

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) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2017 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 onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2017 Project Application will be imported into the FY 2018 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2018 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission: Application

2. Type of Application: Renewal Project Application

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

If "Other", specify:

3. Date Received: 07/27/2018

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: TN0036

This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number

X

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Helen Ross McNabb Center

b. Employer/Taxpayer Identification Number (EIN/TIN): 62-0548914

	c. Organizational DUNS:	071535470	PLUS 4	
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d. Address

Street 1: 201 West Springdale Ave

Street 2:

City: Knoxville

County: Knox

State: Tennessee

Country: United States

Zip / Postal Code: 37917

e. Organizational Unit (optional)

Department Name: Adult Services

Division Name: Housing

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

Prefix: Mrs.

First Name: Leann

Middle Name:

Last Name: Human-Hilliard

Suffix: LCSW

Title: Regional Vice President

Organizational Affiliation: Helen Ross McNabb Center

Telephone Number: (865) 637-9711

Applicant: Helen Ross McNabb Center
Project: Helen Ross McNabb Supportive Housing

071535470
163826

Extension: 3215
Fax Number: (865) 637-1278
Email: leann.hilliard@mcnabb.org

1C. SF-424 Application Details

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

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

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: FR-6200-N-25

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (State(s) only): Tennessee
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: Helen Ross McNabb Supportive Housing

16. Congressional District(s):

a. Applicant: TN-002
(for multiple selections hold CTRL key)

b. Project: TN-002
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 05/01/2019

b. End Date: 04/30/2020

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: Mr.

First Name: Michael

Middle Name: David

Last Name: Waltke

Suffix: MSW

Title: Senior Director - Adult Services

Telephone Number: (865) 637-9711
(Format: 123-456-7890)

Fax Number: (865) 637-1278
(Format: 123-456-7890)

Email: michael.waltke@mcnabb.org

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

Date Signed: 07/27/2018

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - Form 2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2510-0011 (exp.11/30/2018)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: Helen Ross McNabb Center

Prefix: Mr.

First Name: Michael

Middle Name: David

Last Name: Waltke

Suffix: MSW

Title: Senior Director - Adult Services

Organizational Affiliation: Helen Ross McNabb Center

Telephone Number: (865) 637-9711

Extension: 3247

Email: michael.waltke@mcnabb.org

City: Knoxville

County: Knox

State: Tennessee

Country: United States

Zip/Postal Code: 37917

2. Employer ID Number (EIN): 62-0548914

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$372,670.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: Helen Ross McNabb Supportive Housing 201 West Springdale Ave Knoxville Tennessee

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
Helen Ross McNabb Center	cash	\$43,168.00	match
United Way of Greater Knoxville	cash	25000.0	match
Family Justice Center	in-kind	\$5,000.00	match
Community Action Committee	in-kind	\$15,000.00	match
Compassion Coalition	in-kind	\$5,000.00	match

Part III Interested Parties

You must disclose:

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

Alphabetical list of all persons with a	Social Security No.	Type of	Financial Interest	Financial Interest
Renewal Project Application FY2018		Page 10		09/10/2018

Applicant: Helen Ross McNabb Center
Project: Helen Ross McNabb Supportive Housing

071535470

163826

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

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 this information is true and complete.

I AGREE: ☒

Name / Title of Authorized Official: Michael Waltke, Senior Director - Adult Services

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

Date Signed: 07/23/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Helen Ross McNabb Center

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;	

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

X

accurate. ☐

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

Authorized Representative

Prefix: Mr.

First Name: Michael

Middle Name David

Last Name: Waltke

Suffix: MSW

Title: Senior Director - Adult Services

Telephone Number: (865) 637-9711
(Format: 123-456-7890)

Fax Number: (865) 637-1278
(Format: 123-456-7890)

Email: michael.waltke@mcnabb.org

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

Date Signed: 07/27/2018

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

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

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

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

X

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

Applicant's Organization: Helen Ross McNabb Center

Name / Title of Authorized Official: Michael Waltke, Senior Director - Adult Services

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

Date Signed: 07/27/2018

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: Helen Ross McNabb Center

Street 1: 201 West Springdale Ave

Street 2:

City: Knoxville

County: Knox

State: Tennessee

Country: United States

Zip / Postal Code: 37917

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

I certify that this information is true and complete.

