
GRANT SUMMARY SHEET

Grant Name: HUD HMIS Renewal 24-25

Department: OFFICE OF HOMELESS SERVICES

Grantor: U.S. DEPARTMENT OF HOUSING & URBAN DEVELOPMENT

Pass-Through Grantor (If applicable):

Total Award this Action: \$141,508.00

Cash Match Amount \$37,000.00

Department Contact: Bill ClenDening
862-2349

Status: CONTINUATION

Program Description:

As the Homeless Management Information System lead, the Office of Homeless Services has increased Nashville-Davidson County's HMIS usership to more than 249 users. We continue to use these funds to pay for the HMIS system software vendor and to purchase additional user licenses when needed. We also intend to use these funds to pay our Tableau data visualization consultant, buy additional Tableau licenses as needed and continue the process of integrating the data from the Nashville Rescue Mission, the largest homeless shelter in the CoC.

Plan for continuation of services upon grant expiration:

This is a renewal project so upon the expiration of this round of funding, we will seek renewal for the following HUD fiscal year. In the event that the application of that renewal is not granted, we will seek another source for operational funding.

Grants Tracking Form

Part One

| | | | | | | | |
|---|-----------|---|--|--|-----|---|--|
| Pre-Application <input type="radio"/> | | Application <input type="radio"/> | | Award Acceptance <input checked="" type="radio"/> | | Contract Amendment <input type="radio"/> | |
| Department | Dept. No. | Contact | | Phone | Fax | | |
| OFFICE OF HOMELESS SERVICES | 83 | Bill ClenDening | | 880-2349 | | | |
| Grant Name: | | HUD HMIS Renewal 24-25 | | | | | |
| Grantor: | | U.S. DEPARTMENT OF HOUSING & URBAN DEVELOPMENT | | | | Other: | |
| Grant Period From: | | 11/01/24 | | <small>(applications only)</small> Anticipated Application Date: | | | |
| Grant Period To: | | 10/31/25 | | <small>(applications only)</small> Application Deadline: | | | |
| Funding Type: | | FED DIRECT | | Multi-Department Grant | | <input type="checkbox"/> If yes, list below. | |
| Pass-Thru: | | | | Outside Consultant Project: | | <input type="checkbox"/> | |
| Award Type: | | COMPETITIVE | | Total Award: | | \$141,508.00 | |
| Status: | | CONTINUATION | | Metro Cash Match: | | \$37,000.00 | |
| Metro Category: | | Est. Prior. | | Metro In-Kind Match: | | \$0.00 | |
| CFDA # | | 14.267 | | Is Council approval required? | | <input checked="" type="checkbox"/> | |
| Project Description: | | Applic. Submitted Electronically? <input checked="" type="checkbox"/> | | | | | |
| <p>As the Homeless Management Information System lead, the Office of Homeless Services has increased Nashville-Davidson County's HMIS usership to more than 249 users. We continue to use these funds to pay for the HMIS system software vendor and to purchase additional user licenses when needed. We also intend to use these funds to pay our Tableau data visualization consultant, buy additional Tableau licenses as needed and continue the process of integrating the data from the Nashville Rescue Mission, the largest homeless shelter in the CoC.</p> | | | | | | | |
| Plan for continuation of service after expiration of grant/Budgetary Impact: | | | | | | | |
| This is a renewal project so upon the expiration of this round of funding, we will seek renewal for the following HUD fiscal year. In the event that the application of that renewal is not granted, we will seek another source for operational funding. | | | | | | | |
| How is Match Determined? | | | | | | | |
| Fixed Amount of \$ | | \$37,000.00 | | or | | % of Grant | |
| | | | | | | Other: <input type="checkbox"/> | |
| Explanation for "Other" means of determining match: | | | | | | | |
| | | | | | | | |
| For this Metro FY, how much of the required local Metro cash match: | | | | | | | |
| Is already in department budget? | | \$37,000.00 | | Fund | | 10101 | |
| Is not budgeted? | | | | Business Unit | | 53312710 | |
| | | | | Proposed Source of Match: | | | |
| (Indicate Match Amount & Source for Remaining Grant Years in Budget Below) | | | | | | | |
| Other: | | | | | | | |
| Number of FTEs the grant will fund: | | 0.00 | | Actual number of positions added: | | 0.00 | |
| Departmental Indirect Cost Rate | | 10.00% | | Indirect Cost of Grant to Metro: | | \$17,850.80 | |
| *Indirect Costs allowed? <input checked="" type="radio"/> Yes <input type="radio"/> No | | % Allow. | | 5.54% | | Ind. Cost Requested from Grantor: | |
| | | | | | | \$9,905.00 in budget | |
| *(If "No", please attach documentation from the grantor that indirect costs are not allowable. See Instructions) | | | | | | | |
| Draw down allowable? <input type="checkbox"/> | | | | | | | |
| Metro or Community-based Partners: | | | | | | | |

Part Two

Grant Budget

| Budget Year | Metro Fiscal Year | Federal Grantor | State Grantor | Other Grantor | Local Match Cash | Match Source (Fund, BU) | Local Match In-Kind | Total Grant Each Year | Indirect Cost to Metro | Ind. Cost Neg. from Grantor |
|-----------------------------|-------------------|---------------------|---------------|---------------|----------------------|-------------------------|---------------------|-----------------------|------------------------|-----------------------------|
| Yr 1 | FY24 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Yr 2 | FY25 | \$141,508.00 | \$0.00 | \$0.00 | \$37,000.00 | 10101, 53312710 | | \$178,508.00 | \$17,850.80 | \$9,905.00 |
| Yr 3 | FY26 | | | | | | | | | \$0.00 |
| Yr 4 | FY27 | | | | | | | | | \$0.00 |
| Yr 5 | FY28 | | | | | | | | | \$0.00 |
| Total | | \$141,508.00 | \$0.00 | \$0.00 | \$37,000.00 | | \$0.00 | \$178,508.00 | \$17,850.80 | \$9,905.00 |
| Date Awarded: | | | | 06/26/24 | Tot. Awarded: | | \$141,508.00 | Contract#: | | TN0060L4J042316 |
| (or) Date Denied: | | | | | Reason: | | | | | |
| (or) Date Withdrawn: | | | | | Reason: | | | | | |

Contact: juanita.paulsen@nashville.gov
vaughn.wilson@nashville.gov





U.S. Department of Housing and Urban Development
Office of Community Planning and Development
710 Locust Street, SW
Suite 300
Knoxville, TN 37902

Grant Number: TN0060L4J042316
Recipient's Name: Metro Office of Homeless Services
Tax ID Number: 62-0694743
Unique Entity Identifier [SAM]: LGZLHP6ZHM55
Federal Award Date: 6/13/2024

CONTINUUM OF CARE PROGRAM (CDFA# 14.267)
GRANT AGREEMENT

This Grant Agreement (“this Agreement”) is made by and between the United States Department of Housing and Urban Development (“HUD”) and Metro Office of Homeless Services (the “Recipient”).

