

## Before Starting the Project Application

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

Things to Remember:

- Additional training resources can be found on the HUD Exchange at <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2019 Continuum of Care (CoC) Program Competition. For more information see FY 2019 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2019 CoC Program NOFA and the FY 2019 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- New projects may only be submitted as either Reallocated, Bonus Projects, Reallocated + Bonus or DV Bonus. These funding methods are determined in collaboration with local CoC and it is critical that applicants indicate the correct funding method. Project applicants must communicate with their CoC to make sure that the CoC submissions reflect the same funding method.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- HUD reserves the right to reduce or reject any new project that fails to adhere to (24 CFR part 578 and application requirements set forth in FY 2019 CoC Program Competition NOFA.

## 1A. SF-424 Application Type

**1. Type of Submission:**

**2. Type of Application:** YHDP New Project Application

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

**If "Other", specify:**

**3. Date Received:** 06/16/2020

**4. Applicant Identifier:**

**5a. Federal Entity Identifier:**

**6. Date Received by State:**

**7. State Application Identifier:**

# 1B. SF-424 Legal Applicant

## 8. Applicant

a. Legal Name: County of Glacier School District 9

b. Employer/Taxpayer Identification Number (EIN/TIN): 81-6000470

	c. Organizational DUNS:	193012937	PLUS 4:	
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## d. Address

Street 1: 132 1st Ave SW

Street 2:

City: BROWNING

County: MT

State: Montana

Country: United States

Zip / Postal Code: 59417

## e. Organizational Unit (optional)

Department Name: Parent Community Outreach Program

Division Name: aisspoommootsiyop

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

Prefix: Mrs.

First Name: Julia (Nikki)

Middle Name:

Last Name: Hannon

Suffix:

Title: Director

Organizational Affiliation: County of Glacier School District 9

Telephone Number: (406) 338-5025

**Extension:** 4710

**Fax Number:** (406) 201-4044

**Email:** nikkih@bps.k12.mt.us

## 1C. SF-424 Application Details

**9. Type of Applicant:** A. State Government

**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-6200-N-35

**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): Montana  
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: aisspoommootsiyo•p YHDP

### 16. Congressional District(s):

a. Applicant: MT-000

b. Project: MT-000

(for multiple selections hold CTRL key)

### 17. Proposed Project

a. Start Date: 10/01/2020

b. End Date: 10/01/2022

### 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: Mrs.

First Name: Corrina

Middle Name:

Last Name: Guardipee-Hall

Suffix:

Title: Superintendent

Telephone Number: (406) 338-2715  
(Format: 123-456-7890)

Fax Number: (406) 201-4044  
(Format: 123-456-7890)

Email: corrinag@bps.k12.mt.us

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

Date Signed: 06/16/2020



# 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:** County of Glacier School District 9

**Prefix:** Mrs.

**First Name:** Corrina

**Middle Name:**

**Last Name:** Guardipee-Hall

**Suffix:**

**Title:** Superintendent

**Organizational Affiliation:** County of Glacier School District 9

**Telephone Number:** (406) 338-2715

**Extension:** 4208

**Email:** corrinag@bps.k12.mt.us

**City:** BROWNING

**County:** MT

**State:** Montana

**Country:** United States

**Zip/Postal Code:** 59417

**2. Employer ID Number (EIN):** 81-6000470

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

**4. Amount of HUD Assistance Requested/Received:** \$357,290.00

(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
Office of Public Instruction (McKinney Vento), PO Box 202501, Helena, Montana, 59620-2501	grant	\$4,000.00	Staff training (match)
US Department of Education, EMC Office of Elementary and Secondary Education, Impact Aid Program, Washington, DC, 20202-6244	other	\$44,000.00	Director salary (match)
NA			
NA			
NA			

**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 (%)
new hire	NA	Youth Case Manager	\$51,542.00	15%
NA				
NA				
NA				
NA				

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: Corrina Guardipee-Hall, Superintendent