X

Authorized Representative

Prefix: Mr.

First Name: Michael

Middle Name: David

Last Name: Waltke

Suffix: MSW

Title: Senior Director - Adult Services

Telephone Number: (865) 637-9711
(Format: 123-456-7890)

Fax Number: (865) 637-1278
(Format: 123-456-7890)

Email: michael.waltke@mcnabb.org

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

Date Signed: 07/27/2018

Information About Submission without Changes

After Part 1 is completed; including this screen, Recipient Performance screen, and Renewal Grant Consolidation screen, then Parts 2-6, are available for review as "Read-Only;" except for 3A, 7A and 7B which are mandatory for all projects to update. After project applicants finish reviewing all screens, they will be guided to a "Submissions without Changes" Screen. At this screen, if applicants decide no edits or updates are required to any screens other than the mandatory questions, they can submit without changes. However, if changes to the application are required, e-snaps allows applicants to open individual screens for editing, rather than the entire application. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Importantly, once an applicant makes those selections and clicks "Save" the applicant cannot uncheck those boxes.

If the project is a first-time renewal or selects "Fully Consolidated" on the Renewal Grants Consolidation screen, the "Submit Without Changes" function is not available, and applicants must input data into the application for all required fields relevant to the component type.

Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request? Yes
2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request? No
3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request? Yes
4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request? No



Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2018 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2019, as confirmed on the FY 2018 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2018 CoC Program Competition? No
If "No" click on "Next" or "Save & Next" below to move to the next screen.

2A. Project Subrecipients

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

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

Total Expected Sub-Awards: \$0

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

3A. Project Detail

**1. Project Identification Number (PIN) of
expiring grant:** TN0036

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

2a. CoC Number and Name: TN-502 - Knoxville/Knox County CoC

2b. CoC Collaborative Applicant Name: City of Knoxville, Tennessee

3. Project Name: Helen Ross McNabb Supportive Housing

4. Project Status: Standard

5. Component Type: PH

5a. Does the PH project provide PSH or RRH? PSH

**6. Does this project use one or more
properties that have been conveyed through
the Title V process?** No

**7. Will this renewal project be part of a new
application for a Renewal Expansion Grant?** No

3B. Project Description

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

Helen Ross McNabb Center (HRMC) requests renewal dollars to fund permanent supportive housing (PSH) programming at New Hope (NH) and PleasanTree (PT) apartments. PSH services are provided to individuals with a primary mental health diagnosis who meet the HUD definition of homeless upon admission and have an income that is 50% of the area median income (AMI). Individuals experiencing chronic homelessness are prioritized. NH offers 8 units to single men; PT offers 24 units to households with or without children (single parent families with children are prioritized). On average, 12 households with 1 adult and 20 households with 1 adult and 1 child are served in the 32 units. Funding supports case management, supportive services, operations and project administration.

Residents of the PSH program may also experience addiction, physical ailments or co-occurring conditions. Often, the residents have experienced trauma, physical and sexual abuse, and generational or long-term poverty, homelessness and unemployment. Participants enter the programs primarily after living in local emergency shelters, but also from the street, transitional housing (with prior homelessness), or after fleeing domestic violence.

In addition to permanent housing, supportive services are available on-site and through community partners to provide a safety net and an environment that supports recovery and stability in housing, health and household economic conditions. Tenants' needs are assessed at regular intervals and as needed. Tenants complete formal 7 Life Domain assessments every six months in order to identify problems and set goals based on their strengths, needs, abilities, and preferences. Informal assessments are conducted during weekly case management meetings. On-site resident managers are available at both locations to assist clients with emergency needs including linkage to clinical staff members or crisis intervention.

HRMC offers the following supportive services: job assistance and training, housing search and counseling, life skills training, mental health and addiction treatment services, transportation and food. HRMC also provides SSI/SSDI technical assistance by SOAR-trained staff. Additionally, HRMC facilitates referrals to partners for help with utility deposits and moving costs, child care, legal services, and education services. Strong partnerships, including membership on the local Homeless Coalition, allows HRMC to refer tenants to a continuum of services that best meet their needs. Tenants are offered these services during the entire time they reside in HRMC's Supportive Housing program.

