

## 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.gov at [https://www.hud.gov/program\\_offices/comm\\_planning/coc](https://www.hud.gov/program_offices/comm_planning/coc).
- Questions regarding the FY 2024 CoC Program Competition process must be submitted to [CoCNOFO@hud.gov](mailto:CoCNOFO@hud.gov).
- Questions related to e-snaps functionality (e.g., password lockout, access to user's application account, updating Applicant Profile) must be submitted to [e-snaps@hud.gov](mailto:e-snaps@hud.gov).
- Project applicants are required to have a Unique Entity Identifier (UEI) 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) 2024 Continuum of Care (CoC) Program Competition. For more information see FY 2024 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2024 CoC Program NOFO and the FY 2024 General Section NOFO.
- Detailed instructions and e-snaps navigation guides can be found on the hud.gov website [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition). The Detailed Instructions contain more comprehensive instructions and so should be used in tandem with the navigational guides.
- New projects may only be submitted as either Reallocated, Bonus Projects, Reallocated + Bonus, DV Bonus or DV Reallocation. 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. Please review the NOFO for eligibility standards.
- YHDP projects that are eligible for renewal under the CoC program may only use the YHDP Renewal or YHDP Replacement and Reallocation funding opportunities. Please review the NOFO for eligibility standards.
- 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 2024 CoC Program Competition NOFO.

## 1A. SF-424 Application Type

1. Type of Submission:

2. Type of Application: New Project Application

If Revision, select appropriate letter(s):

If "Other", specify:

3. Date Received: 10/14/2024

4. Applicant Identifier:

a. Federal Entity Identifier:

5. Federal Award Identifier:

6. Date Received by State:

7. State Application Identifier:

## 1B. SF-424 Legal Applicant

### 8. Applicant

- a. Legal Name:** City of Amarillo
- b. Employer/Taxpayer Identification Number (EIN/TIN):** 75-6000444
- c. Unique Entity Identifier:** NV4JC28TLJL6

### d. Address

**Street 1:** 808 S. Buchanan Street  
**Street 2:**  
**City:** Amarillo  
**County:** Potter  
**State:** Texas  
**Country:** United States  
**Zip / Postal Code:** 79101

### e. Organizational Unit (optional)

**Department Name:** Community Development  
**Division Name:** Community Services

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

**Prefix:** Mr.  
**First Name:** Jason  
**Middle Name:**  
**Last Name:** Riddlespurger  
**Suffix:**  
**Title:** Community Development Director  
**Organizational Affiliation:** City of Amarillo  
**Telephone Number:** (806) 378-3098  
**Extension:**

**Fax Number:** (806) 378-9389

**Email:** [jason.riddlespurger@amarillo.gov](mailto:jason.riddlespurger@amarillo.gov)

## 1C. SF-424 Application Details

**9. Type of Applicant:** C. City or Township 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-6800-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): Texas  
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: FY 2024 DV Bonus "Courage"

16. Congressional District(s):

16a. Applicant: TX-013

16b. Project: TX-013  
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 04/01/2025

b. End Date: 09/30/2026

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:** Grayson

**Middle Name:**

**Last Name:** Path

**Suffix:**

**Title:** City Manager

**Telephone Number:** (806) 378-3011  
(Format: 123-456-7890)

**Fax Number:** (806) 378-9394  
(Format: 123-456-7890)

**Email:** grayson.path@amarillo.gov

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

**Date Signed:** 10/14/2024



# 1G. HUD 2880

**Applicant/Recipient Disclosure/Update Report - form HUD-2880**  
**U.S. Department of Housing and Urban Development**  
**OMB Number: 2501-0017 Expiration Date: 01/31/2026**

## Applicant/Recipient Information

### 1. Applicant/Recipient Name, Address, and Phone

**Agency Legal Name:** City of Amarillo  
**Prefix:** Mr.  
**First Name:** Grayson  
**Middle Name:**  
**Last Name:** Path  
**Suffix:**  
**Title:** City Manager  
**Organizational Affiliation:** City of Amarillo  
**Telephone Number:** (806) 378-3011  
**Extension:**  
**Email:** grayson.path@amarillo.gov  
**City:** Amarillo  
**County:** Potter  
**State:** Texas  
**Country:** United States  
**Zip/Postal Code:** 79101

**2. Employer ID Number (EIN):** 75-6000444

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

**4. Amount of HUD Assistance Requested/Received: \$290,505.00**

(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
HUD - Home-ARP	Grant	\$2,560,840.00	Supportive Services
City of Amarillo	Local/General funds	\$168,224.00	Admin cost and supplies
HUD - CDBG	Grant/Entitlement	\$122,119.00	Public Services
TDHCA - ESG	Grant	\$161,743.00	Street Outreach and Rapid Rehousing
TDHCA - HSS	Grant	\$1,274,112.00	Case management, outreach, Housing Navigator

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

**Part III Interested Parties**

**Do you need to disclose interested parties for this grant according to the criteria below?** No

**Certification**

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional non-disclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

**I/We, the undersigned, certify under penalty of perjury that the information provided above is true, correct, and accurate. Warning: If you knowingly make a false statement on this form, you may be subject to criminal and/or civil 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.**

X
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**Name / Title of Authorized Official:** Grayson Path, City Manager

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

**Date Signed:** 10/14/2024

# 1H. HUD 50070

## HUD 50070 Certification for a Drug Free Workplace

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

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

**Authorized Representative**

**Prefix:** Mr.

**First Name:** Grayson

**Middle Name**

**Last Name:** Path

**Suffix:**

**Title:** City Manager

**Telephone Number:** (806) 378-3011  
**(Format: 123-456-7890)**

**Fax Number:** (806) 378-9394  
**(Format: 123-456-7890)**

**Email:** grayson.path@amarillo.gov

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

**Date Signed:** 10/14/2024

## **CERTIFICATION REGARDING LOBBYING**

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

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

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

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

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

### **Statement for Loan Guarantees and Loan Insurance**

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

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

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

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

**Applicant's Organization:** City of Amarillo

**Name / Title of Authorized Official:** Grayson Path, City Manager

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

**Date Signed:** 10/14/2024

# 1J. SF-LLL

**DISCLOSURE OF LOBBYING ACTIVITIES Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352 Approved by OMB: 4040-0013 (exp. 02/28/2025)**

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:** City of Amarillo  
**Street 1:** 808 S. Buchanan Street  
**Street 2:**  
**City:** Amarillo  
**County:** Potter  
**State:** Texas  
**Country:** United States  
**Zip / Postal Code:** 79101

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.



