| Oklahoma Department of Commerce  |                                       |   |
|--|---------------------------------------|---|
| Office of Community Development  |                                       |   |
| Application for Financial Assistance FY 2  |                                       |   |
| 1.a. Type of Submission  | 2.a. Has the Shelter received         |   |
| ☐ Rehabilitation/Conversion  | years? If yes, indicate v             | 71 ESG 95; 8038 ESG 97; 8415            |
| ■ Non Rehabilitation/Conversion  | ESG 98; 11684 ESG 05; 11244<br>ESG 11 | ESG 06; 14202 ESG 10; 14806             |
| 3a. Applicant Name (Sponsor)   | 3b. Shelter Name                      |   |
| The City of Norman   | East Main Place, Inc.                 |   |
|  |                                       |   |
| 3c. Applicant address  | 3d. Shelter mailing address           |   |
| PO Box 370, Norman, OK 73070   | 1100 E. Main, Norman, OK              | 73071                                   |
| 1 11 1   | of Gl. It was to at a series          |   |
| 3e. Applicant contact name, email address and                                    | 3f. Shelter contact name, e           | man address and phone                   |
| phone number   | number                                |   |
| Linda Price 405-366-5439   | Ginny Corson 405-447-466              | 3                                       |
| Linda.price@normanok.gov   | ginny@eastmainplace.com               |   |
| 3g. County Cleveland   | 3h. County Code 14                    |   |
| 4. Employer Identification Number (EIN)  | 4.a. DUNS Number                      |   |
|  | 1 0 1 5 0 1                           | 2 4 0                                   |
| 7 3 6 0 0 5 3 5 0  |                                       | 2 4 0                                   |
| 5. Applicant Category  | 6. Estimated # beneficiarie           | es                                      |
| City/Town County   | We will be able to assist over        | er 125 households (400                  |
| ☐ Community Action Agency  | individuals) with this proje          | ct.                                     |
| 7. Contract Start Date: October 1, 2012  |                                       |   |
| Contract Ending Date: September 30, 2013   | 8. Requested Funding for t            |   |
| 9. Description of Project:   | Applicant (Match)                     | \$100,000                               |
| Operations, Homeless Prevention  | ESG Request                           | \$100,000                               |
| and Rapid Re-Housing.  | Other (Additional Funds)              | \$                                      |
|  | Total Project:                        | \$200,000                               |
| 10a. Applicant State Legislative Districts (list                                 | 11. Does the Applicant hav            |   |
| individual county and district #)  | exceptions?                           | •                                       |
| House 44, 45, 46, and 53; Senate 15, 16, and 17                                  | Yes, if "yes" attach e                | xplanation                              |
| 10b. Shelter State Legislative Districts (list                                   |                                       |   |
| individual county and district #)  | No                                    |   |
| House 44, 45, 46, and 53; Senate 15, 16, and 17                                  |                                       |   |
|  |                                       | - 17                                    |
| 12. To the best of my knowledge and belief, al data                              | 12a. Name/Title of Author             |   |
| in this application are true and correct. The                                    | Cindy S. Rosenthal, Mayor             | of the City of Norman                   |
| document has been duly authorized the  |                                       |   |
| Governing Body of the Applicant and the  |                                       |   |
| applicant will comply with the attached assurances if the assistance is awarded. |                                       |   |
| assurances if the assistance is awarded.   |                                       |   |
| 12b. Signature of Authorized Representative:                                     |                                       | \ |
|  | ( du                                  | Rosald                                  |
| <u></u>  | 2,000                                 | 10 Jula                                 |
| 12d. Date Signed:  | 10-11-17                              |   |
|  | 0-11-12                               |   |

ODOC Form 424 ESG 2012

# SECTION I: COMMUNITY NEED(S) (15 points possible) ONE PAGE MAXIMUM

- I-1 Describe the need for homeless assistance services in your area. Include local data. For example (but not limited to), numbers served; numbers turned away, local poverty statistics, etc.
- I-2 How was data showing proof of need collected?