HRMC works with our local HMIS provider to collect and report outcome data.

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

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

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

Other:

3. Housing First

3a. Does the project quickly move participants into permanent housing Yes

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

Having too little or little income	<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"/>

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

Failure to participate in supportive services	<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"/>

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

3C. Dedicated Plus

Dedicated and DedicatedPLUS

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

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

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

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

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

4A. Supportive Services for Participants

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

Supportive Services	Provider	Frequency
Assessment of Service Needs	Applicant	Weekly
Assistance with Moving Costs	Partner	As needed
Case Management	Applicant	Weekly
Child Care	Partner	As needed
Education Services	Partner	As needed
Employment Assistance and Job Training	Applicant	As needed
Food	Applicant	As needed
Housing Search and Counseling Services	Applicant	As needed
Legal Services	Partner	As needed
Life Skills Training	Applicant	As needed
Mental Health Services	Applicant	Bi-monthly
Outpatient Health Services	Non-Partner	As needed
Outreach Services	Applicant	As needed
Substance Abuse Treatment Services	Applicant	As needed
Transportation	Applicant	As needed
Utility Deposits	Partner	As needed

2. Please identify whether the project includes the following activities:



2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

2b. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

3. Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Yes

3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Yes

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: 32

Total Beds: 56

Total Dedicated CH Beds: 5

Housing Type	Housing Type (JOINT)	Units	Beds
Shared housing	---	8	8
Clustered apartments	---	24	48

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: 8

b. Beds: 8

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

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

4. Address:

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

Street 1: 204 E 4th Avenue

Street 2:

City: Knoxville

State: Tennessee

ZIP Code: 37917

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

479093 Knox County

4B. Housing Type and Location Detail

1. Housing Type: Clustered apartments

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

a. Units: 24

b. Beds: 48

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

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

4. Address:

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

Street 1: 1905/1909 Dawn Street

Street 2:

City: Knoxville

State: Tennessee

ZIP Code: 37921

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

479093 Knox County

5A. Project Participants - Households

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	20	12	0	32
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	20	11		31
Adults ages 18-24	0	1		1
Accompanied Children under age 18	20		0	20
Unaccompanied Children under age 18			0	0
Total Persons	40	12	0	52

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

Persons in Households with at Least One Adult and One Child

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represen ted by listed subpopu lations
Adults over age 24	15			16	0	20	10	2		
Adults ages 18-24										
Children under age 18	15					1	0	0	1	3
Total Persons	30	0	0	16	0	21	10	2	1	3

Click Save to automatically calculate totals

Persons in Households without Children

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represen ted by listed subpopu lations
Adults over age 24	11		0	11	0	11	2	1	0	0
Adults ages 18-24	1	0	0	0	0	1	0	0	0	0
Total Persons	12	0	0	11	0	12	2	1	0	0

Click Save to automatically calculate totals

Persons in Households with Only Children

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represen ted by listed subpopu lations
Accompanied Children under age 18										
Unaccompanied Children under age 18										
Total Persons	0			0	0	0	0	0	0	0

Describe the unlisted subpopulations referred to above:

Children under age 18 who do not have a physical, mental or behavioral condition/disability.

5C. Outreach for Participants

1. Enter the percentage of project participants that will be coming from each of the following locations.

20%	Directly from the street or other locations not meant for human habitation.
64%	Directly from emergency shelters.
12%	Directly from safe havens.
4%	Persons fleeing domestic violence.
0%	Directly from transitional housing.
	Directly from the TH Portion of a Joint TH and PH-RRH Component project.
	Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program.
100%	Total of above percentages

6A. Funding Request

1. Do any of the properties in this project have an active restrictive covenant? Yes

2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? Yes

3. Does this project propose to allocate funds according to an indirect cost rate? Yes

Indirect cost rate proposals should be submitted as soon as the applicant is notified of a conditional award. Conditional award recipients will be asked to submit the proposal rate during the e-snaps post-award process.