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

Date Signed: 06/16/2020

# 1H. HUD 50070

## HUD 50070 Certification for a Drug Free Workplace

**Applicant Name:** County of Glacier School District 9

**Program/Activity Receiving Federal Grant Funding:** CoC Program

**Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:**

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:	
a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.	e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
b. Establishing an on-going drug-free awareness program to inform employees --- (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.	f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted --- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;	g. Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.
d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will --- (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;	

### 2. Sites for Work Performance.

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

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

X

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



Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

**Authorized Representative**

**Prefix:** Mrs.

**First Name:** Corrina

**Middle Name**

**Last Name:** Guardipee-Hall

**Suffix:**

**Title:** Superintendent

**Telephone Number:** (406) 338-2715  
**(Format: 123-456-7890)**

**Fax Number:** (406) 201-4044  
**(Format: 123-456-7890)**

**Email:** corrinag@bps.k12.mt.us

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

**Date Signed:** 06/16/2020

# CERTIFICATION REGARDING LOBBYING

## Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

## Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

**the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.**

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

X
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**Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)**

**Applicant's Organization:** County of Glacier School District 9

**Name / Title of Authorized Official:** Corrina Guardipee-Hall, Superintendent

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

**Date Signed:** 06/16/2020

# 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:** County of Glacier School District 9

**Street 1:** 132 1st Ave SW

**Street 2:**

**City:** BROWNING

**County:** MT

**State:** Montana

**Country:** United States

**Zip / Postal Code:** 59417

**11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.**

I certify that this information is true and complete.

X



**Authorized Representative**

**Prefix:** Mrs.

**First Name:** Corrina

**Middle Name:**

**Last Name:** Guardipee-Hall

**Suffix:**

**Title:** Superintendent

**Telephone Number:** (406) 338-2715  
**(Format: 123-456-7890)**

**Fax Number:** (406) 201-4044  
**(Format: 123-456-7890)**

**Email:** corrinag@bps.k12.mt.us

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

**Date Signed:** 06/16/2020

## 2A. Project Subrecipients

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

### Total Expected Sub-Awards:

Organization	Type	Sub-Award Amount
This list contains no items		

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

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

Since 2013, the aisspoommootsiyo•p "We Help Each Other" program has received funding through the Montana Office of Public Instruction's McKinney-Vento Grant to facilitate the improved attendance, engagement, and academic success of homeless children and youth. Aisspoommootsiyo•p's effective management of these grant funds demonstrates the administrative and financial capacity to effectively utilize federal funds and deliver the services promised.

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

The aisspoommootsiyo•p program provides numerous wraparound services for YYA experiencing homelessness by strategically leveraging other Federal, State, local and private sector funds. Individual clothing closets with gently used donated clothing are established at every grade level. For grades pre-Kindergarten through 6, aisspoommootsiyo•p partners with the Montana Food Bank Network (MFBN) to provide "Weekend Backpacks" containing food items to address food insecurity needs. For food-insecure YYA not served by the MFBN, aisspoommootsiyo•p operates four food pantries at: (1) Browning Middle School, (2) Browning High School, (3) the William Buffalo Hide Academy in Browning, and in (4) Babb, Montana, a remote community 37 miles from Browning which are supported by a Town Pump grant as well as the non-profits FAST Blackfeet and Nourish the Flathead/Blackfeet project. Limited hygiene items are provided, as well as access to shower and laundry facilities, with a focus on students who lack running water at home. These supplies are provided through non-profit donations as well. Throughout the academic year aisspoommootsiyo•p also dispenses backpacks with school supplies, partners with the senior class for a Christmas Toy Drive, provides holiday meal baskets, and hosts a prom-readiness event. The aisspoommootsiyo•p program regularly serves approximately 10 pregnant or parenting teens through a partnership with the Blackfeet Pregnant and Parenting Teen Coalition. Teen parents receive priority enrollment at the BPS-run childcare facility, receive parenting classes, and have exclusive access to a school-based baby-clothes closet and diaper pantry, in addition to all other supports previously stated.

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

In recent years, aisspoommootsiyo•p has trained district staff in identifying signs of student homelessness and how to refer students for additional assistance. Students are first identified through the BPS Student Residency Questionnaire, a screening tool supported by the National Center for Homeless Education that is used during school registration each year. This tool asks basic residency questions to determine eligibility under the McKinney-Vento definition of homelessness. The aisspoommootsiyo•p program regularly collaborates with over #30 other providers, agencies, community partners, and resources to provide services to YYA experiencing homelessness.