This Agreement, the Recipient’s use of funds provided under this Agreement (the “Grant” or “Grant Funds”), and the Recipient’s operation of projects assisted with Grant Funds are governed by

1. The Consolidated Appropriations Act, 2023 (Pub. L. 117-328, approved December 29, 2022)
2. title IV of the McKinney-Vento Homeless Assistance Act 42 U.S.C. 11301 et seq. (the “Act”);
3. the Continuum of Care Program rule at 24 CFR part 578 (the “Rule”), as amended from time to time;
4. and the Notice of Funding Opportunity for the fiscal year in which the funds were awarded; and
5. the Recipient’s application submissions on the basis of which these Grant Funds were approved by HUD, including the certifications, assurances, technical submission documents, and any information or documentation required to meet any grant award condition (collectively, the “Application”).

The Application is incorporated herein as part of this Agreement, except that only the project (those projects) listed below are funded by this Agreement. In the event of any conflict between any application provision and any provision contained in this Agreement, this Agreement shall control. Capitalized terms that are not defined in this agreement shall have the meanings given in the Rule.

HUD’s total funding obligation authorized by this grant agreement is \$141,508, allocated between the project(s) listed below (each identified by a separate grant number) and, within those projects, between budget line items, as shown below. The Grant Funds an individual project will receive are as shown in the Application on the final HUD-approved Summary Budget for the project. Recipient shall use the Grant Funds provided for the projects listed below, during the budget period(s) period stated below.

| Grant No. | Grant Term | Performance Period | Total Amount |
|---|-------------------|---------------------------|---------------------|
| TN0060L4J042316 | 12 months | 11-01-2024 - 10-31-2025 | \$141,508 |
| a. Continuum of Care planning activities | | | \$0 |
| b. Acquisition | | | \$0 |
| c. Rehabilitation | | | \$0 |
| d. New construction | | | \$0 |
| e. Leasing | | | \$0 |
| f. Rental assistance | | | \$0 |
| g. Supportive services | | | \$0 |
| h. Operating costs | | | \$0 |
| i. Homeless Management Information System | | | \$131,603 |
| j. VAWA | | | \$0 |
| k. Rural | | | \$0 |
| l. Admin Costs | | | \$9,905 |
| m. Relocation Costs | | | \$0 |
| n. HPC homelessness prevention activities: | | | |
| Housing relocation and stabilization services | | | \$0 |
| Short-term and medium-term rental assistance | | | \$0 |

Pre-award Costs for Continuum of Care Planning

The Recipient may, at its own risk, incur pre-award costs for continuum of care planning awards, after the date of the HUD selection notice and prior to the effective date of this Agreement, if such costs: a) are consistent with 2 CFR 200.458; and b) would be allowable as a post-award cost; and c) do not exceed 10 percent of the total funds obligated to this award. The incurrence of pre-award costs in anticipation of an award imposes no obligation on HUD either to make the award, or to increase the amount of the approved budget, if the award is made for less than the amount anticipated and is inadequate to cover the pre-award costs incurred.

These provisions apply to all Recipients:

If any new projects funded under this Agreement are for project-based rental assistance for a term of fifteen (15) years, the funding provided under this Agreement is for the performance period stated herein only. Additional funding is subject to the availability of annual appropriations.

The budget period and performance period of renewal projects funded by this Agreement will begin immediately at the end of the budget period and performance period of the grant being renewed. Eligible costs incurred between the end of Recipient's budget period and performance period under the grant being renewed and the date this Agreement is executed by both parties may be reimbursed with Grants Funds from this Agreement. No Grant Funds for renewal projects may be drawn down by Recipient before the end date of the project's budget period and performance period under the grant that has been renewed.

For any transition project funded under this Agreement the budget period and performance period of the transition project(s) will begin immediately at the end of the Recipient's final operating year under the grant being transitioned. Eligible costs, as defined by the Act and the Rule incurred between the end of Recipient's final operating year under the grant being transitioned and the execution of this Agreement may be paid with funds from the first operating year of this Agreement.

HUD designations of Continuums of Care as High-performing Communities (HPCS) are published on HUD.gov in the appropriate Fiscal Years' CoC Program Competition Funding Availability page. Notwithstanding anything to the contrary in the Application or this Agreement, Recipient may only use grant funds for HPC Homelessness Prevention Activities if the Continuum that designated the Recipient to apply for the grant was designated an HPC for the applicable fiscal year.

The Recipient must complete the attached "Indirect Cost Rate Schedule" and return it to HUD with this Agreement. The Recipient must provide HUD with a revised schedule when any change is made to the rate(s) included in the schedule. The schedule and any revisions HUD receives from the Recipient will be incorporated into and made part of this Agreement, provided that each rate included satisfies the applicable requirements under 2 CFR part 200 (including appendices).

This Agreement shall remain in effect until the earlier of 1) written agreement by the parties; 2) by HUD alone, acting under the authority of 24 CFR 578.107; 3) upon expiration of the budget period and performance period for all projects funded under this Agreement; or 4) upon the expiration of the period of availability of Grant Funds for all projects funded under this Agreement.

HUD notifications to the Recipient shall be to the address of the Recipient as stated in the Recipient's applicant profile in e-snaps. Recipient notifications to HUD shall be to the HUD Field Office executing the Agreement. No right, benefit, or advantage of the Recipient hereunder may be assigned without prior written approval of HUD.

Build America, Buy America Act. The Grantee must comply with the requirements of the Build America, Buy America (BABA) Act, 41 USC 8301 note, and all applicable rules and notices, as may be amended, if applicable to the Grantee's infrastructure project. Pursuant to HUD's Notice, "Public Interest Phased Implementation Waiver for FY 2022 and 2023 of Build America, Buy America Provisions as Applied to Recipients of HUD Federal Financial Assistance" (88 FR 17001), any funds obligated by HUD on or after the applicable listed effective dates, are subject to BABA requirements, unless excepted by a waiver.

The Agreement constitutes the entire agreement between the parties and may be amended only in writing executed by HUD and the Recipient.

By signing below, Recipients that are states and units of local government certify that they are following a current HUD approved CHAS (Consolidated Plan).

This agreement is hereby executed on behalf of the parties as follows:

**UNITED STATES OF AMERICA,
Secretary of Housing and Urban Development**

By:



(Signature)

Erik D. Høglund, Director

(Typed Name and Title)

June 13, 2024

(Date)

RECIPIENT

Office of Homeless Services

(Name of Organization)

By:

DocuSigned by:


1DFEF45945504FF
(Signature of Authorized Official)

April Calvin, Director

(Typed Name and Title of Authorized Official)

6/26/2024

(Date)

**SIGNATURE PAGE
FOR
GRANT NO. TN0060LJ042316**

IN WITNESS WHEREOF, the parties have by their duly authorized representatives set their signatures.