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**Authorized Representative**

**Prefix:** Mr.

**First Name:** Grayson

**Middle Name:**

**Last Name:** Path

**Suffix:**

**Title:** City Manager

**Telephone Number:** (806) 378-3011  
**(Format: 123-456-7890)**

**Fax Number:** (806) 378-9394  
**(Format: 123-456-7890)**

**Email:** grayson.path@amarillo.gov

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

**Date Signed:** 10/14/2024

# IK. SF-424B

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

**OMB Number: 4040-0007**  
**Expiration Date: 02/28/2025**

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

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

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

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

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

**Authorized Representative for:** City of Amarillo  
**Prefix:** Mr.  
**First Name:** Grayson

**Middle Name:**

**Last Name:** Path

**Suffix:**

**Title:** City Manager

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

**Date Signed:** 10/14/2024

## 1L. SF-424D

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

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

## 2A. Project Subrecipients

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

Total Expected Sub-Awards: \$0

Organization	Type	Sub-Award Amount
This list contains no items		

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

### 1. Describe your organization’s (and subrecipient(s) if applicable) experience in effectively utilizing Federal funds and performing the activities proposed in the application.

The City of Amarillo Community Development Department has a proven track record of effectively managing and utilizing Federal funds to advance community development initiatives and enhance the quality of life for our residents. With extensive experience in administering Federal grants, including those for housing, homelessness prevention, and community development, our department is well-equipped to handle the responsibilities associated with the DV Bonus Grant.. The City has received and distributed funds in recent years for projects such as repairing roof damages at the Maverick Boys and Girls Club, repairing/replacing the elevator for FSS, and enhancing the HVAC system at Another Chance House.

Our team has consistently demonstrated proficiency in the following areas:

1.Compliance and Accountability: We have a robust system in place to ensure full compliance with Federal regulations and guidelines. This includes rigorous financial management practices, regular audits, and thorough documentation processes. Our commitment to transparency and accountability has been recognized in previous grant evaluations, highlighting our dedication to proper fund utilization.

2.Program Implementation and Management: The Community Development Department has successfully implemented and managed numerous federally funded programs aimed at addressing housing instability, promoting economic development, and supporting vulnerable populations. Our experience encompasses everything from program design and execution to monitoring and evaluation. We are adept at coordinating with various stakeholders, including non-profit organizations, local service providers, and community members, to ensure effective service delivery.

3.Outcome Measurement and Reporting: We prioritize measuring the impact of our initiatives and use data-driven approaches to assess program effectiveness. Our department employs advanced tracking and reporting systems to monitor progress, measure outcomes, and identify areas for improvement. Regular progress reports and performance metrics are shared with funding agencies to demonstrate the tangible benefits of our programs.

4.Capacity Building and Collaboration: Our department has a history of building capacity within the community through training, technical assistance, and collaborative partnerships. We work closely with local agencies and organizations to enhance their ability to deliver services and leverage additional resources. This collaborative approach maximizes the impact of Federal funds and fosters a comprehensive support network for our target populations.

Through our extensive experience and established practices, the City of Amarillo Community Development Department is well-positioned to effectively utilize the DV Bonus Grant. We are committed to achieving the grant’s objectives and advancing our mission to support survivors of domestic violence and promote community resilience.

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

The City of Amarillo Community Development Department has a distinguished record of leveraging a diverse array of funding sources to maximize the impact of our community development efforts. Our experience spans Federal, State, local, and private sector funds. The City of Amarillo dedicates local general funds annually to Community Development for homeless service provision, and local agencies such as United Way award funding to Community Development to address homelessness and housing instability. Community Development partners with area service agencies, leveraging Federal and State housing dollars in exchange for a variety of supportive services and case management for client households. Community Development also leverages local funding and donations as match dollars for Federal and State funds. Community Development's experience with Federal, State, and local funds along with our capacity to engage community partners to provide needed services to client households demonstrates our ability to strategically coordinate and utilize these resources to address the needs of our community effectively.

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

We utilize IDIS and TDHCA to tracks funds. The accounting system will be the City of Amarillo's accounting system- which is rigorous, and transparent in that it is a municipal entity.

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



### 3A. Project Detail

1. CoC Number and Name: TX-611 - Amarillo CoC

2. CoC Collaborative Applicant Name: City of Amarillo

3. Project Name: FY 2024 DV Bonus "Courage"

4. Project Status: Standard

5. Component Type: PH

5a. Select the type of PH project: RRH

6. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3? No

7. Is this new project application requesting to transition from eligible renewal project(s) that was awarded to the same recipient and fully eliminated through reallocation in this CoC Program Competition? (Attachment Requirement) No

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

10. Is this project applying for Rural costs on screen 6A? No

## 3B. Project Description

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

The DV Bonus Project enhances the partnership between the City of Amarillo and Family Support Services (FSS). The City of Amarillo will administer the Rapid Re-housing initiative, while Family Support will refer households to this project and provide ongoing support for domestic violence survivors. With 50 plus years of experience as a DV service provider in Amarillo, FSS provides trauma-informed care and services that are victim-centered, ensuring the safety of survivors as they pursue stability and empowerment. The demand for subsidized housing is greater than our CoC's housing program availability. CoC funds are necessary to quickly ensure rapid housing for victims of domestic violence. The project will house 33 households over the course of the grant term.

**1. Components:**

**Housing:** Provide safe housing for survivors, including secure accommodations, assistance making units safe, access to services, and support for finding permanent housing.

**Support Services, including:**

**Case Management:** Personalized support to address individual and family needs, including safety planning, resource coordination, and goal setting.

**Counseling:** Access to trauma-informed counseling and mental health services to help survivors cope with emotional impacts.