While the BPS Program has developed a solid infrastructure for providing material supportive services, it has lacked resources to assist YYA experiencing homelessness or in need of emergency housing. Attempts to liaise with the Blackfeet Tribal Council and Blackfeet Housing Authority have not resulted in productive solutions, and there is currently no form of emergency shelter on Blackfeet Nation. Even for those not experiencing homelessness, finding adequate housing on Blackfeet Nation can be difficult.

The aisspoommootsiyo•p operates through the Browning Public School District which uses Black Mountain Software for a financial accounting system. Our school district operates through a chain of command starting with the public-elected School Board, then the Superintendent, the Finance Director and finally the program Directors and principals. We have a very strict Standard Operating Procedure for purchases and expenditures.

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

### 3A. Project Detail

**1a. CoC Number and Name:** MT-500 - Montana Statewide CoC

**1b. CoC Collaborative Applicant Name:** Montana Continuum of Care Coalition

**2. Project Name:** aisspoommootsiyo•p YHDP

**3. Project Status:** Standard

**4. Component Type:** SSO

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

**7. Was this project funded under the Youth Homeless Demonstration Program (YHDP)?** Yes

### 3B. Project Description

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

This project embraces the principles of the United States Interagency Council on Homelessness (USICH) Youth Framework to End Youth Homelessness and is committed to producing its four outcomes for unaccompanied homeless Native American youth under age 25 who are eligible for enrollment at Browning Public Schools: (1) stable housing, (2) permanent connections, (3) education/employment, and (4) social-emotional well-being. We will pursue these objectives through diverse means of support and providing access to immediate, safe, and supported housing.

Under the Host Homes and Diversion project type, we will offer a five-pronged approach:

1. Crisis Host Homes – Short-term host homes identified preemptively by the Host Home Coordinator will be made available to YYA experiencing homelessness, at risk of homelessness, or experiencing crisis housing situations. This assistance is intended to pave the way for success in long-term, youth-identified, sustainable housing. YYA and hosts will receive training, support, and stipends.
2. Youth-Identified Host Homes – We will also help YYA identify and access longer-term host homes if necessary. Training and stipends provided.
3. Flex Fund to Support Diversion Efforts – Grant funds will support diversion activities, including to support YYA through transitions to safer housing or educational opportunities.
4. Supportive Services –YHDP grant funds will support diversion efforts through youth-oriented health and wellness supports like coordinated entry, mental health services, case management, peer support, family reunification efforts, and connections to cultural elders and spiritual leaders.
5. Mainstream Resources – We will implement robust outreach efforts to empower YYA with the resources, supports, and permanent connections that will increase their well-being and enable them to navigate systems of care and achieve their goals. To this end, we will utilize community resource connections; trauma-informed care; workforce development opportunities, including education and employment services; and diversion through higher education opportunities.

YYA participation and leadership are key components of aisspoommootsiyo•p’s vision. YYA who have experienced homelessness will be recruited to serve on the local Blackfeet Youth Advisory Board (YAB), the Blackfeet Homeless Coalition and the Montana state YAB. YYA will receive training in such areas as Native youth leadership, healthy relationships, and rights advocacy for unaccompanied homeless youth. Blackfeet YAB will establish a peer-support system to assist with outreach to other YYA.

Through youth-driven systems of care, we will serve YYA from numerous vulnerable populations, including LGTBQ youth, pregnant and parenting youth, youth from the juvenile justice and foster care systems, and victims of sexual trafficking and exploitation, regardless of race, ethnicity, sexual orientation,

gender identity, ability, religion or other identities.

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

Note: To expend funds within statutorily required deadlines, project applicants must be able to begin assistance within 12 months of conditional award. The one exception is for applicants who are conditionally awarded sponsor-based and project-based rental assistance. These conditional award recipients will have 24 months to execute a grant agreement; however, HUD encourages all recipients conditionally awarded funds to begin assistance within 12 months. The estimated schedule should reflect these statutorily required deadlines.