Applicants with an approved indirect cost rate must submit a copy of the approval with this application.

a. Please complete the indirect cost rate schedule below:

Administering Department/Agency	Indirect Cost Rate	Direct Cost Base
Department of Health and Human Services	25%	Salaries

b. Has this rate been approved by your cognizant agency? Yes

c. Do you plan to use the 10% de minimis rate? Yes

4. Renewal Grant Term: 1 Year

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

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

HMIS ☐

6D. Sources of Match

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

Summary for Match

Total Value of Cash Commitments:	\$68,168
Total Value of In-Kind Commitments:	\$25,000
Total Value of All Commitments:	\$93,168

1. Does this project generate program income Yes
as described in 24 CFR 578.97 that will be
used as Match for this grant?

1a. Briefly describe the source of the program income:

These sites both generate rental income.

1b. Estimate the amount of program income \$56,474
that will be used as Match for this project:

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

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Private	Helen Ross McNabb...	07/27/2018	\$43,168
Yes	Cash	Private	Unite Way of Grea...	03/22/2018	\$25,000
Yes	In-Kind	Private	Family Justice Ce...	07/23/2018	\$5,000
Yes	In-Kind	Private	Community Action ...	07/25/2018	\$15,000
Yes	In-Kind	Private	Compassion Coalition	07/23/2018	\$5,000

Sources of Match Detail

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: Cash
3. Type of Source: Private
4. Name the Source of the Commitment: Helen Ross McNabb Center
(Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 07/27/2018
6. Value of Written Commitment: \$43,168

Sources of Match Detail

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: Cash
3. Type of Source: Private
4. Name the Source of the Commitment: Unite Way of Greater Knoxville
(Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 03/22/2018
6. Value of Written Commitment: \$25,000

Sources of Match Detail

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: In-Kind
3. Type of Source: Private
4. Name the Source of the Commitment: Family Justice Center
(Be as specific as possible and include the

office or grant program as applicable)

5. Date of Written Commitment: 07/23/2018

6. Value of Written Commitment: \$5,000

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

Sources of Match Detail

1. Will this commitment be used towards Match? Yes

2. Type of Commitment: In-Kind

3. Type of Source: Private

4. Name the Source of the Commitment: Community Action Committee
(Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 07/25/2018

6. Value of Written Commitment: \$15,000

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

Sources of Match Detail

1. Will this commitment be used towards Match? Yes

2. Type of Commitment: In-Kind

3. Type of Source: Private

4. Name the Source of the Commitment: Compassion Coalition
(Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 07/23/2018

6. Value of Written Commitment: \$5,000

Before grant execution, services to be provided by a third party must be

documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.

6E. Summary Budget

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	\$0
1b. Leased Structures	\$0
2. Rental Assistance	\$0
3. Supportive Services	\$73,969
4. Operating	\$264,822
5. HMIS	\$0
6. Sub-total Costs Requested	\$338,791
7. Admin (Up to 10%)	\$33,879
8. Total Assistance plus Admin Requested	\$372,670
9. Cash Match	\$68,168
10. In-Kind Match	\$25,000
11. Total Match	\$93,168
12. Total Budget	\$465,838

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	Non-Profit Status	08/24/2017
2) Other Attachmenbt	No		
3) Other Attachment	No		

Attachment Details

Document Description: Non-Profit Status

Attachment Details

Document Description:

Attachment Details

Document Description:

7A. In-Kind Match MOU Attachment

Document Type	Required?	Document Description	Date Attached
In-Kind Match MOU	No	MOU-Match Letters...	07/27/2018

Attachment Details

Document Description: MOU-Match Letters- 2018

7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

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

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

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

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

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

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

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

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

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance. It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 578.33(d) or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

15-Year Operation Rule – 24 CFR part 578 only.

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

1-Year Operation Rule.

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

C. Explanation.

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

Name of Authorized Certifying Official Michael Waltke

Date: 07/27/2018

Title: Senior Director - Adult Services

Applicant Organization: Helen Ross McNabb Center

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).