**METROPOLITAN GOVERNMENT OF
NASHVILLE AND DAVIDSON COUNTY**

[See previous page](#)
Office of Homeless Services

Date

**APPROVED AS TO AVAILABILITY
OF FUNDS:**

Kevin Crumbolmal

Director of Finance
Department of Finance

7/16/2024 | 8:47 AM CDT

Date

APPROVED AS TO RISK AND INSURANCE:

Balagun Cobb

Director of Insurance

7/17/2024 | 1:51 PM CDT

Date

**APPROVED AS TO FORM AND
LEGALITY:**

Courtney Mohan

Metropolitan Attorney

7/17/2024 | 1:48 PM CDT

Date

FILED:

Metropolitan Clerk

Date

Indirect Cost Schedule

| Agency/Dept./Major Function | Indirect Cost Rate | Direct Cost Base |
|-----------------------------|--------------------|------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

This schedule must include each indirect cost rate that will be used to calculate the Recipient’s indirect costs under the grant. The schedule must also specify the type of direct cost base to which each included rate applies (for example, Modified Total Direct Costs (MTDC)). Do not include indirect cost rate information for subrecipients.

For government entities, enter each agency or department that will carry out activities under the grant, the indirect cost rate applicable to each department/agency (including if the de minimis rate is used per 2 CFR §200.414), and the type of direct cost base to which the rate will be applied.

For nonprofit organizations that use the Simplified Allocation Method for indirect costs or elects to use the de minimis rate of 10% of Modified Total Direct Costs in accordance with 2 CFR §200.414, enter the applicable indirect cost rate and type of direct cost base in the first row of the table.

For nonprofit organizations that use the Multiple Base Allocation Method, enter each major function of the organization for which a rate was developed and will be used under the grant, the indirect cost rate applicable to that major function, and the type of direct cost base to which the rate will be applied.

To learn more about the indirect cost requirements, see 24 CFR 578.63; 2 CFR part 200, subpart E; Appendix IV to Part 200 (for nonprofit organizations); and Appendix VII to Part 200 (for state and local governments).

GRANT APPLICATION SUMMARY SHEET

Grant Name: HUD HMIS Renewal 24-25
Department: OFFICE OF HOMELESS SERVICES
Grantor: U.S. DEPARTMENT OF HOUSING & URBAN
Pass-Through Grantor (If applicable): DEVELOPMENT
Total Applied For: \$141,508.00
Metro Cash Match: \$37,000.00
Department Contact: Bill ClenDening
 862-2349
Status: CONTINUATION

Program Description:

As the Homeless Management Information System lead, the Office of Homeless Services has increased Nashville-Davidson County's HMIS usership to more than 249 users. We continue to use these funds to pay for the HMIS system software vendor and to purchase additional user licenses when needed. We also intend to use these funds to pay our Tableau data visualization consultant, buy additional Tableau licenses as needed and continue the process of integrating the data from the Nashville Rescue Mission, the largest homeless shelter in the CoC.

Plan for continuation of services upon grant expiration:

This is a renewal project so upon the expiration of this round of funding, we will seek renewal for the following HUD fiscal year. In the event that the application of that renewal is not granted, we will seek another source for operational funding.

APPROVED AS TO AVAILABILITY OF FUNDS:

APPROVED AS TO FORM AND LEGALITY:

Kelly Flannery/mjw 9/19/2023 | 9:48 AM CDT
Director of Finance *RB AP* **Date**

Christy Mohan 9/19/2023 | 1:36 PM CDT
Metropolitan Attorney **Date**

APPROVED AS TO RISK AND INSURANCE:

Balagun Cobb 9/19/2023 | 9:56 AM CDT
Director of Risk Management Services **Date**

John Cooper 9/19/2023 | 2:35 PM CDT
Metropolitan Mayor **Date**
(This application is contingent upon approval of the application by the Metropolitan Council.)

Grants Tracking Form

Part One

| | | | | | | | |
|---|--|---|--|---|------------------|---|--|
| Pre-Application <input type="radio"/> | | Application <input checked="" type="radio"/> | | Award Acceptance <input type="radio"/> | | Contract Amendment <input type="radio"/> | |
| Department | Dept. No. | Contact | | Phone | Fax | | |
| OFFICE OF HOMELESS SERVICES | 83 | Bill ClenDening | | 862-2349 | | | |
| Grant Name: | HUD HMIS Renewal 24-25 | | | | | | |
| Grantor: | U.S. DEPARTMENT OF HOUSING & URBAN DEVELOPMENT | | | Other: | | | |
| Grant Period From: | 10/01/24 | <small>(applications only)</small> Anticipated Application Date: | | 09/21/23 | | | |
| Grant Period To: | 09/30/25 | <small>(applications only)</small> Application Deadline: | | 09/28/23 | | | |
| Funding Type: | FED DIRECT | Multi-Department Grant | | <input type="checkbox"/> If yes, list below. | | | |
| Pass-Thru: | Select Pass-Thru --- > | Outside Consultant Project: | | <input type="checkbox"/> | | | |
| Award Type: | COMPETITIVE | Total Award: | | \$141,508.00 | | | |
| Status: | CONTINUATION | Metro Cash Match: | | \$37,000.00 | | | |
| Metro Category: | Est. Prior. | Metro In-Kind Match: | | | | | |
| CFDA # | 14.267 | Is Council approval required? | | <input checked="" type="checkbox"/> | | | |
| Project Description: | <small>Applic. Submitted Electronically?</small> <input checked="" type="checkbox"/> | | | | | | |
| <p>As the Homeless Management Information System lead, the Office of Homeless Services has increased Nashville-Davidson County's HMIS usership to more than 249 users. We continue to use these funds to pay for the HMIS system software vendor and to purchase additional user licenses when needed. We also intend to use these funds to pay our Tableau data visualization consultant, buy additional Tableau licenses as needed and continue the process of integrating the data from the Nashville Rescue Mission, the largest homeless shelter in the CoC.</p> | | | | | | | |
| Plan for continuation of service after expiration of grant/Budgetary Impact: | | | | | | | |
| This is a renewal project so upon the expiration of this round of funding, we will seek renewal for the following HUD fiscal year. In the event that the application of that renewal is not granted, we will seek another source for operational funding. | | | | | | | |
| How is Match Determined? | | | | | | | |
| Fixed Amount of \$ | \$37,000.00 | or | % of Grant | Other: <input type="checkbox"/> | | | |
| Explanation for "Other" means of determining match: | | | | | | | |
| | | | | | | | |
| For this Metro FY, how much of the required local Metro cash match: | | | | | | | |
| Is already in department budget? | \$37,000.00 | Fund | 10101 | Business Unit | 53312710 | | |
| Is not budgeted? | | Proposed Source of Match: | | | | | |
| (Indicate Match Amount & Source for Remaining Grant Years in Budget Below) | | | | | | | |
| Other: | | | | | | | |
| Number of FTEs the grant will fund: | | Actual number of positions added: | | | | | |
| Departmental Indirect Cost Rate | 10.00% | Indirect Cost of Grant to Metro: | | \$17,850.80 | | | |
| *Indirect Costs allowed? <input checked="" type="radio"/> Yes <input type="radio"/> No | % Allow. | 10.00% | Ind. Cost Requested from Grantor: | \$9,905.00 | in budget | | |
| <small>*(If "No", please attach documentation from the grantor that indirect costs are not allowable. See Instructions)</small> | | | | | | | |
| Draw down allowable? <input type="checkbox"/> | | | | | | | |
| Metro or Community-based Partners: | | | | | | | |