**Financial Assistance:** Support for basic needs, including funds for housing, necessities and emergency transfer costs.

**Community Collaboration:** For services not provided by Family Support Services, help connecting survivors to those services with community partnerships, MOUs, and service agreements.

**Education:** Develop community education programs and awareness campaigns to address causes of domestic violence, promote healthy relationships, and encourage help-seeking.

**Housing First:** Provide housing-first solutions and navigation assistance.

**2. Implementation Plan:**

**Needs Assessment:** Conduct a needs assessment to identify gaps in current services and determine the specific needs of domestic violence survivors.

**Program Development:** Design and develop tailored programs based on the needs assessment, ensuring accessibility, trauma-informed care, and effectiveness.

**Housing:** Provide rapid, victim centered PSH and assist with emergency transfers to a client identified safe unit

**Staffing and Training:** Train staff members, including case managers, program administrators, counselors, and advocates, to deliver trauma informed, client centered, high-quality services.

**Monitoring and Evaluation:** Implement a system to track performance, measure outcomes, and make data-driven adjustments within VAWA confidentiality restrictions.

**3. Expected Outcomes:**

**Increased Access to Housing:** More survivors will find safe and stable housing.

**Enhanced Support Services:** Improved well-being and self-sufficiency through holistic support.

**Coordinated Community Response:** Stronger collaboration among stakeholders

for an effective response to domestic violence.

Greater Community Awareness: Increased awareness and education efforts, contributing to a safer community.

The DV Bonus Project is a crucial investment in the safety and empowerment of domestic violence survivors, aiming to create a supportive, housing-first system that addresses their immediate and long-term needs.

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

Project Milestones	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement
	A	B	C	D
Begin hiring staff or expending funds				
Begin program participant enrollment	60			
Program participants occupy leased or rental assistance units or structure(s), or supportive services begin		90		
Leased or rental assistance units or structure, and supportive services near 100% capacity				240
Closing on purchase of land, structure(s), or execution of structure lease				
Start rehabilitation				
Complete rehabilitation				
Start new construction				
Complete new construction				

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

(Select ALL that apply)

N/A - Project Serves All Subpopulations	<input type="checkbox"/>	Survivors	<input checked="" type="checkbox"/>
Veterans	<input type="checkbox"/>	Substance Use Disorders	<input type="checkbox"/>
Youth (under 25)	<input type="checkbox"/>	Mental Illness	<input type="checkbox"/>
Families	<input type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>
		Chronic Homeless	<input type="checkbox"/>
		Other (Click 'Save' to update)	<input type="checkbox"/>

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

5. Housing First

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

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

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

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

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

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

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

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

### 3C. Project Expansion Information

1. Is this a "Project Expansion" of an eligible No  
renewal project?

## 4A. Supportive Services for Participants

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

Note: If applying for DV Bonus or DV Reallocation, you must describe how the project will include trauma-informed, victim-centered approaches in their strategies to assist participants to obtain or remain in permanent housing.



The City of Amarillo Community Development Department (City), in partnership with Family Support Services (FSS), will offer comprehensive support to survivors of domestic violence, dating violence, sexual assault, and stalking. This collaborative approach ensures participants secure and maintain permanent housing beyond the 12-month assistance period. Every month, the City and FSS will hold case management meetings with clients to assess their housing goals. FSS will follow up quarterly for the first year after the client completes the program and then biannually for two additional years, focusing on housing stability and safety.

To identify suitable housing, the team will:

**Conduct Individual Assessments:** FSS case managers will assess participants' unique circumstances, preferences, and safety needs using the Vulnerability Assessment Tool (VAT) to prioritize options based on family size, budget, and location.

**Utilize Housing Navigators:** The City will employ housing navigators to connect participants with local landlords, ensuring a range of safe and affordable options.

**Safety Planning:** FSS will create personalized safety plans for survivors, addressing safe neighborhoods and potential threats, and will share this information with the City.

To promote successful landlord-tenant relationships, the project will:

**Build Partnerships with Landlords:** The City will engage landlords to create a supportive network. FSS will offer training on trauma-informed practices and resources for understanding survivors' legal rights.

**Provide Resources and Support:** The City will offer educational materials and facilitate discussions on trauma-informed practices, equipping landlords to support participants effectively. The City will also direct landlords to contact the proper case management staff should concerns or issues arise.

**Address Concerns and Issues:** The City will mediate disputes between participants and landlords to resolve issues quickly, ensuring support for both parties.

The City and FSS will collaborate with participants to set achievable goals for retaining permanent housing at each monthly check-in, including:

**Personalized Goal-Setting:** Participants will work with FSS case managers to develop housing retention plans with short- and long-term goals related to employment and budgeting.

**Continued Support Services:** After the initial assistance period, FSS will provide ongoing support, including case management, mental health services, and job placement assistance.

This project will follow trauma-informed and victim-centered practices:

**Training Staff on Trauma-Informed Care:** All staff will receive quarterly training

from FSS on trauma's effects to sensitively respond to participants' needs. FSS staff are bachelor's and master's level advocates who are highly trained in trauma, neurobiology, the impact of violence in a family, and victim-centered services.

Victim-Centered Approach: FSS case managers will use motivational interviewing and cognitive behavioral techniques to help survivors identify vulnerabilities and strengths, empowering them to achieve a life free from abuse.

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

The City of Amarillo Community Development Department (City) and Family Support Services (FSS) have partnered to support survivors of domestic violence, ensuring they access essential resources for long-term stability. This project includes coordinated efforts with health, social services, and employment programs to facilitate pathways to income. The City will provide housing support, while FSS will handle client management, leveraging their extensive experience in domestic violence services.

**Employment Support:**

**Employment Programs:** FSS will collaborate with local agencies like the Texas Workforce Commission and Goodwill to connect participants with job training and employment opportunities.

**Job Readiness Training:** Participants will receive skills training, resume writing assistance, and interview preparation through community partners.

**Job Placement Services:** FSS case managers will work with local businesses to identify job openings matching participants' skills.

**Educational Opportunities:** The City and FSS will provide information on educational programs through local community colleges and vocational schools, focusing on specific assistance for survivors.