Project Milestones	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement
	A	B	C	D
New project staff hired, or other project expenses begin?	30			
Participant enrollment in project begins?	90			
Participants begin to occupy leased units or structure(s), and supportive services begin?	120			
Leased or rental assistance units or structure, and supportive services near 100% capacity?	360			
Closing on purchase of land, structure(s), or execution of structure lease?				
Rehabilitation started?				
Rehabilitation completed?				
New construction started?				
New construction completed?				

**3. Will your project participate in a CoC Coordinated Entry Process?** Yes

**\* 4. Please identify the project's specific population focus.**

**(Select ALL that apply)**

Chronic Homeless	<input checked="" 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 type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>

Other (Click 'Save' to update)	<input checked="" type="checkbox"/>
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Other: Native American Youth/LGBTQ Youth/Teen Parent

**5. Housing First**

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

b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

Having too little or little income	<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"/>

c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

Failure to participate in supportive services	<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"/>

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

6. If applicable, describe the proposed development activities and the responsibilities that the applicant and potential subrecipients (if any) will have in developing, operating, and maintaining the property.

7. Will participants be required to live in a No



**particular structure, unit, or locality, at some point during the period of participation?**

**8. Will more than 16 persons live in one structure?** No

**9. Please select the type of SSO project:** Housing Project or Housing Structure Specific

## Youth Homeless Demonstration Projects

**1. Does this project carry out housing problem solving activities to divert or rapidly exit households from homelessness? OR Does this project carry out housing problem-solving activities?**      Yes

**1a. Please identify the list of housing problem solving activities that will occur in this project (You may select more than one)**

Housing Search Assistance	<input checked="" type="checkbox"/>
Case management, including connecting to community services and supports	<input checked="" type="checkbox"/>
Conflict resolution or family mediation	<input checked="" type="checkbox"/>
Landlord-tenant mediation or tenant legal	<input type="checkbox"/>
Utility or security deposits	<input checked="" type="checkbox"/>
One time moving assistance	<input checked="" type="checkbox"/>
Rental application fees	<input type="checkbox"/>
Utility or rental arrears	<input type="checkbox"/>
Other	<input type="checkbox"/>

**2. Is this a Host Homes Project?**      Yes

**3. Please identify the specific populations addressed in this project**

Pregnant/Parenting	<input checked="" type="checkbox"/>
Minors	<input checked="" type="checkbox"/>
Foster care/justice involved youth	<input checked="" type="checkbox"/>
Other	<input checked="" type="checkbox"/>

**Other:** Native American and LGBTQ youth

**4. Does this project plan to use Rental Assistance in the 2019 YHDP Program?** No

**5. Does the project plan on applying for Special YHDP activities in the YHDP program?** No

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

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

**Enter additional information about the following budget line items:**

**Supportive Services:**

Funds requested to hire Youth Case Manager, YYA Peer Mentor for Outreach, to allow YYA access to educational/employment/housing services (ie. cell phones/internet access, transportation); to contract cultural consultants to provide life skills and educational workshops (including supply costs); to provide stipend to Host Home to off-set increased food and utility costs; to provide stipend to YYA for food needs within independent living skills; to provide transition costs for YYA pursuing safer housing or higher education; to provide utility assistance to YYA in independent living situations; to provide outreach kits to YYA to meet urgent physical needs; to provide employment stipend for job training placement (ie. uniforms/tools); to provide HiSet testing fee to improve knowledge and basic education skills; to provide education kits to YYA upon re-enrollment in school

**HMIS:**

Funds requested to cover the cost of initial user set up fee and annual licenses.

## 4A. Supportive Services for Participants

1. Applicants requesting funds to provide housing or services to children and youth, with or without families, must establish policies and practices that are consistent with and do not restrict the exercise of rights provided by subtitle B of title VII of the McKinney-Vento Act (42 U.S.C. 11431, et seq.), and other laws (e.g. Head Start, part C of the Individuals with Disabilities Education Act) relating to the provision of educational and related services to individuals and families experiencing homelessness. Projects serving households with children or youth must have a staff person that is designated to ensure children or youth are enrolled in school and connected to the appropriate services within the community. Reminder: failure to comply with federal education assurances may result in Federal sanctions and significantly reduce the likelihood of receiving funding through the CoC Program Competition.