Part Two

Grant Budget

| Budget Year | Metro Fiscal Year | Federal Grantor | State Grantor | Other Grantor | Local Match Cash | Match Source (Fund, BU) | Local Match In-Kind | Total Grant Each Year | Indirect Cost to Metro | Ind. Cost Neg. from Grantor |
|-----------------------------|-------------------|---------------------|---------------|---------------|----------------------|-------------------------|---------------------|-----------------------|------------------------|-----------------------------|
| Yr 1 | FY24 | \$106,131.00 | | | \$27,750.00 | | | \$133,881.00 | \$13,388.10 | \$7,429.00 |
| Yr 2 | FY25 | \$35,377.00 | | | \$9,250.00 | | | \$44,627.00 | \$4,462.70 | \$2,476.00 |
| Yr 3 | FY26 | | | | | | | \$0.00 | \$0.00 | \$0.00 |
| Yr 4 | FY27 | | | | | | | \$0.00 | \$0.00 | \$0.00 |
| Yr 5 | FY28 | | | | | | | \$0.00 | \$0.00 | \$0.00 |
| Total | | \$141,508.00 | \$0.00 | \$0.00 | \$37,000.00 | | \$0.00 | \$178,508.00 | \$17,850.80 | \$9,905.00 |
| Date Awarded: | | | | | Tot. Awarded: | | Contract#: | | | |
| (or) Date Denied: | | | | | Reason: | | | | | |
| (or) Date Withdrawn: | | | | | Reason: | | | | | |

Contact: juanita.paulsen@nashville.gov
vaughn.wilson@nashville.gov

Rev. 5/13/13
5700

GCP rec'd
09/18/23

GCP Approved
09/18/23

VW

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.
- Questions regarding the FY 2023 CoC Program Competition process must be submitted to 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.
- 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) 2023 Continuum of Care (CoC) Program Competition. For more information see FY 2023 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2023 CoC Program NOFO.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- Before starting 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).
- 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 2022 Project Application will be imported into the FY 2023 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.
- Rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- 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 2023 CoC Program Competition NOFA.

Applicant: Metro Office of Homeless Services

08012018

Project: HMIS Renewal FY 2023

207002

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: 09/14/2023

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: TN0060

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

6. Date Received by State:

7. State Application Identifier:

Applicant: Metro Office of Homeless Services

08012018

Project: HMIS Renewal FY 2023

207002

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Office of Homeless Services

b. Employer/Taxpayer Identification Number (EIN/TIN): 62-0694743

c. Unique Entity Identifier: LGZLHP6ZHM55

d. Address

Street 1: 800 2nd Ave North

Street 2:

City: Nashville

County: Davidson

State: Tennessee

Country: United States

Zip / Postal Code: 37201

e. Organizational Unit (optional)

Department Name: Office of Homeless Services

Division Name:

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

Prefix: Mr.

First Name: Matt

Middle Name:

Last Name: Egbert

Suffix:

Title: Chief Financial Officer

Organizational Affiliation: Office of Homeless Services

Telephone Number: (615) 862-6401

Extension:

Applicant: Metro Office of Homeless Services

08012018

Project: HMIS Renewal FY 2023

207002

Fax Number: (615) 862-6404

Email: matt.egbert@nashville.gov

Applicant: Metro Office of Homeless Services

08012018

Project: HMIS Renewal FY 2023

207002

1C. SF-424 Application Details

9. Type of Applicant: B. County 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-6700-N-25

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

Applicant: Metro Office of Homeless Services

08012018

Project: HMIS Renewal FY 2023

207002

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: HMIS Renewal FY 2023

16. Congressional District(s):

a. Applicant: TN-005
(for multiple selections hold CTRL key)

b. Project: TN-005
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 11/01/2024

b. End Date: 10/31/2025

18. Estimated Funding (\$)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

Applicant: Metro Office of Homeless Services

08012018

Project: HMIS Renewal FY 2023

207002

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:

Applicant: Metro Office of Homeless Services

08012018

Project: HMIS Renewal FY 2023

207002

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: Ms.

First Name: April

Middle Name:

Last Name: Calvin

Suffix:

Title: Director of Office of Homeless Services

Telephone Number: (615) 862-6401
(Format: 123-456-7890)

Fax Number: (615) 880-2535
(Format: 123-456-7890)

Email: april.calvin@nashville.gov

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

Date Signed: 09/14/2023

Applicant: Metro Office of Homeless Services

08012018

Project: HMIS Renewal FY 2023

207002

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2501-0017 (exp. 1/31/2026)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: Office of Homeless Services

Prefix: Ms.

First Name: April

Middle Name:

Last Name: Calvin

Suffix:

Title: Director of Office of Homeless Services

Organizational Affiliation: Office of Homeless Services

Telephone Number: (615) 862-6401

Extension:

Email: april.calvin@nashville.gov

City: Nashville

County: Davidson

State: Tennessee

Country: United States

Zip/Postal Code: 37201

2. Employer ID Number (EIN): 62-0694743

3. HUD Program: Continuum of Care Program

Applicant: Metro Office of Homeless Services

08012018

Project: HMIS Renewal FY 2023

207002

4. Amount of HUD Assistance Requested/Received: \$141,508.00

(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? (For further information, see 24 CFR Sec. 4.3). Yes

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. 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

Applicant: Metro Office of Homeless Services

08012018

Project: HMIS Renewal FY 2023

207002

Name / Title of Authorized Official: April Calvin, Director of Office of Homeless Services

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

Date Signed: 09/14/2023

Applicant: Metro Office of Homeless Services
Project: HMIS Renewal FY 2023

08012018
 207002

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Office of Homeless Services

Program/Activity Receiving Federal Grant Funding: CoC Program

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

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

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.