**Public Benefits Assistance:**

**Social Security Benefits:** FSS and partners will help participants apply for SSI or SSDI, guiding them through eligibility and application processes.

**Food Assistance:** FSS will assist with SNAP applications and provide access to the FSS food pantry, local food banks, and meal programs, emphasizing nutrition's role in healing.

**Veterans Benefits:** FSS will coordinate with local Veteran Affairs offices to help eligible participants access healthcare and housing assistance.

**Childcare Support:** FSS will connect participants with childcare resources and provide funding if they don't qualify for state programs.

**TANF Assistance:** FSS case managers will help families apply for Temporary Assistance for Needy Families (TANF).

**Early Childhood Education:** FSS will facilitate enrollment in local early childhood education programs and refer at-risk children to the Healthy Outcomes through Prevention and Early Support (HOPES) program.

**Healthcare Support:**

**Healthcare Enrollment:** FSS will assist in enrolling participants in Medicaid or Medicare and ensure they understand eligibility criteria.

**Community Health Clinics:** FSS will connect participants to Federally Qualified Health Centers for affordable healthcare, including mental health and substance abuse treatment.

**Health Education:** FSS and partners such as Regents Health Network and Texas A&M Agrilife Extension will offer workshops on preventive care, nutrition, and managing chronic illnesses.

**Collaboration with Partners:** The project will engage various community partners:

**Local Nonprofits:** Organizations like Legal Aid and Cenikor will provide tailored legal assistance and drug counseling for domestic violence survivors in addition to general counseling provided by FSS.

Government Agencies: FSS and the City will coordinate with local and state agencies to streamline access to public benefits, ensuring comprehensive support.

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

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

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

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

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

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

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

## 4B. Housing Type and Location

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

Total Units: 18

Total Beds: 46

Housing Type	Housing Type (JOINT)	Units	Beds	Dedicated CH Beds
Scattered-site apartments (...)	---	18	46	0

## 4B. Housing Type and Location Detail

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

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

a. **Units:** 18

b. **Beds:** 46

3. **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 survivors, including victims of domestic violence, dating violence, sexual assault, stalking, and human trafficking, may use a PO Box, organizational address, or other anonymous address as necessary to ensure the safety of participants.

**Street 1:** 2209 SW 7th Ave

**Street 2:**

**City:** Amarillo

**State:** Texas

**ZIP Code:** 79106

**\*4. 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)**

480132 Amarillo

## 5A. Project Participants - Households

**Note: These fields should reflect full capacity on one night. For additional guidance, please refer to the Detailed Instructions.**

**Households Table**

	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Number of Households	12	6	0	18

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
Persons over age 24	8	3		11
Persons ages 18-24	4	3		7
Accompanied Children under age 18	28		0	28
Unaccompanied Children under age 18			0	0
<b>Total Persons</b>	<b>40</b>	<b>6</b>	<b>0</b>	<b>46</b>

**Click Save to automatically calculate totals**



## 5B. Project Participants - Subpopulations

**Note: These fields should reflect full capacity on one night. For additional guidance, please refer to the Detailed Instructions.**

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

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Substance Use Disorders	HIV/AIDS	Mental Illness	Survivors	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24	0	0	0	0	0	0	8	0	0	0
Persons ages 18-24	0	0	0	0	0	0	4	0	0	0
Children under age 18	0			0	0	0	28	0	0	0
<b>Total Persons</b>	0	0	0	0	0	0	40	0	0	0

**Click Save to automatically calculate totals**

### Persons in Households without Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Substance Use Disorders	HIV/AIDS	Mental Illness	Survivors	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24	0	0	0	0	0	0	3	0	0	0
Persons ages 18-24	0	0	0	0	0	0	3	0	0	0
<b>Total Persons</b>	0	0	0	0	0	0	6	0	0	0

**Click Save to automatically calculate totals**

### Persons in Households with Only Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Substance Use Disorders	HIV/AIDS	Mental Illness	Survivors	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Accompanied Children under age 18										
Unaccompanied Children under age 18										
<b>Total Persons</b>	0			0	0	0	0	0	0	0

**Data on this screen should be based on Maximum Occupancy at a single point in time. It should not be based on the estimated amount of participants that will be served throughout the grant term.**

## 6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 15, 2026? Yes
2. What type of CoC funding is this project applying for in this CoC Program Competition? DV Bonus
- 2a. Will the project serve exclusively households who are eligible to be served with DV Bonus funding (survivors of domestic violence, dating violence, sexual assault, and/or stalking)? Yes – will exclusively serve DV Bonus eligible population  
(Projects that are focused on other populations, including survivors of human trafficking, should select "No" unless the project will be limited specifically to survivors of domestic violence, dating violence, sexual assault, and/or stalking.)
3. Does this project propose to allocate funds according to an indirect cost rate? No
4. Select a grant term: 1 Year

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

Rental Assistance	<input checked="" type="checkbox"/>
Supportive Services	<input type="checkbox"/>
HMIS	<input type="checkbox"/>
VAWA	<input checked="" type="checkbox"/>
Rural	<input type="checkbox"/>

The VAWA BLI is permanently checked. This allows any project to shift funds up to a 10% shift from another BLI if VAWA emergency transfer costs are needed.

6. If conditionally awarded, is this project requesting an initial grant term greater than 12 months? Yes  
(13 to 18 months)

**6a. Select the number of additional months requested for the initial grant term:** 18 months

## 6E. Rental Assistance Budget

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

Total Annual Assistance Request:	\$250,656
Grant Term:	1 Year
Total Request for Grant Term:	\$250,656
Total Units:	18

The number of beds for which funding has been requested in the Rental Assistance budget is 46.

Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	TX - Amarillo, TX HUD Metro FMR Area ...	18	\$250,656

## Rental Assistance Budget Detail

**Instructions:**

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

Metropolitan or non-metropolitan fair market rent area: This is a required field. Select the FY 2023 FMR area in which the project is located. The list is sorted by state abbreviation. The selected FMR area will be used to populate the rents in the chart below.

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

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

FMR: These fields are populated with the FY 2023 FMR amounts based on the FMR area selected by the applicant. The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>.