**Please check the box that you acknowledge you will be required to meet the above requirements if you have any qualifying participants.**

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

To provide Native YYA with access to safe, stable housing without preconditions, we will establish two types of host homes: 1) Crisis Host Homes – Short-term host homes will provide immediate, safe, and supported housing options during crisis situations. 2) Youth-Identified Host Homes – Many Native YYA elect to live with grandparents or other relatives. However, poverty and food insecurity make this financially challenging. To address these barriers and support long-term, sustainable housing, grant funds will be used to support youth-defined family reunification and/or to fund the host home application process for youth-identified long-term host families. YYA will receive a stipend for food and, if applicable, household utilities. Hosts will also receive stipends to subsidize costs attributable to housing the YYA.

### 3. What specific plan does this project have to specifically coordinate and integrate with other mainstream health, social services, and employment programs for which program participants may be eligible?

Supportive services will be provided via two tiers:

Supportive Services Directly through aisspoommootsiyo•p FIT program — The aisspoommootsiyo•p FIT program already offers numerous direct wraparound services for YYA, such as providing food, school supplies, transportation, hygiene items, education/dropout prevention, and referrals to mental health and substance abuse services. YHDP grant funds would enable aisspoommootsiyo•p to:

— Conduct outreach efforts, offer transportation, and provide education kits to a

- greater number of YYA;
- Provide coordinated entry services such as screenings, referrals, and connection to appropriate housing services;
- Provide case management through the Project Director and Youth Case Manager;
- Encourage positive youth development and youth-to-youth peer support through trainings, leadership opportunities, employment opportunities, and a peer-support hotline;
- Connect YYA with cultural elders and local spiritual leaders to support social and community integration;
- Connect youth to educational services via distance learning with access to cell phones, computers, internet and providing a HiSet testing fee to improve knowledge and basic educational skills

Flex Fund to Support Diversion Efforts — A Flex Fund will further support diversion efforts in the following ways:

- Utilities: As needed, a one-time fee can be paid to the YYA's utility company to cover outstanding bills that could result in eviction or the termination of services. It is estimated that 30 YYA/year will receive utility assistance.
- Support transitions: For YYA who are transitioning to safe housing or pursuing educational opportunities, grant funds will cover associated costs such as gas, renting a moving truck, or other supportive costs. It is estimated that this project will be able to provide transition assistance to all participants.

**Mainstream Resources**

Further developing and training our extensive coalition of local mainstream resources will ensure that our YYA are served in a way that considers this population's unique needs. All project staff and partners will be trained on the principles of coordinated entry, to ensure that all participants receive the appropriate services. The Project Director will meet with YYA to determine eligibility for applicable mainstream resources such as education, employment and workforce development, healthcare, and social programs. Partnerships have already been established with many of these resources. In addition to connecting YYA to mainstream resources, the project will further develop a local homelessness coalition that will bring important stakeholders to the table in order to more effectively and efficiently address youth homelessness in Blackfeet Nation.

**4. For all supportive services available to participants, indicate who will provide them and how often they will be provided.  
Click 'Save' to update.**

Supportive Services	Provider	Frequency
Assessment of Service Needs	Applicant	Monthly
Assistance with Moving Costs	Applicant	Annually
Case Management	Applicant	Weekly
Child Care	Applicant	Daily
Education Services	Applicant	Daily

<b>Employment Assistance and Job Training</b>
<b>Food</b>
<b>Housing Search and Counseling Services</b>
<b>Legal Services</b>
<b>Life Skills Training</b>
<b>Mental Health Services</b>
<b>Outpatient Health Services</b>
<b>Outreach Services</b>
<b>Substance Abuse Treatment Services</b>
<b>Transportation</b>
<b>Utility Deposits</b>

Applicant	As needed
Applicant	Monthly
Applicant	As needed
Applicant	As needed
Applicant	Monthly
Partner	As needed
Partner	As needed
Applicant	Weekly
Partner	As needed
Applicant	As needed
Applicant	As needed