Applicant: Metro Office of Homeless Services

08012018

Project: HMIS Renewal FY 2023

207002

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

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: Ms.

First Name: April

Middle Name

Last Name: Calvin

Suffix:

Title: Director of Office of Homeless Services

Telephone Number: (615) 862-6401
(Format: 123-456-7890)

Fax Number: (615) 880-2535
(Format: 123-456-7890)

Email: april.calvin@nashville.gov

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

Date Signed: 09/14/2023

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.

Applicant: Metro Office of Homeless Services

08012018

Project: HMIS Renewal FY 2023

207002

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: Office of Homeless Services

Name / Title of Authorized Official: April Calvin, Director of Office of Homeless Services

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

Date Signed: 09/14/2023

Applicant: Metro Office of Homeless Services

08012018

Project: HMIS Renewal FY 2023

207002

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: Office of Homeless Services

Street 1: 800 2nd Ave North

Street 2:

City: Nashville

County: Davidson

State: Tennessee

Country: United States

Zip / Postal Code: 37201

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.

Applicant: Metro Office of Homeless Services

08012018

Project: HMIS Renewal FY 2023

207002

Authorized Representative

Prefix: Ms.

First Name: April

Middle Name:

Last Name: Calvin

Suffix:

Title: Director of Office of Homeless Services

Telephone Number: (615) 862-6401
(Format: 123-456-7890)

Fax Number: (615) 880-2535
(Format: 123-456-7890)

Email: april.calvin@nashville.gov

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

Date Signed: 09/14/2023

IK. SF-424B

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

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

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

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

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

Applicant: Metro Office of Homeless Services

08012018

Project: HMIS Renewal FY 2023

207002

- | | |
|-----|--|
| 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: Office of Homeless Services

Prefix: Ms.

First Name: April

Applicant: Metro Office of Homeless Services

08012018

Project: HMIS Renewal FY 2023

207002

Middle Name:

Last Name: Calvin

Suffix:

Title: Director of Office of Homeless Services

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

Date Signed: 09/14/2023

Information About Submission without Changes

Follow the instructions below making note of the exceptions and limitations to the “Submit Without Changes” process.

In general, HUD expects a project’s proposed project application information will remain the same from year-to-year unless changes are directed by HUD or approved through the grant agreement amendment process. However, HUD expects applicants to carefully review their information to determine if submitting without changes accurately reflects the expiring grant requesting renewal.

The data from previously submitted new and renewal project applications can be imported into a FY 2023 renewal project application. The “Submit without Changes” process is not applicable for first time renewing project applications or for a project application that did not import FY 2022 information and e-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that select “Yes - Individual Application in a Renewal Grant Consolidation” on the Renewal Grant Consolidation or Renewal Grant Expansion Screen may not use the “Submit Without Changes” process and esnaps will automatically be set to “Make Changes”. In addition, esnaps will automatically be set to “Make Changes” if the project applicant indicates on the Renewal Grant Consolidation or Renewal Grant Expansion Screen, this project application is for a “Yes - Stand-Alone Renewal Application in a New Grant Expansion” project application.

The e-snaps screens that remain “open” for required annual updates and do not affect applicants’ ability to select “Submit without Changes” are:

- Recipient Performance Screen
- Consolidation and Expansion
- Screen 3A. Project Detail
- Screen 6A. Funding Request
- Screen 6D. Sources of Match
- Screen 6E. Summary Budget - All of Part 7: Attachments and Certification; and
- All of Part 8: Submission Summary.

All other screens in Part 2 through Part 6 begin in “Read-Only” format and should be reviewed for accuracy; including any updates that were made to the 2021 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select “Submit Without Changes” in Part 8. If project applicants imported data and do need to make updates to the information on one or more screens, they must navigate to Part 8: “Submission Without Changes” Screen, select “Make Changes”, and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click “Save” and those screens will be available for edit. Once a project applicant selects a checkbox and clicks “Save”, the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions and e-snaps navigation guides found on HUD.gov to find more in depth information about applying under the FY 2023 CoC Competition.

Applicant: Metro Office of Homeless Services
Project: HMIS Renewal FY 2023

08012018
 207002

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award due to 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"/> |
| Part 4 - Housing Services and HMIS | |
| 4A. HMIS Standards | <input checked="" type="checkbox"/> |
| Part 5 - Participants and Outreach Information | |
| Part 6 - Budget Information | |
| 6A. Funding Request | <input checked="" type="checkbox"/> |
| 6D. Match | <input checked="" type="checkbox"/> |
| 6E. Summary Budget | <input checked="" type="checkbox"/> |
| Part 7 - Attachment(s) & Certification | |
| 7A. Attachment(s) | <input checked="" type="checkbox"/> |
| 7B. Certification | <input checked="" type="checkbox"/> |

You have selected "Make Changes" to question #2 above. Provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

Applicant: Metro Office of Homeless Services

08012018

Project: HMIS Renewal FY 2023

207002

Detail and project information will be updated to reflect current staffing, user information and processes. Match letter and admin % will be updated as well.

You have selected "Make Changes." Once this screen is saved, you 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.

Applicant: Metro Office of Homeless Services

08012018

Project: HMIS Renewal FY 2023

207002

Recipient Performance

1. Did you submit your previous year's Annual Performance Report (APR) on time? Yes

2. Do you have any unresolved HUD Monitoring or OIG Audit finding(s) concerning any previous grant term related to this renewal project request? No

3. Do you draw funds quarterly for your current renewal project? Yes

4. Have any funds remained available for recapture by HUD for the most recently expired grant term related to this renewal project request? No

Renewal Grant Consolidation or Renewal Grant Expansion

The CoC Competition will continue offering opportunities to expand or consolidate CoC projects.

1. Expansions and Consolidations will no longer be required to submit a combined version of the application.

a. Expansions will be required to ONLY submit a Stand-Alone Renewal and a Stand-Alone New application.

b. Consolidations will be required to ONLY submit a Survivor grant and a terminating grant. Up to 10 grants may be involved in a consolidation (Survivor + 9 Terminating grants)

2. Since no combined version will be submitted for either the Expansion or Consolidation, the combining of data will occur at Post-Award. HUD HQ will combine all units, beds and budgets prior to the Post-Award process. The field office and applicant will then be required to combine remaining project data at C1.9a (recipient step). HUD HQ will provide a data report with the data all combined. All that will be required for applicants to do is a simple copy and paste.

We hope this process will simplify and reduce any confusion when submitting expansions or consolidations. If you have any questions, please contact the AAQ.

1. Is this renewal project application requesting to consolidate or expand? No

If "No" click on "Next" or "Save & Next" below to move to the next screen.