# SECTION II: Proposed Use of Funds (Programmatic) (50 points possible) <a href="https://doi.org/10.1001/journal.com/">THREE PAGE MAXIMUM</a>

- II-1. What sub-population(s) does the shelter serve (check all that apply)
- \_x\_\_ Children and Youth
- x Chronic Substance Abusers
- \_x\_\_ Co-Occurring Disorder (see definition)
- \_x\_ Expectant Mothers
- \_x\_\_ Persons with HIV/Aids
- \_x\_\_ Mentally Ill
- \_x\_\_ Unaccompanied Youth
- x Veterans
- \_x\_\_ Victims of Domestic Violence
- \_x\_\_ Other (specify)
- II-2. Describe the organization's Emergency Shelter Component and Shelter Services.
- II-3. Describe the organization's Street Outreach Services.
- II-4. List shelter's days and hours of operation and 24/7 availability.
- II-5. What is the maximum length of stay? 1 year with possible extensions, case by case basis.
- II-6. Does your shelter charge a fee for services? If yes, provide explanation.
- II-7 Describe how clients will access requested funds for Rapid Rehousing and/or Prevention; including what documentation is collected / verified regarding the client's program eligibility.
- II-8 Describe what level of case management clients receive at the Shelter and identify the person(s) responsible for carrying out case management activities
- II-9 Describe steps clients take to enter transitional and/or permanent housing.
- II-10 How will the services proposed address the needs of the households serviced allowing them to become self sufficient in order to maintain permanent housing?

### **SECTION I:**

- I-1. The East Main Place program fulfills a vital need within our community to provide long term housing and comprehensive case management services to homeless individuals and families. During the 2010 program year we served 142 men, women and children. The 2011 program year showed a decrease in the number of participants receiving services simply because more individuals and families are staying longer than anticipated. EMP housed a total of 111 individuals and families with children. The EMP program refuses no applicant for on-site housing services with the only exception being a violent criminal offender. The number of violent offender applicants turned away in the 2011 program year was 15. Additionally, the most recent poverty statistics for Cleveland County Oklahoma, specifically, the City of Norman, is a whopping 16.7%. The latest data available for the state of Oklahoma sits at 16.8% and the current national poverty levels are 15.1%. What is even more alarming still is that 22% of all children 18 years of age and under live at or below the national poverty level. The January 2012 CoC Point In Time count for Cleveland County proves that a minimum of 616 individuals did not have a permanent fixed night time residence. Although the CoC gathers the critical PIT quantitative data, it is important to recognize that qualitative incorporation of data gathered from our homeless population be strongly considered. This allows us to view where we may improve upon our service delivery as well as insight and better understanding of the many varied and complicated needs of our homeless citizens.
- I-2. The data showing proof was gathered from several resources and entities. We diligently gather participant information and enter the data into the Homeless Management Information System (HMIS). HMIS data gives us an immediate compilation of current participant information. Additional statistical data was gathered from the US Census Bureau which includes local and state data. The National Poverty Center provided a wealth of information, particularly regarding children living in poverty. The Norman CoC provided the Point In Time count information. EMP is an active participant in the collection of local PIT data. And finally, although not shown, the individual "stories" of homeless individuals and families, our program participants, offer EMP the opportunity to gather information and continually change our methods of service delivery to better meet the needs of those we serve.

### **SECTION II:**

### II-1. See attached check list.

II-2. East Main Place has always provided an emergency shelter component as part of our program. We have a valued community partnership with the Norman Salvation Army and Food and Shelter for Friends. EMP regularly makes appropriate referral to the SA and FSFF. When additional funds become available to us, we will place homeless individuals and families in a local motel until we can arrange longer term shelter within the EMP program. With the implementation of the new ESG regulations, if awarded funding, EMP will continue our community partnerships and add defined funding for motel vouchers to our budget. This award will greatly enhance our ability to quickly house homeless people and begin the process of rebuilding their lives. EMP shelter services include structure within safe, clean affordable housing, individual case management services, financial literacy training, life skills training, education counseling, physical and mental health assessment and appropriate, quick referral to all community partners for essential services provision. Our participant successes in achieving permanent housing stability have been proven time and again with this program structure. Our performance measures and successful outcomes are consistent.