**5. Please identify whether the project will include the following activities:**

**5a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs?** Yes

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

**6. Will project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?** No

### 4A. HMIS Standards

1a. Is the HMIS currently programmed to collect all Universal Data Elements (UDE's) as set forth in the 2017 HMIS Data Standards? Yes

2a. Is the HMIS currently able to produce all HUD-required reports and provide data as needed for HUD reporting? (i.e., Annual Performance Reports, Annual Homeless Assessment table shells (this will be the Logitudinal System Analysis next year), data for CAPER/ESG reporting, SPM and Data Quality Table, etc). Yes

3a. Is your HMIS capable of generating all reports required by all Federal partners including HUD, VA, and HHS? Yes

4. Can the HMIS currently provide the CoC with an unduplicated count of clients receiving services in the CoC? Yes

5. Does your HMIS implementation have a staff person responsible for insuring the implementation meets all privacy and security standards as required by HUD and the federal partners? Yes

6. Does your organization conduct a background check on all employees who access HMIS or view HMIS data? Yes

7. Does the HMIS Lead conduct Privacy and Security Training and follow up on privacy and security standards on a regular basis? Yes

8. Do you have a process in place to remove community members who no longer need access to HMIS (e.g. leave their job, fired, etc.) Yes

**a. How long does it take to remove access rights to former HMIS users?**




## 4B. HMIS Training

Indicate the last training date or proposed training date for each HMIS training, as applicable.

&nbsp;Activity	&nbsp;Enter date of last training or proposed next training (mm/yyyy)
Basic Computer Training	
HMIS Software Training for Sys Admin	06/2020
HMIS Software Training	06/2020
Data Quality Training	06/2020
Security Training	07/2020
Privacy/Ethics Training	06/2020
HMIS PIT Count Training	01/2020
Other (must specify)	

## 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.

**Total Units:** 10

**Total Beds:** 10

Housing Type	Housing Type (JOINT)	Units	Beds
Shared housing	---	10	10

## 4B. Housing Type and Location Detail

1. **Housing Type:** Shared housing

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

a. **Units:** 10

b. **Beds:** 10

3. **Beds for Youth:** 10

### 4. Address

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

**Street 1:** 132 1st Ave SW

**Street 2:**

**City:** BROWNING

**State:** Montana

**ZIP Code:** 59417

5. **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)**

309035 Glacier County

## 5A. Project Participants - Households

	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Number of Households	0	0	40	40
Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Adults over age 24	0	0		0
Persons ages 18-24	0	0		0
Accompanied Children under age 18	0		0	0
Unaccompanied Children under age 18			40	40
<b>Total Persons</b>	0	0	40	40

**Click Save to automatically calculate totals**

## 5B. Project Participants - Subpopulations

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

Characteristics	Chronicall y Homeless Non- Veterans	Chronicall y Homeless Veterans	Non- Chronicall y Homeless Veterans	Chronic Substanc e Abuse	Persons with HIV/AIDS	Severely Mentally III	Victims of Domestic Violence	Physical Disability	Developm ental Disability	Persons not represent ed by listed subpopul ations
Adults over age 24										
Persons ages 18-24										
Children under age 18										
<b>Total Persons</b>	0	0	0	0	0	0	0	0	0	0

### Persons in Households without Children

Characteristics	Chronicall y Homeless Non- Veterans	Chronicall y Homeless Veterans	Non- Chronicall y Homeless Veterans	Chronic Substanc e Abuse	Persons with HIV/AIDS	Severely Mentally III	Victims of Domestic Violence	Physical Disability	Developm ental Disability	Persons not represent ed by listed subpopul ations
Adults over age 24										
Persons ages 18-24										
<b>Total Persons</b>	0	0	0	0	0	0	0	0	0	0