X

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

Part 2 - Subrecipient Information	
2A. Subrecipients	<input type="checkbox"/>
Part 3 - Project Information	
3A. Project Detail	<input checked="" type="checkbox"/>
3B. Description	<input checked="" type="checkbox"/>
3C. Dedicated Plus	<input checked="" type="checkbox"/>
Part 4 - Housing Services and HMIS	
4A. Services	<input checked="" type="checkbox"/>
4B. Housing Type	<input checked="" type="checkbox"/>
Part 5 - Participants and Outreach Information	
5A. Households	<input checked="" type="checkbox"/>
5B. Subpopulations	<input checked="" type="checkbox"/>
5C. Outreach	<input checked="" type="checkbox"/>
Part 6 - Budget Information	
6A. Funding Request	<input checked="" type="checkbox"/>
6D. Match	<input checked="" type="checkbox"/>

6E. Summary Budget	<input checked="checked" type="checkbox"/>
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	<input checked="checked" type="checkbox"/>
7A. In-Kind Match MOU Attachment	<input checked="checked" type="checkbox"/>
7B. Certification	<input checked="checked" type="checkbox"/>

The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

- 3.A- answered question 7
- 3.B.1- changed wording regarding prioritization of single "women" and changed to single "parents"
- 5.A & 5.B- updated numbers to match current tenant population
- 6.D- updated match information
- 6.A.3- added indirect cost rate and completed schedule
- 6.E- updated line item amounts within total grant amount

The applicant has selected "Make Changes". Once this screen is saved, the applicant will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	07/23/2018
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required

Renewal Project Application FY2018	Page 49	09/10/2018
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1D. SF-424 Congressional District(s)	07/26/2018
1E. SF-424 Compliance	07/23/2018
1F. SF-424 Declaration	07/23/2018
1G. HUD-2880	07/23/2018
1H. HUD-50070	07/23/2018
1I. Cert. Lobbying	07/23/2018
1J. SF-LLL	07/23/2018
Recipient Performance	07/23/2018
Renewal Grant Consolidation	07/23/2018
2A. Subrecipients	No Input Required
3A. Project Detail	07/23/2018
3B. Description	07/27/2018
3C. Dedicated Plus	07/23/2018
4A. Services	07/23/2018
4B. Housing Type	07/23/2018
5A. Households	07/27/2018
5B. Subpopulations	07/23/2018
5C. Outreach	07/23/2018
6A. Funding Request	07/26/2018
6D. Match	07/27/2018
6E. Summary Budget	No Input Required
7A. Attachment(s)	07/23/2018
7A. In-Kind Match MOU Attachment	07/27/2018
7B. Certification	07/23/2018
Submission Without Changes	07/27/2018

ATLANTA GA 39901-0001

In reply refer to: 0752857574
June 27, 2017 LTR 4168C 0
62-0548914 000000 00
00036859
BODC: TE

THE HELEN ROSS MCNABB CENTER
201 W SPRINGDALE AVE
KNOXVILLE TN 37917-5158



008014

Employer ID Number: 62-0548914
Form 990 required: Y

Dear THE HELEN ROSS MCNABB CENTER:

We issued you a determination letter in AUGUST 1953, recognizing you as tax-exempt under Internal Revenue Code (IRC) Section 501(c) (03).

Our records also indicate you're not a private foundation as defined under IRC Section 509(a) because you're described in IRC Sections 509(a)(1) and 170(b)(1)(A)(vi).

Donors can deduct contributions they make to you as provided in IRC Section 170. You're also qualified to receive tax deductible bequests, legacies, devises, transfers, or gifts under IRC Sections 2055, 2106, and 2522.

In the heading of this letter, we indicated whether you must file an annual information return. If a return is required, you must file Form 990, 990-EZ, 990-N, or 990-PF by the 15th day of the fifth month after the end of your annual accounting period. IRC Section 6033(j) provides that, if you don't file a required annual information return or notice for three consecutive years, your exempt status will be automatically revoked on the filing due date of the third required return or notice.

For tax forms, instructions, and publications, visit www.irs.gov or call 1-800-TAX-FORM (1-800-829-3676).

If you have questions, call 1-877-829-5500 between 8 a.m. and 5 p.m., local time, Monday through Friday (Alaska and Hawaii follow Pacific Time).