II-3. East Main Place is not applying for funding to provide street outreach services. However, we have previously provided street outreach services. This is based on emergency referral. Generally, we will receive a phone call from a member of city or state government asking us if we will go outreach a homeless family or individual located within the city limits. On these occasions we have successfully outreached the homeless into our shelter. If awarded funding, we are committed to providing motel voucher assistance within the scope of our community partnerships with the Salvation Army and Food and Shelter for Friends. FSFF currently has an extremely successful street outreach program and we will always refer street homeless to the most appropriate agency for central intake and assessment of need. Partnership agreements will include providing voucher assistance for those households that require minimal case management services and will benefit immensely from Rapid Re-Housing assistance, which we will provide if awarded funding. Additionally, we will provide emergency shelter to homeless individuals and families that will ultimately come into the EMP program. This is to ensure they may receive the comprehensive case management services that they require before they can successfully move on to permanent housing stability. And finally, we are committed to provide temporary emergency shelter to our chronically homeless population. Not all individuals in residing emergency shelter are viable candidates for long term housing due to their own personal choice or the many significant issues that they face. We will remain in close contact with our community partners so that we may be able to provide the best services to our communities homeless.

**II-4.** East Main Place hours of operation are Monday-Friday from 8AM-4PM in addition to occasional Saturday's when required. The shelter director or on-call staff is available to

residents or to those requiring emergency assistance 24 hours daily. On-call staff will meet individuals or families at a local motel to provide emergency shelter for those who qualify.

- **II-5.** The maximum length of stay is 1 full year. EMP strongly encourages residents to maintain residency for the entire 12 month period. Due to some extenuating circumstances, residents may maintain residency for the HUD allowable timetable of 24 months depending on minor setbacks or achievement gained as outlined in the residents individual development plan.
- **II-6.** Yes. After a new resident gains employment, they are required to pay rent monthly as required in the EMP contract with the Norman Housing Authority for Project Based Section 8 voucher assistance. Resident rental costs are calculated using the housing authority formulary for qualified Section 8 recipient assistance at 30% of their adjusted gross monthly income.
- **II-7.** Residents who are verified eligible to receive requested funds through the Central System for Intake (**CSI**) will be required to have a referral from CSI for all prevention services, case management will be provided for all recipients of prevention services and will be provided either in-house or through contract with a community partnership. Rapid re-housing funds will be used to transition EMP program participants to permanent housing by providing most or all start-up expenses. Documentation will include demographic data, documentation that has caused or will imminently cause homelessness, photo ID, social security cards for all family members, income verification and other assorted documents as necessary. Currently, no individual or family can apply for Section 8 rental assistance through the Norman Housing Authority. Having rapid rehousing funds will alleviate the burden to low-income participants by paying for start-up expenses. EMP will simply incorporate the comprehensive case management services that we currently provide along with comprehensive after care services which will include a housing stability plan specifically designed with the participant that will effectively assist them over the long term.
- II-8. With a referral from CSI or a partnering agency that provides emergency shelter, we can commit to house an individual or family temporarily with a motel voucher. When space becomes available at EMP. They will transition from motel to the program on site. The level of case management services will vary from family to family depending on their current circumstances. Services provided can change rapidly depending on a participant's level of strengths and goals achieved. However, all participants will receive comprehensive case management services. Case management services include, but are not limited to; long term, safe, secure emergency housing, employment counseling, life skills training, mental health services, substance abuse services, financial literacy training, domestic abuse/violence counseling, education counseling and housing stability counseling. Case management activities are the responsibility of Marilyn Webb: a long term employee of EMP. Ms. Webb has extensive experience in case management and is very successful with EMP participants. She holds a bachelor's degree in Human Services Counseling from East Central University. Ms. Webb is also credentialed through the University of Iowa School of Social Work and is a Nationally Certified Family Development Specialist. EMP will also utilize supervised practicum students from the University of Oklahoma to provide certain case management activities such as life skills and financial

literacy exercises. Ultimately, the executive director has the responsibility of ensuring all case management activities are carried out.