### Persons in Households with Only Children

Characteristics	Chronicall y Homeless Non- Veterans	Chronicall y Homeless Veterans	Non- Chronicall y Homeless Veterans	Chronic Substanc e Abuse	Persons with HIV/AIDS	Severely Mentally III	Victims of Domestic Violence	Physical Disability	Developm ental Disability	Persons not represent ed by listed subpopul ations
Accompanied Children under age 18	0									
Unaccompanied Children under age 18	40									
<b>Total Persons</b>	40				0	0	0	0	0	0

**Click Save to automatically calculate totals**

## 6A. Funding Request

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

2. What type of CoC funding is this project applying for under the Youth Homeless Demonstration Program? YHDP

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

4. Select a grant term: 2 Years

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

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

## 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>		\$0
<b>2. Assistance with Moving Costs</b>	one time transition costs for up to 20 YYA to assist with moving (ie. moving truck rental/gas) \$200 each	\$4,000
<b>3. Case Management</b>	Hire Youth Case Manager at 2080 hours x\$21/hr=\$43,680+\$7,862 (18% fringe); laptop computer for youth case manager; cell phone (2 staff+20 YYA)x \$30=\$660; cell phone service (#22x\$20x 9 mos)=\$3960	\$57,502
<b>4. Child Care</b>		\$0
<b>5. Education Services</b>	edu kit 40 YYA x \$75=\$3000; Hi-Set test fee 10 YYA @ \$100=\$1000; Native Youth Ldrshp trg trainer contract \$7000; cultural consultants: (2x/yr each) in Blackfeet beading, Blackfeet regalia, Blackfeet Native Games @ \$263=\$1578; supplies: regalia/beading/native games @ \$25x20 ppl x2/yr = \$3000; jetpack \$30x20 YYA= \$600 and internet access \$40/mo. x 9 mos x 20 YYA = \$7200 to access services	\$23,378
<b>6. Employment Assistance</b>	employment stipend for job training placement to purchase job-specific uniform/tools (@\$150 for 20 YYA)	\$3,000
<b>7. Food</b>	Host Home (HH) stipend to offset monthly food cost for hosting YYA (\$300/mo. x9 mos. x #10 HH)	\$27,000
<b>8. Housing/Counseling Services</b>		\$0
<b>9. Legal Services</b>	background checks (20 host homes w/ 2ppl ea, assuming 50% attrition) \$30 ea @ #60	\$1,800
<b>10. Life Skills</b>	contracts to hire cultural consultants in life skills courses: cradle board making (2x/yr) /traditional native foods (4x/yr)/cultural sweat (4x/yr) each course @ \$263=\$2630; supplies for courses: cradle boards \$25 @ 20 ppl per course x2/yr = \$1000; foods \$25 @ 20 ppl per course x4/yr= \$2000; sweat \$25 @ 20 ppl per course x4/yr= \$2000; YYA stipend for food (\$200/mo.x9 mos x 10 YYA)=\$18,000	\$25,630
<b>11. Mental Health Services</b>		\$0
<b>12. Outpatient Health Services</b>		\$0
<b>13. Outreach Services</b>	Hire Youth Peer Mentor (12 mos. @10% of 2080 full time hours) x \$12= \$2,392+\$431 (18% fringe); outreach kits to meet urgent physical needs for up to 40 YYA @ \$200 each kit	\$10,823
<b>14. Substance Abuse Treatment Services</b>		\$0
<b>15. Transportation</b>	transit passes/gas cards @ \$60/mo. on 80 occasions for up to 30 YYA (\$4800); transit passes/gas cards @ \$60/mo. for 9 months for each 10 host home YYA (\$5400); mileage for GSA car during outreach (\$0.58/mile @ 200 mi/mo.)	\$11,592
<b>16. Utility Deposits</b>	utility assistance @ \$100/mo. on 30 occasions for #30 different YYA; Host Home stipend to offset monthly increased utility cost for hosting YYA (\$100/mo. x9 mos. x #10 HH)	\$12,000
<b>17. Operating Costs</b>	office supplies at \$45/mo. for 12 mos.	\$540
<b>Total Annual Assistance Requested</b>		\$177,265
<b>Grant Term</b>		2 Years
<b>Total Request for Grant Term</b>		\$354,530

**Click the 'Save' button to automatically calculate totals.**

## 6H. HMIS Budget

**Instructions:**

Enter the quantity and total budget request for each HMIS cost. The request entered should be equivalent to the cost of one year of the relevant HMIS activity. The system populates a list of eligible costs associated with the implementation of an HMIS and for which CoC funds can be requested.