201 West Springdale Ave. ■ Knoxville, Tennessee 37917 ■ 865.637.9711 ■ 800.255.9711 ■ www.mcnabbcenter.org

July 27, 2018

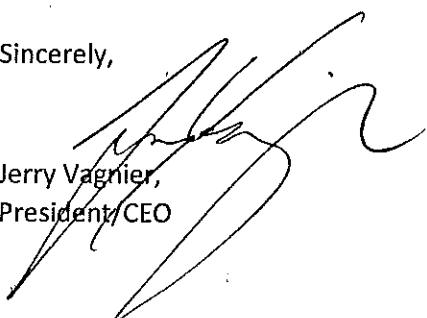
To Whom It May Concern,

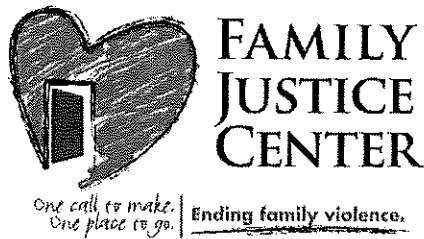
The Helen Ross McNabb Center is committed to leveraging available funds and resources for the Permanent Supportive Housing HUD grant application, which provides funding for permanent supportive housing for individuals with histories of homelessness and mental illness and their children.

Our agency commits to provide at least \$43,168 in agency funds to serve as match for this project.

Please feel free to contact me for further information at (865) 637-9711. We are glad to be a part of our community's efforts to serve the homeless.

Sincerely,


Jerry Vagnier,
President/CEO



July 23, 2018

Mr. Jerry Vagnier
President/CEO, the Helen Ross McNabb Center
201 West Springdale Ave
Knoxville, TN 37917

Dear Mr. Vagnier,

I am writing to express my support of the Helen Ross McNabb Center's HUD application to the U.S. Department of Housing and Urban Development (HUD). The Knoxville Family Justice Center is committed to collaborating with the Helen Ross McNabb Center's PleasanTree Apartments program, which provides permanent supportive housing for parents with histories of homelessness and mental illness and their children.

Every year, a good faith estimate is that our agency will provide at least \$5,000 of in-kind goods and services directly benefitting your agency and the PleasanTree Apartment program. These donations include office space, equipment, and technology to provide (at no cost to the individual) availability of access to the services of 62 partner agencies in a single location (Family Justice Center). Please contact me if I can provide additional information.

Sincerely,

Amy Dilworth, M.S., L.P.C., M.H.S.P.
Executive Director,
Knoxville Family Justice Center

AD/ss

administrative office 865.215.6800 • office fax 865.215.6888

400 Harriet Tubman Street • Knoxville, Tennessee 37915 • www.fjcknoxville.org

24/7 VIOLENCE HELPLINE

Memorandum of Understanding

This is to certify that the Knoxville/Knox County Community Action Committee's Homeward Bound department is committed to collaborating with the Helen Ross McNabb Center's Permanent Supportive Housing programs, which provide permanent supportive housing for individuals with histories of homelessness and mental illness and their children.,

The Knoxville/Knox County Community Action Committee's Homeward Bound Program assists homeless families and individuals and offers an array of supportive services including case management, housing placement, financial assistance, education classes, and advocacy in areas such as housing, employment, courts, health care, and accessing mainstream resources. During the May 1, 2019-April 30, 2020 grant year, a good faith estimate is that CAC will provide up to \$15,000 of in-kind goods and services directly benefitting the Helen Ross McNabb Center's Permanent Supportive Housing program participants that are shared with our agency.

CAC Homeward Bound strongly supports the proposed grant through the U.S. Department of Housing and Urban Development so that individuals who are experiencing homelessness and mental illness can continue to receive services through the Permanent Supportive Housing Program.

Signature: _____

Misty Goodwin

Date: _____

7/25/18

Misty Goodwin
Knoxville/Knox County Community Action Committee
Homeward Bound Director



July 23, 2018

Mr. Jerry Vagnier
President/CEO, the Helen Ross McNabb Center
201 West Springdale Ave
Knoxville, TN 37917

Dear Mr. Vagnier,

I am writing to express my support of the Helen Ross McNabb Center's Permanent Supportive Housing (New Hope and PleasanTree Apartments) application to the U.S. Department of Housing and Urban Development (HUD) for services to occur May 1, 2019-April 2020. The Compassion Coalition is committed to collaborating with the Helen Ross McNabb Center's Permanent Supportive Housing programs, which provide permanent supportive housing for parents with histories of homelessness and mental illness and their children.