II-9. Participants are required to complete an application for services through the CSI. Immediately they will receive a needs assessment and be referred to the appropriate partnering agency for services. Provided that they meet the entry requirements to enter into long term housing i.e.; completed application, documentation of need, and no violent offences, if space is available they will be allowed entry into the EMP housing program. After a period of time receiving intensive case management, supportive services, and increased income a participant can then qualify for start-up costs assistance and move on to permanent housing. The EMP case manager, along with each individual and family will jointly develop an individualized housing stability plan with clearly outlined steps/goals that will result in long term housing stabilization. At this time, after care services will be critical in assisting all participants in maintaining permanent housing stability. EMP will work toward maintenance of a healthy case management routine to ensure our program participants continued long-term successes on their own terms.

II-10. There are many and varied factors which lead to a households inability to maintain permanent housing. The EMP program begins by leading participants down a path of setting their own goals. EMP provides a supportive and nurturing environment with rules and guidance designed to motivate and encourage. We address the often reoccurring factors that lead to homelessness. Education, debt, lack of employment, physical and mental health issues, substance abuse issues, lack of driver's license and other issues. We are goal centered and the main focus is the family's ability to maintain permanent housing. We try to instill a level of accountability and responsibility in our participants lives, first to themselves and then to their obligations. Paramount to the success of any participant is the effective and positive relationship they build with their case manager. For our program participants, the ability to be self-sufficient requires great focus, hard work and the desire to be self-sufficient. The expansion of eligible activities outlined in the ESG Program will allow for far more flexibility in services we can physically provide to our program participants to assist them in achieving the many levels of a self-sufficient lifestyle. EMP can provide any participant the tools and guidance necessary to achieve and maintain self-sufficiency and permanent housing stability with the vast level of resources available to each one if they are truly willing to change their lives to achieve that level of success.

## **SECTION III:**

- III-1. Local goals, by which we measure our performance, are outlined in the City of Norman ECHO 2015 plan. Please see attached ECHO plan. The EMP program is exactly in line with the state and local performance measures. Approximately 60% of our program participants exit to permanent housing and approximately 80% of program participants will exit the program with increased income. By achieving local performance measures, we can then achieve state performance measures. Assisting families in getting back on their feet with comprehensive case management services is the key for success. Families need a baseline system of support, they need encouragement, they need guidance, they need someone to believe in them and their achievements. By offering more rapid rehousing services, we can actually measure the decrease in people living on the streets. We can reduce and prevent homelessness from ever occurring with prevention services.
- III-2. With the addition of rapid re-housing funding and prevention funding we can greatly expand the services that we currently offer. We anticipate that we will serve no less than 100 individuals and families. With additional funds and program expansion we could potentially serve as many as 150 individuals and families. This greatly depends on family stability, income and the cost of re-location services.
- III-3. The data will be collected utilizing the CSI (Central System for Intake). The partnering agency will collect the CSI and enter all participant information into the HMIS database. If a participant comes into the EMP long term housing program, we will have to collect the EMP application for services. Additional information will be gathered from the participant via various worksheets available in our offices. All data collected will be entered into HMIS and used for reporting purposes.

### **SECTION IV:**

IV-1. EMP has consistently utilized volunteer match and donated materials match each programmatic year of the ESG. The annual value of the match is located in our 2011agency audit. EMP strictly adheres to the IRS regulation regarding the value of donated materials. Although we do not intend to use additional program funds as match we will demonstrate the commitment of funds that could potentially be used as match on the ODOC-10 page. Please see attached independent agency audit for the 2011 program year. See attached interagency forms utilized to calculate match.

IV-2. EMP intends to use HUD CoC case management staff salary dollars as match. The grant contract period is April 1, 2012 through March 31, 2013. EMP also intends to use board fundraising activities to offset the cost of staff salaries; in addition we will utilize our local CDBG award as match toward this award. Enclosed are letters demonstrating the pledge of fundraising activities and a letter from the agency CPA documenting the annual average private donations the agency receives. Please see all attached documentation.