**Quantity Detail:** This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity in detail (eg. .75 FTE hours and benefits for staff, utility types, monthly allowance for food and supplies) for each HMIS 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 funds requested for each activity.

**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. Equipment		\$0
2. Software	HMIS licenses (2 @ \$600)	\$1,200
3. Services	HMIS user set up (one time fee)	\$180
4. Personnel		\$0
5. Space & Operations		\$0
<b>Total Annual Assistance Requested:</b>		<b>\$1,380</b>
<b>Grant Term:</b>		<b>2 Years</b>
<b>Total Request for Grant Term:</b>		<b>\$2,760</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 the project. To add a Matching source to the list, select the icon. To view or update a Matching source already listed, select the icon.

### Summary for Match

Total Value of Cash Commitments:	\$0
Total Value of In-Kind Commitments:	\$102,846
Total Value of All Commitments:	\$102,846

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

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

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	In-Kind	Government	Browning Public S...	06/16/2020	\$102,846

## Sources of Match Detail

1. Will this commitment be used towards match ? Yes

2. Type of commitment: In-Kind

3. Type of source: Government

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

5. Date of Written Commitment: 06/16/2020

6. Value of Written Commitment: \$102,846

**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)
1a. Acquisition			
1b. Rehabilitation			
1c. New Construction			
2a. Leased Units	\$0	2 Years	\$0
2b. Leased Structures	\$0	2 Years	\$0
3. Rental Assistance	\$0	2 Years	\$0
4. Supportive Services	\$177,265	2 Years	\$354,530
5. Operating	\$0	2 Years	\$0
6. HMIS	\$1,380	2 Years	\$2,760
7. Sub-total Costs Requested			\$357,290
8. Admin (Up to 10%)			
9. Total Assistance Plus Admin Requested			\$357,290
10. Cash Match			\$0
11. In-Kind Match			\$102,846
12. Total Match			\$102,846
13. Total Budget			\$460,136

**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		
3) Other Attachment(s)	No		

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:**

## **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:

## 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:** Corrina Guardipee-Hall

**Date:** 06/16/2020

**Title:** Superintendent

**Applicant Organization:** County of Glacier School District 9

**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.**

Page	Last Updated
<b>1A. SF-424 Application Type</b>	No Input Required
<b>1B. SF-424 Legal Applicant</b>	No Input Required
<b>1C. SF-424 Application Details</b>	No Input Required
<b>1D. SF-424 Congressional District(s)</b>	06/15/2020
<b>1E. SF-424 Compliance</b>	06/15/2020
<b>1F. SF-424 Declaration</b>	06/15/2020
<b>1G. HUD 2880</b>	06/15/2020
<b>1H. HUD 50070</b>	06/15/2020
<b>1I. Cert. Lobbying</b>	06/15/2020
<b>1J. SF-LLL</b>	06/15/2020
<b>2A. Subrecipients</b>	No Input Required
<b>2B. Experience</b>	06/15/2020
<b>3A. Project Detail</b>	06/15/2020
<b>3B. Description</b>	06/15/2020
<b>Youth Homeless Demonstration Projects</b>	06/16/2020
<b>4A. Services</b>	06/15/2020
<b>4A. HMIS Standards</b>	No Input Required
<b>4B. HMIS Training</b>	No Input Required
<b>4B. Housing Type</b>	06/15/2020
<b>5A. Households</b>	No Input Required
<b>5B. Subpopulations</b>	No Input Required
<b>6A. Funding Request</b>	06/15/2020
<b>6F. Supp Srvcs Budget</b>	06/16/2020
<b>6H. HMIS Budget</b>	06/16/2020
<b>6I. Match</b>	06/16/2020
<b>6J. Summary Budget</b>	No Input Required
<b>7A. Attachment(s)</b>	No Input Required

**7A. In-Kind MOU Attachment**

No Input Required

**7D. Certification**

Please Complete