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

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

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

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

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

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

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

**Type of Rental Assistance: TRA**

**Metropolitan or non-metropolitan fair market rent area: TX - Amarillo, TX HUD Metro FMR Area (4801199999)**

Size of Units	# of Units (Applicant)		FMR Area (Applicant)		12 Months		Total Request (Applicant)
SRO		x	\$503	x	12	=	\$0
0 Bedroom		x	\$670	x	12	=	\$0
1 Bedroom	5	x	\$778	x	12	=	\$46,680

2 Bedrooms	5	x	\$972	x	12	=	\$58,320
3 Bedrooms	3	x	\$1,322	x	12	=	\$47,592
4 Bedrooms	3	x	\$1,542	x	12	=	\$55,512
5 Bedrooms	2	x	\$1,773	x	12	=	\$42,552
6 Bedrooms		x	\$2,005	x	12	=	\$0
7 Bedrooms		x	\$2,236	x	12	=	\$0
8 Bedrooms		x	\$2,467	x	12	=	\$0
9 Bedrooms		x	\$2,699	x	12	=	\$0
<b>Total Units and Annual Assistance Requested</b>	18						\$250,656
<b>Grant Term</b>							1 Year
<b>Total Request for Grant Term</b>							\$250,656

Click the 'Save' button to automatically calculate totals.

# VAWA Budget

## VAWA Budget

In FY2024, the Violence Against Women Act (VAWA) has clarified the use of CoC Program funds for VAWA eligible cost categories. These VAWA cost categories can be added to a new project application to create a CoC VAWA Budget Line Item (BLI) in e-snaps and eLOCCS. The BLI will be added to grant agreements and utilized the same as other CoC Program BLIs in e-snaps and eLOCCS. Eligible CoC VAWA costs can be identified in one or both of the following CoC VAWA categories. Examples of eligible costs in these cost categories are identified as follows:

- A. VAWA Emergency Transfer Facilitation. Examples of eligible costs include the costs of assessing, coordinating, approving, denying, and implementing a survivor’s emergency transfer(s). Additional details of eligible costs include:
- Moving Costs. Assistance with reasonable moving costs to move survivors for an emergency transfer(s).
  - Travel Costs. Assistance with reasonable travel costs for survivors and their families to travel for an emergency transfer(s). This may include travel costs to locations outside of your CoC’s geography.
  - Security Deposits. Grant funds can be used to pay for security deposits of the safe unit the survivor is transferring to via an emergency transfer(s).
  - Utilities. Grant funds can be used to pay for costs of establishing utility assistance in the safe unit the survivor is transferring to.
  - Housing Fees. Grant funds can be used to pay fees associated with getting survivors into a safe unit via emergency transfer(s), including but not limited to application fees, broker fees, holding fees, trash fees, pet fees where the person believes they need their pet to be safe, etc.
  - Case Management. Grant funds can be used to pay staff time necessary to assess, coordinate, and implement emergency transfer(s).
  - Housing Navigation. Grant funds can be used to pay staff time necessary to identify safe units and facilitate moves into housing for survivors through emergency transfer(s).
  - Technology to make an available unit safe. Grant funds can be used to pay for technology that the individual believes is needed to make the unit safe, including but not limited to doorbell cameras, security systems, phone, and internet service when necessary to support security systems for the unit, etc.
- B. VAWA Confidentiality Requirements. Examples of eligible costs for ensuring compliance with VAWA confidentiality requirements include:
- Monitoring and evaluating compliance.
  - Developing and implementing strategies for corrective actions and remedies to ensure compliance.
  - Program evaluation of confidentiality policies, practices, and procedures.
  - Training on compliance with VAWA confidentiality requirements.
  - Reporting to CoC Collaborative Applicant, HUD, and other interested parties on compliance with VAWA confidentiality requirements.
  - Costs for establishing methodology to protect survivor information.
  - Staff time associated with maintaining adherence to VAWA confidentiality requirements.

Enter the estimated amount(s) you are requesting for this project’s Emergency Transfer Facilitation costs and VAWA Confidentiality Requirements costs for one or both of these eligible CoC VAWA cost categories. The CoC VAWA BLI Total amount can be expended for any eligible CoC VAWA cost identified above.



Eligible Costs	Annual Assistance Requested
Estimated budget amount for VAWA Emergency Transfer Facilitation:	\$39,849
Estimated budget amount for VAWA Confidentiality Requirements:	



CoC VAWA BLI Total:	\$39,849
Grant Term	1 Year
Total Request for Grant Term	\$39,849

Click the 'Save' button to automatically calculate totals.

## 6I. Sources of Match

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

### Summary for Match

Total Amount of Cash Commitments:	\$0
Total Amount of In-Kind Commitments:	\$295,594
Total Amount of All Commitments:	\$295,594

1. Will this project generate program income described in 24 CFR 578.97 to use as Match for this project? 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.

Type	Source	Name of Source	Amount of Commitments
In-Kind	Government	City of Amarillo	\$75,024
In-Kind	Government	City of Amarillo ...	\$129,840
In-Kind	Government	City of Amarillo ...	\$64,920
In-Kind	Private	RHN	\$25,810

## Sources of Match Detail

- 1. Type of Match commitment: In-Kind
- 2. Source: Government
- 3. Name of Source: City of Amarillo  
(Be as specific as possible and include the office or grant program as applicable)
- 4. Amount of Written Commitment: \$75,024

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

## Sources of Match Detail

- 1. Type of Match commitment: In-Kind
- 2. Source: Government
- 3. Name of Source: City of Amarillo Housing Choice Voucher Program  
(Be as specific as possible and include the office or grant program as applicable)
- 4. Amount of Written Commitment: \$129,840

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

## Sources of Match Detail

- 1. Type of Match commitment: In-Kind
- 2. Source: Government
- 3. Name of Source: City of Amarillo HOME Tenant Based Rental Assistance Program  
(Be as specific as possible and include the office or grant program as applicable)

