terms of the statement; and
  - (b) 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;
5. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph 4(b) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
6. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph 4(b), with respect to any employee who is so convicted -
  - (a) 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

- (b) 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;
- 7. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs 1, 2, 3, 4, 5 and 6.

**Anti-Lobbying --** To the best of the state, territory, or local government's knowledge and belief:

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of it, 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 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, it will complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions; and
3. It will require that the language of paragraphs 1 and 2 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.

**Authority of Local Government, State, or Territory --** The submission of the consolidated plan is authorized under state law and local law (as applicable) and the jurisdiction or state possesses the legal authority to carry out the programs under the consolidated plan for which it is seeking funding, in accordance with applicable HUD regulations.

**Consistency with Plan --** The housing activities to be undertaken with HPRP funds are consistent with the strategic plan.

**Section 3 --** It will comply with section 3 of the Housing and Urban Development Act of 1968, and implementing regulations at 24 CFR Part 135.

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Signature/Authorized Official

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Date

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Title

## APPENDIX TO CERTIFICATIONS

### INSTRUCTIONS CONCERNING LOBBYING AND DRUG-FREE WORKPLACE REQUIREMENTS:

#### A. Lobbying Certification

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.

#### B. Drug-Free Workplace Certification

1. By signing and/or submitting this application or grant agreement, the grantee is providing the certification.
2. The certification is a material representation of fact upon which reliance is placed when the agency awards the grant. If it is later determined that the grantee knowingly rendered a false certification, or otherwise violates the requirements of the Drug-Free Workplace Act, HUD, in addition to any other remedies available to the Federal Government, may take action authorized under the Drug-Free Workplace Act.
3. Workplaces under grants, for grantees other than individuals, need not be identified on the certification. If known, they may be identified in the grant application. If the grantee does not identify the workplaces at the time of application, or upon award, if there is no application, the grantee must keep the identity of the workplace(s) on file in its office and make the information available for Federal inspection. Failure to identify all known workplaces constitutes a violation of the grantee's drug-free workplace requirements.
4. Workplace identifications must include the actual address of buildings (or parts of buildings) or other sites where work under the grant takes place. Categorical descriptions may be used (e.g., all vehicles of a mass transit authority or State highway department while in operation, State employees in each local unemployment office, performers in concert halls or radio stations).
5. If the workplace identified to the agency changes during the performance of the grant, the grantee shall inform the agency of the change(s), if it previously identified the workplaces in question (see paragraph three).
6. The Grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

Place of Performance (Street address, city, county, state, zip code)

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Check ☐ if there are workplaces on file that are not identified here.

The certification with regard to the drug-free workplace is required by 24 CFR part 24, subpart F.

7. Definitions of terms in the Nonprocurement Suspension and Debarment common rule and Drug-Free Workplace common rule apply to this certification. Grantees' attention is called, in particular, to the following definitions from these rules:

"Controlled substance" means a controlled substance in Schedules I through V of the Controlled Substances Act (21 U.S.C. 812) and as further defined by regulation (21 CFR 1308.11 through 1308.15);

"Conviction" means a finding of guilt (including a plea of nolo contendere) or imposition of sentence, or both, by any judicial body charged with the responsibility to determine violations of the Federal or State criminal drug statutes;

"Criminal drug statute" means a Federal or non-Federal criminal statute involving the manufacture, distribution, dispensing, use, or possession of any controlled substance;

"Employee" means the employee of a grantee directly engaged in the performance of work under a grant, including: (i) All "direct charge" employees; (ii) all "indirect charge" employees unless their impact or involvement is insignificant to the performance of the grant; and (iii) temporary personnel and consultants who are directly engaged in the performance of work under the grant and who are on the grantee's payroll. This definition does not include workers not on the payroll of the grantee (e.g., volunteers, even if used to meet a matching requirement; consultants or independent contractors not on the grantee's payroll; or employees of subrecipients or subcontractors in covered workplaces).

## **Homelessness Prevention and Rapid Re-Housing Program (HPRP) Certifications**

The HPRP Grantee certifies that:

**Consolidated Plan** – It is following a current HUD-approved Consolidated Plan or CHAS.

**Consistency with Plan** – The housing activities to be undertaken with HPRP funds are consistent with the strategic plan.

**Confidentiality** – It will develop and implement procedures to ensure:

- (1) The confidentiality of records pertaining to any individual provided with assistance; and
- (2) That the address or location of any assisted housing will not be made public, except to the extent that this prohibition contradicts a preexisting privacy policy of the grantee.

**Discharge Policy** – A certification that the State or jurisdiction has established a policy for the discharge of persons from publicly funded institutions or systems of care (such as health care facilities, foster care or other youth facilities, or correction programs and institutions) in order to prevent such discharge from immediately resulting in homelessness for such persons.

**HMIS** – It will comply with HUD's standards for participation in a local Homeless Management Information System and the collection and reporting of client-level information.

\_\_\_\_\_  
Signature/Authorized Official

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title