### **SECTION V:**

- V-1. The Norman CoC works directly from the ECHO 2015 plan. Services proposed fit exactly into the ECHO 2015 plan through the system of care that already exists in our community and our individual agencies. The ECHO 2015 plan outlines specific goals and objectives that are "designed to significantly reduce all types of homelessness." The services EMP currently provides and the additional services we propose will fulfill that very objective. Agency collaboration has always been paramount to the Norman CoC. The executive director of EMP is an active participant in the CoC currently sitting on the ECHO 2015 Steering Committee, the CoC Steering Committee, the CoC Leadership Committee and the CoC Executive Committee. EMP also attends the CoC Shelter Directors monthly meeting for the sole purpose of collaboration and strategic planning.
- V-2. Mainstream resources in our community are an integral piece in the effort to reduce the number of homeless individuals and families. Many participants of the EMP program come to us with multiple issues which include dual mental health diagnosis, legal issues, struggling with addictions, poor family relationships, health problems and poor economic circumstances. We partner with other agencies and resources to provide the most professional and accurate treatment necessary. Mainstream services/resources include the Norman Housing Authority, DHS, Workforce Oklahoma, Social Security Administration and Metro Transit, WIC, Health for Friends and the Central Oklahoma Community Mental Health Center. The process for connecting clients to these services begins when they come through the door. Sometimes, a simple conversation is all that is needed and a client then knows where to go and receive services. Other times, more information is required and a formal needs assessment is completed. After needs are assessed, appropriate referrals to mainstream services are provided. We diligently follow up on all referrals to our participants through their individual service plan, which is updated weekly. If our participants want services, they can receive services. With the implementation of CSI, the number of callers and walk-in traffic will be greatly reduced.
- V-3. EMP collaborates with all area agencies. Depending on the needs of the participant, we collaborate with Cleveland Co. Drug Court, DHS, Workforce Oklahoma, Metro Transit many food pantries, COCAA, FSFF, Salvation Army, Health for Friends, substance abuse services and mental health service providers. We avoid duplication in services by continued communication with the service provider and our participant. EMP requires a signed release of information from our participant and the service provider for all formal collaborations. Duplication in services is also easily tracked through HMIS and the CoC service providers. Information sharing is required for service implementation as well as avoiding duplication of services. The Cleveland County CoC is an accomplished entity in the coordination of services with very little duplication in services.

V-4. Program participants learn empowerment through case management activities and life skill activities. EMP residents also gain a great deal from our Resident Council weekly meetings. All residents are required to attend this important weekly meeting to provide feedback on how the program is working, and honest thought about the perceptions of their living environment. Residents lead the meetings with their own elected officers- president, secretary and treasurer. Each resident contributes one dollar weekly which is used for the entire community activity of their choice. Previously, residents have attended OU basketball games, gone bowling. They have pizza parties and summertime BBQ's. They also use their funds to purchase a cake to send off all program graduates in style! These meetings provide the perfect forum for socialization. Residents also supervise their own building chores. They elect a chore supervisor who distributes weekly chores and ensures they are completed. Case managers and other entities utilize this time frame to bring important life skills trainings and exercises to participants. Budgeting techniques, nutrition and cooking lessons, car maintenance and effective communication skills are often requested. EMP regularly schedules a guest speaker for more in depth study of topics such as consumer credit issues, parenting skills & resources or landlord-tenant relations. Residents control their own living environments from designing the laundry room schedule to providing feedback on pest control. To demonstrate to our residents that we do place value to their opinions, staff will make changes and try new ideas. This sends the message that residents in the program do matter. The governing Board of Directors also seats a formally homeless representative to the board. This representative is a powerful tool in keeping the board focused on the importance of the decisions they make and provides the board excellent insight on how policy does effect the resident population.