**4. Amount of Written Commitment:** \$64,920

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

## **Sources of Match Detail**

**1. Type of Match commitment:** In-Kind

**2. Source:** Private

**3. Name of Source:** RHN

**(Be as specific as possible and include the office or grant program as applicable)**

**4. Amount of Written Commitment:** \$25,810

**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 (Light gray fields are available for entry of the previous grant agreement, GIW, approved GIW Change Form, or reduced by reallocation)	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	Applicant CoC Program Costs Requested
1a. Acquisition (Screen 6B)			\$0
1b. Rehabilitation (Screen 6B)			\$0
1c. New Construction (Screen 6B)			\$0
2a. Leased Units (Screen 6C)	\$0	1 Year	\$0
2b. Leased Structures (Screen 6D)	\$0	1 Year	\$0
3. Rental Assistance (Screen 6E)	\$250,656	1 Year	\$250,656
4. Supportive Services (Screen 6F)	\$0	1 Year	\$0
5. Operating (Screen 6G)	\$0	1 Year	\$0
6. HMIS (Screen 6H)	\$0	1 Year	\$0
&nbsp;7. VAWA	\$39,849	1 Year	\$39,849
8. Rural (Only for HUD CoC Program approved rural areas)	\$0	1 Year	\$0
9. Sub-total of CoC Program Costs Requested			\$290,505
10. Admin (Up to 10% of Sub-total in #9)			
11. HUD funded Sub-total + Admin. Requested			\$290,505
12. Cash Match (From Screen 6I)			\$0
13. In-Kind Match (From Screen 6I)			\$295,594
14. Total Match (From Screen 6I)			\$295,594
15. Total Project Budget for this grant, including Match			\$586,099

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		

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## 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	In-Kind Match MOU	10/14/2024



## Attachment Details

**Document Description:** In-Kind Match MOU

## 7D. Certification

**Applicant and Recipient Assurances and Certifications - form HUD-424B (Title)  
U.S. Department of Housing and Urban Development OMB Approval No.  
2501-0017  
(expires 01/31/2026)**

As part of your application for HUD funding, you, as the official authorized to sign on behalf of your organization or as an individual must provide the following assurances and certifications. The Responsible Civil Rights Official has specified this form for use for purposes of general compliance with 24 CFR §§ 1.5, 3.115, 8.50, and 146.25, as applicable. The Responsible Civil Rights Official may require specific civil rights assurances to be furnished consistent with those authorities and will specify the form on which such assurances must be made. A failure to furnish or comply with the civil rights assurances contained in this form may result in the procedures to effect compliance at 24 CFR §§ 1.8, 3.115, 8.57, or 146.39. By submitting this form, you are stating that to the best of your knowledge and belief, all assertions are true and correct.

1. Has the legal authority to apply for Federal assistance, has the institutional, managerial and financial capability (including funds to pay the non-Federal share of program costs) to plan, manage and complete the program as described in the application and the governing body has duly authorized the submission of the application, including these assurances and certifications, and authorized me as the official representative of the application to act in connection with the application and to provide any additional information as may be required.

2. Will administer the grant in compliance with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and implementing regulations (24 CFR part 1), which provide that no person in the United States shall, on the grounds of race, color or national origin, be excluded from participation in, be denied the benefits of, or otherwise be subject to discrimination under any program or activity that receives Federal financial assistance OR if the applicant is a Federally recognized Indian tribe or its tribally designated housing entity, is subject to the Indian Civil Rights Act (25 U.S.C. 1301-1303).

3. Will administer the grant in compliance with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and implementing regulations at 24 CFR part 8, the American Disabilities Act (42 U.S.C. §§ 12101 et.seq.), and implementing regulations at 28 CFR part 35 or 36, as applicable, and the Age Discrimination Act of 1975 (42 U.S.C. 6101-07) as amended, and implementing regulations at 24 CFR part 146 which together provide that no person in the United States shall, on the grounds of disability or age, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity that receives Federal financial assistance; except if the grant program authorizes or limits participation to designated populations, then the applicant will comply with the nondiscrimination requirements within the designated population.

4. Will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and the implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion sex (including gender identity and sexual orientation), disability, familial status, or national origin and will affirmatively further fair housing; except an applicant which is an Indian tribe or its instrumentality which is excluded by statute from coverage does not make this certification; and further except if the grant program authorizes or limits participation to designated populations, then the applicant will comply with the nondiscrimination requirements within the designated population.

5. Will comply with all applicable Federal nondiscrimination requirements, including those listed at 24 CFR §§ 5.105(a) and 5.106 as applicable.

6. Will comply with the acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended (42 U.S.C. 4601) and implementing regulations at 49 CFR part 24 and, as applicable, Section 104(d) of the Housing and Community Development Act of 1974 (42 U.S.C. 5304(d)) and implementing regulations at 24 CFR part 42, subpart A.

7. Will comply with the environmental requirements of the National Environmental Policy Act (42 U.S.C. 4321 et.seq.) and related Federal authorities prior to the commitment or expenditure of funds for property.

8. That no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, and officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all subawards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly. Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage by the Byrd Amendment, but State-recognized Indian tribes and TDHs established under State law are not excluded from the statute's coverage.

**Name of Authorized Certifying Official:** Grayson Path

**Date:** 10/14/2024

**Title:** City Manager

**Applicant Organization:** City of Amarillo

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

I/We, the undersigned, certify under penalty of perjury that the information provided above is true and correct. **WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties.(18 U.S.C. §§287, 1001, 1010, 1012, 1014; 31 U.S.C. §3729, 3802).**

X

## 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
1A. SF-424 Application Type	No Input Required
1B. SF-424 Legal Applicant	09/16/2024
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	10/09/2024
1E. SF-424 Compliance	09/16/2024
1F. SF-424 Declaration	09/16/2024
1G. HUD 2880	09/16/2024
1H. HUD 50070	09/16/2024
1I. Cert. Lobbying	09/16/2024
1J. SF-LLL	09/27/2024
IK. SF-424B	09/16/2024
1L. SF-424D	09/16/2024
2A. Subrecipients	No Input Required
2B. Experience	09/20/2024
3A. Project Detail	09/16/2024
3B. Description	10/10/2024
3C. Expansion	09/16/2024
4A. Services	09/25/2024
4B. Housing Type	09/16/2024
5A. Households	09/30/2024
5B. Subpopulations	No Input Required
6A. Funding Request	09/16/2024
6E. Rental Assistance	09/16/2024
VAWA Budget	No Input Required
6I. Match	10/14/2024
6J. Summary Budget	No Input Required
7A. Attachment(s)	No Input Required

<b>7A. In-Kind MOU Attachment</b>	10/14/2024
<b>7D. Certification</b>	09/16/2024

City of Amarillo

Alisha Whitaker, Housing Caseworker

By: *Alisha Whitaker*

Date

10/03/2024





2. Will make available these records to the City of Amarillo or the U.S. Department of Housing and Urban Development upon request.