Applicant: Metro Office of Homeless Services


08012018

Project: HMIS Renewal FY 2023

207002

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 | Sub-Award Amount |
|-----------------------------|------|------------------|
| This list contains no items | | |

Applicant: Metro Office of Homeless Services

08012018

Project: HMIS Renewal FY 2023

207002

3A. Project Detail

1. Expiring Grant Project Identification Number (PIN): TN0060

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

2. CoC Number and Name: TN-504 - Nashville-Davidson County CoC

3. CoC Collaborative Applicant Name: Metropolitan Development & Housing Agency

4. Project Name: HMIS Renewal FY 2023

5. Project Status: Standard

6. Component Type: HMIS

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

3B. Project Description

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

Over the previous two years, Nashville-Davidson County's HMIS usership has increased to more than 249 users. Agency use has increased beyond HUD funded agencies and the Mayor's Office and City Council recognize the value of utilizing HMIS data to address homelessness in Nashville, TN. Because of the improvements in data quality and participation, the staff necessary to continue to maintain and improve HMIS has increased to 5 full-time staff, 4 on Metro's budget and 1 in a grant funded position. We continue to use these funds to pay our HMIS vendor and to purchase additional licenses when needed. For the 2021-2022 year we also used funds to pay a consultant to assist during a time of turnover and to send new team members to vendor training. For the 2022-2023 year we intend to use the funds to pay for our software, pay our Tableau consultant who has trained our teams in Tableau data visualization and also built several dashboards, to buy additional licenses as needed, send team members to the NHSDC conference, and to begin the process of importing data from the Nashville Rescue Mission (who do not participate in the HMIS process) directly into HMIS. This is vital because it means our HMIS will have 100% of emergency shelter bed coverage.

4A. HMIS Standards

1. Is the HMIS currently programmed to collect all Universal Data Elements (UDEs) as set forth in the FY 2022 HMIS Data Standard Manual? Yes

2. Does HMIS produce all HUD-required reports and provide data needed for HUD reporting? (i.e., Annual Performance Report (APR)/CoC reporting, Consolidated Annual Performance and Evaluation Report (CAPER)/ESG reporting, Longitudinal System Analysis (LSA)/Annual Homeless Assessment Report, System Performance Measures (SPM), and Data Quality Table, etc.). Yes

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

4. Does HMIS provide the CoC with an unduplicated count of program participants receiving services in the CoC? Yes

5. Describe your organizations process and stakeholder involvement for updating your HMIS Governance Charters and HMIS Policies and Procedures.

Nashville Davidson County Coc has several committees, two of which are centered around HMIS. The HMIS Oversight committee reviews policy and procedures, governance and community engagement. The Data Committee reviews the community data, HMIS reports and other data sources throughout the year. Both of which are approved by the Governance Charter. Both Committees are composed of funded and unfunded community partners and service providers. The committees both meet separately each month with a planned agenda and minutes. They provide support to the task and duties listed in the Coc Strategic Plan, draft and review policies and procedures, and inform the community with data driven review. This year we have acquired HUD Technical Assistance to help with adopting Federal best practices using data to drive the improvements. The HMIS Lead undertakes a review of the Policies and Procedures and all relevant HMIS governing documents every 2 years in conjunction with the HMIS Oversight Committee, and makes updates as needed. Any updates are approved by HMIS Oversight Committee and the Homelessness Planning Council.

6. Who is responsible for insuring the HMIS implementation meets all privacy and security standards as required by HUD and other federal partners?

Office of Homeless Services is the HMIS and CE Lead for Nashville, TN. The responsibility of proper implementation of privacy and security standards are within this department and reviewed by the HMIS Oversight Committee. Changes, updates, and notices are approved and voted on by the Oversight Committee, Coc General Membership, and the Homeless Planning council. The HMIS team has designated an internal security officer to ensure proper privacy and security standards are implemented throughout the community. There is also annual monitoring of all HMIS participating agencies that includes monitoring for their adherence to privacy and security policies.

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

8. What is the CoC's policy and procedures for managing a breach of Personally Identifiable Information (PII) in HMIS?

Our current HMIS software is HIPAA-compliant and allows for additional privacy and security measures, as described below, in Section 6: Privacy, Safety & Security. Corrective Action: If an HMIS Member Agency or any of its end users have violated any HMIS policy, HMIS staff will implement a Corrective Action Plan upon discovery of the violation. Any HMIS End User, HMIS Member Agency staff member, client, or other interested party may inform the HMIS Lead Agency of a potential violation by contacting the HMIS Administrator in writing. The message should describe, in as much detail as possible: A description of the suspected violation; Approved 8.14.19 Page 6 of 21 A list of any particular individuals or HMIS Member Agencies suspected to be involved in the violation; Reference to a specific portion of the HMIS Policies & Procedures Manual or other governing document that the writer suspects has been violated; and The anticipated severity level of the violation (Minor, Major, or Severe). The list below includes examples of Minor, Major, and Severe violations. These examples are not intended to be an exhaustive list, and the HMIS Lead Agency will make the ultimate determination of the severity level of the violation. Minor Violations include the absence of an HMIS User at a required training, unless prior arrangements have been made for receiving missed training; inability to reach minimum data quality standards; and lack of communication with HMIS Lead Agency regarding staffing changes that affect HMIS participation (e.g., new end users, change in primary Point of Contact, change in Security Officer, etc.). Major Violations include repeated unresponsiveness of HMIS Member Agency to HMIS staff requests; failure to report security and privacy incidents; and lack of inclusion of the HMIS Lead Agency in the development of any data sharing agreements, business associate agreements, etc. executed by an HMIS Member Agency. Severe Violations include security breaches and violations that pose an imminent risk to clients' rights, as outlined below in Section 5: Clients' Rights (e.g., end users sharing login information or leaving login information in plain view of others; improper access of client data beyond the scope outlined in the HMIS Policies and Procedures and Member Agency Agreement). Additionally, the HMIS Lead Agency itself may identify violations of HMIS policy or other governing documents in the course of normal business. Upon discovery of a suspected violation, the HMIS Administrator will investigate and, if necessary, require the HMIS Member Agency responsible for the violation to implement a Corrective Action Plan. The details of the plan will depend on the type and severity of the violation. Potential course of action include: Probation: The primary Point of Contact, or other appropriate staff member, at the HMIS Member Agency responsible for the violation will set up a one-on-one meeting with the HMIS Administrator to discuss the violation. During this meeting, a Corrective Action Plan will be developed and documented with clear expectations and a timeline for resolution/correction of the violation. The Member Agency will be placed on probation for a minimum of 90 days, during which time additional monitoring/auditing may be performed by the HMIS Lead Agency. Suspension: In the event of a Severe violation or initial failure to meet the expectations outlined in the Corrective Action Plan during the probationary period.