## **MATCH CERTIFICATION**

# **SOURCES OF LOCAL MATCH:**

[Attach supporting documentation for available match. Documentation should reflect funding availability during the ESG contract year.]

| Other Federal (including pass-through funds   |  |
|---|--|
| HUD SHP   | \$ 20,000  |
|   | \$   |
|   | \$   |
|   | \$   |
| State/Local Government Funding  |  |
| CDBG  | \$ 12,000  |
|   |  |
|   |  |
| •   | \$   |
| <b>Private (including recipient) Funding</b> Fund Raising/Cash  | \$ 15,000  |
| Loans   | \$   |
| Building Value or Lease   | \$   |
| Donated Goods   | \$ 33,000  |
| Donated Computers   | \$   |
| New Staff Salaries  | \$   |
| Volunteers (\$5/hr)   | \$ 20,000  |
| Volunteer Medical/Legal   | \$   |
| Other (specify)   | \$   |
| I certify that the match funds have been identified project and have not been used to match previous building used as match in a 2010 ESG award cann description of the sources and amounts of such mar for any other federal program.  Signature/Fitle | us ESG awards (i.e. the value of a donated ot be used as match in 2011). This form is a tch funds, which are not being used as match |

ODOC -1 **ESG 2012** 

## **ODOC 2 – Local Government Certification**

# Emergency Solutions Grant (ESG) Program To be submitted by the Units of General Local Government Applicants

I, <u>Cindy S. Rosenthal</u>, Chief Elected Official of <u>the City of Norman</u>, certify that the units of general local government will comply with the following:

1. The requirements of 24 CFR Sec. 576.53 and the January 9, 1989, Federal Register Notice of Fund Availability; Amended Program Requirements, concerning the continued use of buildings for which Emergency Solutions Grants are used for rehabilitation or conversion of buildings for use as emergency shelters for the homeless; or when funds are used solely for operating costs or essential services, concerning the population to be served.

2. The building standards requirement of 24 CFR Sec. 576.55.

3. The requirements of 24 CFR Sec. 576.56, concerning assistance to the homeless.

4. The requirements of 24 CFR Sec. 576.57, other appropriate provisions of 24 CFR Part 576, and other applicable Federal laws concerning nondiscrimination and equal opportunity.

I further certify that the units of general local government will comply with the provisions of, and regulations and procedures applicable under, section 104(g) of the Housing and Community Development Act of 1974 with respect to the environmental review responsibilities under the National Environmental Policy Act of 1969 and related authorities as specified in 24 CFR Part 58.

I further certify that the units of general local government and the shelter(s) conducting activities, funded in whole or in part with McKinney Act funds, to assist the homeless population in this jurisdiction, will administer, in good faith, a policy designed to ensure that the assisted homeless facility is free from the illegal use, possession, or distribution of drugs or alcohol by its beneficiaries.

I further certify that the submission of an application for an emergency solutions grant is authorized under state and/or local law and that the local government possesses legal authority to carry out emergency solutions grant activities in accordance with applicable law and regulations of the Department of Housing and Urban Development.

| Cindy S. Rosenthal, Mayor of the City of Norman<br>Name of Chief Elected Official and Title |              |
|---|--------------|
| Condi Skosallel   | May 22, 2012 |
| Signature of Chief Elected Official   | Date         |

ODOC -2 ESG 2012

# **ODOC 5 Applicant Assurances**

# Emergency Solutions Grant (ESG) Program To be submitted by all Applicants

- I, <u>Cindy S. Rosenthal</u>, <u>Mayor of the City of Norman</u> (title) certify that if awarded FY 2011 Emergency Solutions Grant funding, this Unit of Local General Government does assure:
- 1. Homeless individuals and families will be given assistance in obtaining:

Appropriate case management, essential services, including transitional housing, permanent housing, medical health treatment, mental health treatment, counseling, supervision, and other services essential for achieving independent living; and

Other Federal, State, local, and private assistance available for such individuals.