**IV. TERM OF AGREEMENT:**

This Memorandum of Understanding will be effective for FY2024 Continuum of Care Program Year beginning April 1, 2025, and ending September 30, 2026. Either party may terminate this agreement with 60 days written notice.

This Memorandum of Understanding may be amended by written mutual agreement.

**THE UNDERSIGNED AGENCIES/ENTITIES** do hereby certify that (1) the services specified above are necessary and essential for activities that are properly within the statutory functions and programs of the effected agencies/entities, and (2) the proposed arrangements serve the interest of efficient and economical administration.

**RECEIVING AGENCY/ENTITY**

City of Amarillo Continuum of Care ("Courage")

By: [Signature]  
Kirk Daniles, CEO  
Family Support Services

10/3/2024  
Date

By: [Signature]  
Jason Riddlespurger, Community Development Director  
City of Amarillo

10/4/24  
Date

**PERFORMING AGENCY/ENTITY**

Community Development HOME TBRA

By: [Signature]  
Nina Martinez, Housing Manager  
City of Amarillo

10/7/2024  
Date





## Memorandum of Understanding

THIS MEMORANDUM OF UNDERSTANDING is entered into by and between the agencies/entities shown below:

### I. AGENCIES/ENTITIES:

**The Receiving Agency/Entity:** Family Support Services and City of Amarillo Community Development Department, project "Courage"

**The Performing Agency/Entity:** City of Amarillo Community Development, Amarillo Housing Authority

### II. STATEMENT OF SERVICES TO BE PERFORMED:

The performing agency agrees to the unconditional provision of services for in kind match to the City of Amarillo for the DV BONUS RAPID REHOUSING PROGRAM "COURAGE" OF THE AMARILLO CONTINUUM OF CARE funded by the Continuum of Care grant.

Service to be provided: 12-month commitment of 10 HOUSING CHOICE VOUCHERS; 2-bedroom/all bills paid units estimated for zero-income clients.

Profession of person(s) providing the service: Nina Martinez, Housing Manager, City of Amarillo Housing Authority; Alisha Whitaker, Housing Caseworker, City of Amarillo Housing Authority.

Value of each HOUSING CHOICE VOUCHER provided, and total amount pledged: \$1,082/month per unit = \$12,984/year per unit - \$64,920 total value for 10 coupons for 1 year

Total Dollar Value of Match: \$129,840

### III. OBLIGATIONS OF THE PERFORMING AGENCY:

City of Amarillo Community Development, HOUSING AUTHORITY agrees to provide these services to participants of the DV BONUS RAPID REHOUSING PROGRAM "COURAGE" OF THE AMARILLO CONTINUUM OF CARE valuing \$129,840.

I. City of Amarillo Community Development, HOUSING AUTHORITY will maintain records documenting services and values provided to DV BONUS RAPID REHOUSING PROGRAM "COURAGE" OF THE AMARILLO CONTINUUM OF CARE; and



**IV. TERM OF AGREEMENT:**

This Memorandum of Understanding will be effective for FY2024 Continuum of Care Program Year beginning April 1, 2025, and ending September 30, 2026. Either party may terminate this agreement with 60 days written notice.

This Memorandum of Understanding may be amended by written mutual agreement.

**THE UNDERSIGNED AGENCIES/ENTITIES** do hereby certify that (1) the services specified above are necessary and essential for activities that are properly within the statutory functions and programs of the effected agencies/entities, and (2) the proposed arrangements serve the interest of efficient and economical administration.

**RECEIVING AGENCY/ENTITY**

City of Amarillo Continuum of Care ("Courage")

By: [Signature]  
Kirk Daniels, CEO  
Family Support Services

10/3/24  
Date

By: [Signature]  
Jason Riddlespurger, Community Development Director  
City of Amarillo

10/4/24  
Date

**PERFORMING AGENCY/ENTITY**

Community Development HOME TBRA

By: [Signature]  
Brad Sanders Grant Manager  
City of Amarillo

10/03/24  
Date

By: [Signature]  
Angela Snow, Grant Monitor  
City of Amarillo

10/03/24  
Date



## Memorandum of Understanding

THIS MEMORANDUM OF UNDERSTANDING is entered into by and between the agencies/entities shown below:

### I. AGENCIES/ENTITIES:

**The Receiving Agency/Entity:** Family Support Services and City of Amarillo Community Development Department, project "Courage"

**The Performing Agency/Entity:** City of Amarillo Community Development, HOME TBRA

### II. STATEMENT OF SERVICES TO BE PERFORMED:

The performing agency agrees to the unconditional provision of services for in kind match to the City of Amarillo for the DV BONUS RAPID REHOUSING PROGRAM "COURAGE" OF THE AMARILLO CONTINUUM OF CARE funded by the Continuum of Care grant.

Service to be provided: 12-month commitment of 5 HOME TBRA coupons; 2-bedroom/all bills paid units estimated for zero-income clients.

Profession of person(s) providing the service: Brad Sanders, Grant Manager, City of Amarillo; Angela Snow, Grant Monitor HOME TBRA Program Administrator, City of Amarillo

Value of each HOME TBRA Coupon provided, and total amount pledged:  
\$1,082/month per unit = \$12,984/year per unit - \$64,920 total value for 5 coupons for 1 year

Total Dollar Value of Match: \$64,920

### III. OBLIGATIONS OF THE PERFORMING AGENCY:

City of Amarillo Community Development, HOME TBRA program agrees to provide these services to participants of the DV BONUS RAPID REHOUSING PROGRAM "COURAGE" OF THE AMARILLO CONTINUUM OF CARE valuing \$64,920.