6A. Funding Request

VAWA Budget

New in FY2023, 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 new 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 combined 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 on the summary budget screen. The CoC VAWA BLI Total amount can be expended for any eligible CoC VAWA cost identified above.

Applicant: Metro Office of Homeless Services

08012018

Project: HMIS Renewal FY 2023

207002

1. Will this project use funds from this grant to provide for emergency transfer facilitation, which includes the costs of assessing, coordinating, approving, denying and implementing a survivor’s emergency transfer per Section III.B.4.a.(3) (a) of the NOFO? No

2. Will this project use funds from this grant to provide for VAWA confidentiality requirements, which includes the costs of ensuring compliance with the VAWA confidentiality requirements per Section III.B.4.a.(3) (b) of the NOFO? No

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:

| Cognizant Agency | Indirect Cost Rate | Direct Cost Base | Plan approved by cognizant agency or will use 10% de minimis rate |
|-----------------------------|--------------------|------------------|---|
| Office of Homeless Services | 10% | \$141,508 | Will use 10% de minimis rate |

4. Renewal Grant Term: This field is pre-populated with a one-year grant term and cannot be edited: 1 Year

5. Select the costs for which funding is requested:

| | |
|------|-------------------------------------|
| HMIS | <input checked="" type="checkbox"/> |
| VAWA | <input checked="" 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.

Applicant: Metro Office of Homeless Services

08012018

Project: HMIS Renewal FY 2023

207002

6D. 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 Value of Cash Commitments: | \$37,000 |
| Total Value of In-Kind Commitments: | \$0 |
| Total Value of All Commitments: | \$37,000 |

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

| Type | Source | Contributor | Value of Commitments |
|------|------------|----------------------|----------------------|
| Cash | Government | Metropolitan Gove... | \$37,000 |

Applicant: Metro Office of Homeless Services

08012018

Project: HMIS Renewal FY 2023

207002

Sources of Match Detail

1. Type of Match Commitment: Cash

2. Source: Government

3. Name of Source: Metropolitan Government

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

4. Amount of Written Commitment: \$37,000

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 2018 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2018, 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 (Light gray fields are available for entry of the previous grant agreement, GIW, approved GIW Change Form, or reduced by reallocation) | Applicant CoC Program Costs Requested (1 Year Term) |
|--|--|
| 1a. Leased Units (Screen 6B) | \$0 |
| 1b. Leased Structures (Enter) | \$0 |
| 2. Rental Assistance (Screen 6C) | \$0 |
| 3. Supportive Services (Enter) | \$0 |
| 4. Operating (Enter) | \$0 |
| 5. HMIS (Enter) | \$131,603 |
| 6. VAWA (Enter) | |
| 7. Sub-total of CoC Program Costs Requested | \$131,603 |
| 8. Admin (Up to 10% of Sub-total in #7) | \$9,905 |
| 9. HUD funded Sub-total + Admin. Requested | \$141,508 |
| 10. Cash Match (From Screen 6D) | \$37,000 |
| 11. In-Kind Match (From Screen 6D) | \$0 |
| 12. Total Match (From Screen 6D) | \$37,000 |
| 13. Total Project Budget for this grant, including Match | \$178,508 |

Applicant: Metro Office of Homeless Services

08012018

Project: HMIS Renewal FY 2023

207002

7A. Attachment(s)

| Document Type | Required? | Document Description | Date Attached |
|---|-----------|----------------------|---------------|
| 1) Subrecipient Nonprofit Documentation | No | | |
| 2) Other Attachment | No | FY23 HMIS Match L... | 08/18/2023 |
| 3) Other Attachment | No | | |

Applicant: Metro Office of Homeless Services

08012018

Project: HMIS Renewal FY 2023

207002

Attachment Details

Document Description:

Attachment Details

Document Description: FY23 HMIS Match Letter

Attachment Details

Document Description:

7B. 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.

Applicant: Metro Office of Homeless Services

08012018

Project: HMIS Renewal FY 2023

207002

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: April Calvin

Date: 09/14/2023

Title: Director of Office of Homeless Services

Applicant Organization: Office of Homeless Services

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

| Page | Last Updated |
|--------------------------------------|-------------------|
| 1A. SF-424 Application Type | 08/09/2023 |
| 1B. SF-424 Legal Applicant | 08/02/2023 |
| 1C. SF-424 Application Details | No Input Required |
| 1D. SF-424 Congressional District(s) | 09/14/2023 |
| 1E. SF-424 Compliance | 08/02/2023 |
| 1F. SF-424 Declaration | 08/09/2023 |
| 1G. HUD 2880 | 08/09/2023 |

| | | |
|------------------------------------|---------|------------|
| Renewal Project Application FY2023 | Page 41 | 09/14/2023 |
|------------------------------------|---------|------------|

Applicant: Metro Office of Homeless Services

08012018

Project: HMIS Renewal FY 2023

207002

| | |
|---|-------------------|
| 1H. HUD-50070 | 08/09/2023 |
| 1I. Cert. Lobbying | 08/09/2023 |
| 1J. SF-LLL | 08/18/2023 |
| IK. SF-424B | 08/09/2023 |
| Submission Without Changes | 08/17/2023 |
| Recipient Performance | 08/02/2023 |
| Renewal Grant Consolidation or Renewal Grant Expansion | 08/14/2023 |
| 2A. Subrecipients | No Input Required |
| 3A. Project Detail | 08/14/2023 |
| 3B. Description | 08/14/2023 |
| 4A. HMIS Standards | 08/19/2023 |
| 6A. Funding Request | 08/19/2023 |
| 6D. Match | 08/19/2023 |
| 6E. Summary Budget | No Input Required |
| 7A. Attachment(s) | 08/18/2023 |
| 7B. Certification | 08/17/2023 |

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY



JOHN COOPER
MAYOR

APRIL CALVIN
EXECUTIVE DIRECTOR



615.862.6992
WWW.NASHVILLE.GOV/HOMELESS

August 18, 2023

Norm Suchar, Director

Office of Special Needs Assistance Programs

U.S. Department of Housing and Urban Development

451 7th Street, SW

Washington, D.C. 20410

Dear Mr. Suchar:

This letter is to commit matching funds needed for the Metro Nashville Office of Homeless Services: HMIS FY23 Renewal Project 207002. We will be able to assist with the provision of \$37,000 of the salary of the HMIS System Administrator funded through the Nashville-Davidson Metropolitan Social Services general fund. The position is dedicated to the administration of the HMIS System.

Sincerely,

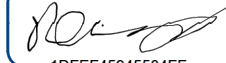
April Calvin

Director, Office of Homeless Services

APPLICATION FOR
Continuum of Care Homeless Management Information Systems
Continuum of Care Coordinated Entry Systems

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY

DocuSigned by:



1DFEF45045504FF...