Every year, a good faith estimate is that our agency will provide at least \$5,000 of in-kind goods and services directly benefitting your agency and the Permanent Supportive Housing programs. These services include furniture, household items and other concrete assistance, as well as volunteer support available to program residents. Please contact me if I can provide additional information.

Sincerely,

Grant Standefer
Executive Director

Sincerely,

Jerry Vagnier,
President/CEO

1301 Hannah Avenue
Knoxville, TN 37921
865-523-9131
865-522-7312 fax
www.uwgk.org



United Way
of Greater Knoxville

March 22, 2018

Mrs. Debbie Jones
4807 River Place
Knoxville, TN 37914

Dear Mrs. Jones:

On behalf of the United Way Board of Directors, Outcome Based Investment volunteers, and staff, we want to thank you for the important work Helen Ross McNabb Center does every day in our community.

The Outcome Based Investment Committee has reviewed your 2018-2021 Education Requests for Investment. As you know, this is a zero-based funding process, meaning each program starts at zero and historical funding is not considered during the process. Each application was reviewed based on program effectiveness, creativity, organizational capacity and contribution to community investment initiatives. Based on the volunteer investment committee recommendations, the United Way of Greater Knoxville Board of Directors has approved the investment(s) of

Funding for your 2018-2021 Education program(s) is:

Great Starts Children's Services	\$22,975
LIFE Afterschool Education Program	\$27,030
Sexual Assault Center of East Tennessee Education	\$18,890

Funding for your 2017-2020 Health & Basic Need program(s) is:

Connections	\$90,000
Continuum for Permanency Service	\$68,000
Family Crisis Center	\$70,000
Great Starts/New Beginnings for Families	\$28,195
Parent Place	\$27,000
Partners for Child Abuse Prevention	\$42,000
PleasantTree Apartments	\$25,000
PASAAC	\$75,000
ReDirections Adolescent Alcohol & Drug Service	\$5,103
Sexual Assault Center of East Tennessee Advocacy	\$37,000
Therapeutic Preschool	\$73,000
Therapy Center.	\$40,000

Transitional Living for Youth

\$20,000

Beginning in April, 2018 we expect grants to be paid quarterly based on projected collections of the 2017 Campaign.

As an added benefit of being our funded partner, you are eligible to receive donor designations. This is in addition to your grant(s).

As of March 1, 2018 your agency has pledged designations from the recent 2017 Campaign.

Helen Ross McNabb Center

\$206,542

Designations will also be paid out on a quarterly basis as United Way of Greater Knoxville receives them. Please note: It is advisable to factor down this amount by approximately 20% as designations collections fluctuate and historically take longer than a year to collect. Designations are also subject to our processing/fundraising fees not included above. Donor Choice Designation reports are available each quarter by logging into <https://www.unitedwayknox.org/crm/Start.jsp>. Please see the attached letter from the Accounting Department (Executive Director only).

Including grant(s) and designations total results from United Way of Greater Knoxville is:

\$875,735

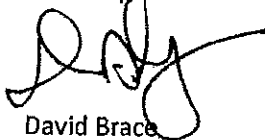
Funding each year is contingent upon the following:

- The success of the annual fundraising campaign.
- The satisfactory review of Biannual Reports submitted through the online data management system.
- Satisfactory site visits and report review by volunteers throughout the multi-year granting. The volunteers will convene biannually to discuss your program and continued funding under this grant. If the volunteers have recommendations, you will be contacted.

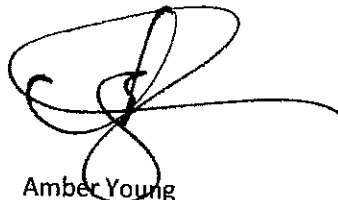
Funding could be withheld in consideration of less than anticipated results in the criteria noted above.

We express our appreciation to your Board of Directors, volunteers and staff for the valuable services they provide to our community. We are grateful for their dedication, hard work, and support of "advancing the common good" through United Way.

Sincerely,



David Brace
Chair, Board of Directors



Amber Young
Chair, Outcome Based Investment Committee

Cc: Mr. Jerry Vagnier