1. City of Amarillo Community Development, HOME TBRA will maintain records documenting services and values provided to DV BONUS RAPID REHOUSING PROGRAM "COURAGE" OF THE AMARILLO CONTINUUM OF CARE; and

2. Will make available these records to the City of Amarillo or the U.S. Department of Housing and Urban Development upon request.

This Memorandum of Understanding may be amended by written mutual agreement.

**THE UNDERSIGNED AGENCIES/ENTITIES** do hereby certify that, (1) the services specified above are necessary and essential for activities that are properly within the statutory functions and programs of the effected agencies/entities, and (2) the proposed arrangements serve the interest of efficient and economical administration.

**RECEIVING AGENCY/ENTITY**

City of Amarillo  
Homeless Management Information Systems

By:   
Jason Riddlespurger, Community Development Director  
City of Amarillo

10/7/24  
Date

**PERFORMING AGENCY/ENTITY**

Family Support Services of Amarillo, Inc.

By:   
Kirk Daniels, CEO  
Family Support Services of Amarillo, Inc.

9/13/2024  
Date



## **Memorandum of Understanding**

THIS MEMORANDUM OF UNDERSTANDING is entered into by and between the agencies/entities shown below:

### **I. AGENCIES/ENTITIES:**

**The Receiving Agency/Entity:** City of Amarillo

**The Performing Agency/Entity:** Family Support Services of Amarillo, Inc.

### **II. STATEMENT OF SERVICES TO BE PERFORMED:**

Performing agency agrees to the unconditional provision of services for in kind match to the City of Amarillo for the DV Bonus Project: Permanent Housing, Rapid Re-housing, funded by the Continuum of Care grant.

Service to be provided: Shelter Bednights and Case Management

Profession of person(s) providing the service: Advocates

Hourly cost of the service provided and total hours pledged: \$83.36 per shelter bednight. 4 adults with 2 children each for 60 nights=720 nights, and 3 single adults for 60 nights= 180 nights. Totaling 900 bednights x\$83.36 per bednight= \$75,024

Total Dollar Value of Match: \$75,024

### **III. OBLIGATIONS OF THE PERFORMING AGENCY:**

1. Family Support Services of Amarillo agrees to provide these services to participants of the Courage Program valuing \$75,024 ;
2. Will maintain records documenting services and values provided to The Courage Program; and
3. Will make available these records to the City of Amarillo or the U.S. Department of Housing and Urban Development upon request.

### **IV. TERM OF AGREEMENT:**

This Memorandum of Understanding will be effective for FY2024 Continuum of Care Program Year. Either party may terminate this agreement with 60 days written notice.

2. Will make available these records to the City of Amarillo or the U.S. Department of Housing and Urban Development upon request.

3. **RHN** ensures services for "Courage" program participants, based on the CoC's fair housing requirements and will not restrict service to participants.

**IV. TERM OF AGREEMENT:**

This Memorandum of Understanding will be effective for FY2024 Continuum of Care Program Year beginning April 1, 2025, and ending September 30, 2026. Either party may terminate this agreement with 60 days written notice.

This Memorandum of Understanding may be amended by written mutual agreement.


**THE UNDERSIGNED AGENCIES/ENTITIES** do hereby certify that (1) the services specified above are necessary and essential for activities that are properly within the statutory functions and programs of the effected agencies/entities, and (2) the proposed arrangements serve the interest of efficient and economical administration.

**RECEIVING AGENCY/ENTITY**

City of Amarillo Continuum of Care ("Courage")

By:   
Kirk Daniels, CEO  
Family Support Services

10/9/2024  
Date

By:   
Jason Riddlespurger, Community Development Director  
City of Amarillo

10/9/2024  
Date

**PERFORMING AGENCY/ENTITY**

**RHN Medical Dental Group**



By: \_\_\_\_\_  
Kraig Stockstill, LMSW  
Director of Community Outreach  
RHN Medical Dental Group

10/08/2024  
Date



**Memorandum of Understanding**

THIS MEMORANDUM OF UNDERSTANDING is entered into by and between the agencies/entities shown below:

**I. AGENCIES/ENTITIES:**

**The Receiving Agency/Entity:** Family Support Services and City of Amarillo Community Development Department, project "Courage"

**The Performing Agency/Entity:** RHN Outreach Services/ RHN Medical-Dental Group

**II. STATEMENT OF SERVICES TO BE PERFORMED:**

The performing agency agrees to the unconditional provision of services for in kind match to the City of Amarillo for the DV BONUS RAPID REHOUSING PROGRAM "COURAGE" OF THE AMARILLO CONTINUUM OF CARE funded by the Continuum of Care grant.

Service to be provided: **Basic medical, dental, and behavioral services**

Profession of person(s) providing the service:

**Licensed Medical Provider**

**Licensed Dentist and/or Dental Hygienist**

**Licensed Therapist (LCSW-I, LPC-A, or LPC)**

Value of services provided, and total amount pledged:

**Medical Appts: 12 adults x 3 yearly appts @ \$115 = \$4140**

**8 children x 2 yearly appts @ \$115 = \$1840**

**Dental Appts: 12 adults x 2 yearly appts @ \$115 = \$2760**

**8 children x 1 yearly appt @ \$115 = \$920**

**Counseling Appts: 12 adults x 10 sessions @ \$95 = \$11,400**

**5 children x 10 sessions @ \$95 = \$4750**

Total Dollar Value of Match: **\$25,810.00**

**III. OBLIGATIONS OF THE PERFORMING AGENCY:**

**RHN Medical Dental Group (RHN)** agrees to provide services outlined above to participants of the DV BONUS RAPID REHOUSING PROGRAM "COURAGE" OF THE AMARILLO CONTINUUM OF CARE valuing **\$25,810.00**

1. **RHN** will maintain records documenting services and values provided to DV BONUS RAPID REHOUSING PROGRAM "COURAGE" OF THE AMARILLO CONTINUUM OF CARE; and