Director
Department of Office of Homeless Services

09/13/23

Date


Certificate Of Completion

| | |
|---|-------------------------------|
| Envelope Id: 21449C37D4A241B0A2824B28C0C70374 | Status: Completed |
| Subject: Complete with DocuSign: OHS-HUD HMIS Renewal 24-25 Ready.pdf | |
| Source Envelope: | |
| Document Pages: 57 | Signatures: 6 |
| Certificate Pages: 15 | Initials: 1 |
| AutoNav: Enabled | Envelope Originator: |
| Envelope Stamping: Enabled | Juanita Paulson |
| Time Zone: (UTC-06:00) Central Time (US & Canada) | 730 2nd Ave. South 1st Floor |
| | Nashville, TN 37219 |
| | Juanita.Paulsen@nashville.gov |
| | IP Address: 170.190.198.185 |

Record Tracking

| | | |
|--------------------------------------|--|--------------------|
| Status: Original | Holder: Juanita Paulson | Location: DocuSign |
| 7/15/2024 3:07:06 PM | Juanita.Paulsen@nashville.gov | |
| Security Appliance Status: Connected | Pool: StateLocal | |
| Storage Appliance Status: Connected | Pool: Metropolitan Government of Nashville and Davidson County | Location: DocuSign |


Signer Events

| Signer Events | Signature | Timestamp |
|--|---|------------------------------|
| Amanda Brown |  | Sent: 7/15/2024 3:13:57 PM |
| Amanda.Brown@nashville.gov | | Viewed: 7/15/2024 3:32:15 PM |
| Security Level: Email, Account Authentication (None) | | Signed: 7/15/2024 3:32:22 PM |
| | Signature Adoption: Pre-selected Style | |
| | Using IP Address: 170.190.198.185 | |

Electronic Record and Signature Disclosure:
 Accepted: 7/15/2024 3:32:15 PM
 ID: 44db020b-006b-463a-829a-710bf8851045

| | | |
|--|---|------------------------------|
| Aaron Pratt |  | Sent: 7/15/2024 3:32:28 PM |
| Aaron.Pratt@nashville.gov | | Viewed: 7/16/2024 6:23:13 AM |
| Security Level: Email, Account Authentication (None) | | Signed: 7/16/2024 6:23:23 AM |
| | Signature Adoption: Pre-selected Style | |
| | Using IP Address: 174.212.163.73 | |
| | Signed using mobile | |

Electronic Record and Signature Disclosure:
 Accepted: 7/16/2024 6:23:13 AM
 ID: de91123b-c800-47bb-a7ee-4149eaade669

| | | |
|--|---|------------------------------|
| Kevin Crumbo/mal |  | Sent: 7/16/2024 6:23:29 AM |
| Michelle.Lane@nashville.gov | | Viewed: 7/16/2024 8:46:24 AM |
| Deputy Director of Finance | | Signed: 7/16/2024 8:47:27 AM |
| Metro | | |
| Security Level: Email, Account Authentication (None) | Signature Adoption: Pre-selected Style | |
| | Using IP Address: 170.190.198.185 | |

Electronic Record and Signature Disclosure:
 Not Offered via DocuSign

| | | |
|--|---|------------------------------|
| Courtney Mohan |  | Sent: 7/16/2024 8:47:34 AM |
| Courtney.Mohan@nashville.gov | | Viewed: 7/16/2024 1:56:12 PM |
| Security Level: Email, Account Authentication (None) | | Signed: 7/17/2024 1:48:45 PM |
| | Signature Adoption: Pre-selected Style | |
| | Using IP Address: 170.190.198.185 | |

Electronic Record and Signature Disclosure:

| Signer Events | Signature | Timestamp |
|---------------|-----------|-----------|
|---------------|-----------|-----------|

Accepted: 7/17/2024 11:45:09 AM
ID: 18187ac0-f9f1-4c7b-a525-04bf744438d4

Balogun Cobb
balogun.cobb@nashville.gov
Security Level: Email, Account Authentication (None)

Balogun Cobb

Sent: 7/17/2024 1:48:53 PM
Viewed: 7/17/2024 1:50:49 PM
Signed: 7/17/2024 1:51:01 PM

Signature Adoption: Pre-selected Style
Using IP Address: 107.119.65.131
Signed using mobile

Electronic Record and Signature Disclosure:
Accepted: 7/17/2024 1:50:49 PM
ID: c52c51a6-783c-4271-b7a1-fb629977d68a

| In Person Signer Events | Signature | Timestamp |
|-------------------------|-----------|-----------|
|-------------------------|-----------|-----------|

| Editor Delivery Events | Status | Timestamp |
|------------------------|--------|-----------|
|------------------------|--------|-----------|

| Agent Delivery Events | Status | Timestamp |
|-----------------------|--------|-----------|
|-----------------------|--------|-----------|

| Intermediary Delivery Events | Status | Timestamp |
|------------------------------|--------|-----------|
|------------------------------|--------|-----------|

| Certified Delivery Events | Status | Timestamp |
|---------------------------|--------|-----------|
|---------------------------|--------|-----------|

| Carbon Copy Events | Status | Timestamp |
|--------------------|--------|-----------|
|--------------------|--------|-----------|

Danielle Godin
Danielle.Godin@nashville.gov
Security Level: Email, Account Authentication (None)

COPIED

Sent: 7/17/2024 1:51:06 PM
Viewed: 7/17/2024 2:54:18 PM

Electronic Record and Signature Disclosure:
Not Offered via DocuSign

Sally Palmer
sally.palmer@nashville.gov
Security Level: Email, Account Authentication (None)

COPIED

Sent: 7/17/2024 1:51:07 PM
Viewed: 7/17/2024 2:15:24 PM

Electronic Record and Signature Disclosure:
Accepted: 7/17/2024 7:55:40 AM
ID: a1652db7-a7c8-44b0-9004-c33f9fcf2965

| Witness Events | Signature | Timestamp |
|----------------|-----------|-----------|
|----------------|-----------|-----------|

| Notary Events | Signature | Timestamp |
|---------------|-----------|-----------|
|---------------|-----------|-----------|

| Envelope Summary Events | Status | Timestamps |
|-------------------------|--------|------------|
|-------------------------|--------|------------|

| | | |
|---------------------|------------------|----------------------|
| Envelope Sent | Hashed/Encrypted | 7/15/2024 3:13:57 PM |
| Certified Delivered | Security Checked | 7/17/2024 1:50:49 PM |
| Signing Complete | Security Checked | 7/17/2024 1:51:01 PM |
| Completed | Security Checked | 7/17/2024 1:51:07 PM |

| Payment Events | Status | Timestamps |
|----------------|--------|------------|
|----------------|--------|------------|

| Electronic Record and Signature Disclosure |
|--|
|--|