- 2. Homeless individuals will be provided the opportunity for participation on the policymaking entity in accordance with 42 U.S.C. 11375 (d).
- 3. Homeless individuals and families will be involved in providing work or services pertaining to facilities or activities assisted under this part, in accordance with 42 U.S.C. 11375 (c) (7).

| Cindy S. Roser  | nthal, Mayor of the City of Norman |              |
|---|------------------------------------|--------------|
| Name and Title of Chief Elected Official (or) Executive Director of CAA |                                    |              |
| Circle  | S Rosatel                          | May 22, 2012 |
|   | Signature                          | Date         |

ODOC-5 ESG 2012

# **ODOC 6 – Program Certifications**

# **Emergency Solutions Grant Program (ESG) Certifications**

| I, Cindy S. Rosenthal, Mayor   |
|--|
| (Signature of Authorized Representative) (title)   |
| of the City of Norman certify that the organization will comply with the following:  (name of organization)  |
| Consolidated Plan – The 2010 HUD-approved Consolidated Plan.   |
| Consistency with Plan – Housing activities to be undertaken with ESG funds are consistent with the strategic plan.   |
| Confidentiality – Grant subrecipients must develop and implement procedures to ensure:  (1) The confidentiality of records pertaining to any individual provided with assistance; and  (2) That the address or location of any assisted housing will not be made public, except to the extent that this prohibition contradicts a preexisting privacy policy of the grantee.   |
| <b>Discharge Policy</b> – Grant subrecipients must agree to develop and implement, to the maximum extent practicable and where appropriate policies and protocols for the discharge of persons from publicly funded institutions or systems of care (such as health care facilities, foster care or other youth facilities, or correction programs and institutions) in order to prevent such discharge from immediately resulting in homelessness for such persons. |
| Affirmatively Further Fair Housing The local government or nonprofit will affirmatively further fair housing, which means it will conduct an analysis of impediments to fair housing choice within the jurisdiction or state, take appropriate actions to overcome the effects of any impediments identified through that analysis, and maintain records reflecting that analysis and actions in this regard.  |
| HMIS – HUD's standards for participation in a local Homeless Management Information System and the collection and reporting of client-level information. (Domestic Violence Shelters exempt as stated in "VAWA Protections")   |
| Cindy S. Rosenthal, Mayor of the City of Norman  Authorized Signature/Official Title  May 22, 2012  Date   |

ODOC-6 ESG 2012

# **Certification of Consistency With the Consolidated Plan**

# U.S. Department of Housing and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.

(Type or clearly print the following information :)

| Applicant Name:   | East Main Place, Inc.     |
|---|---------------------------|
|   |                           |
| Project Name:   | ESG 2012                  |
| Location of the Project:  | 1100 E. Main Street       |
| Name of the Federal Program to which the applicant is applying: | Emergency Solutions Grant |
| Name of Certifying<br>Jurisdiction:                             | City of Norman            |
| Certifying Official of the<br>Jurisdiction Name:                | Linda R. Price            |
| Title:  | Revitalization Manager    |
| Signature:  | Linda Refrice             |
| Date:   | May 23, 2012              |

Form HUD-2991

# Certification of Consistency With the Consolidated Plan

# U.S. Department of Housing and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.

(Type or clearly print the following information:)

| Applicant Name:                                  | East Main Place, Inc.             |
|--|-----------------------------------|
| Project Name:                                    | ESG 2012                          |
| Location of the Project:                         | 1100 E. Main Norman, OK 73071     |
| Name of the Federal<br>Program to which the      | Emergency Solutions Grant         |
| Name of Certifying                               | City of Moore                     |
| Certifying Official of the<br>Jurisdiction Name: |                                   |
|  | Director of Community Development |
| Signature:                                       | Elizaleth Omo                     |
|  | May 23, 2012                      |

Form HUD-2991

# ODOC 7 - Certification for Drug-Free Workplace

| Ι, _ | Cindy S. Rosenthal                          | , Mayor  |
|------|---|--|
|      | (Signature of Authorized Representative     | e (title)  |
| of   | the City of Norman , (name of organization) | certify that the organization will comply with the |
| fol  | llowing:                                    |  |

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

- Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- 2. Establishing an ongoing drug-free awareness program to inform employees about:
- a. The dangers of drug abuse in the workplace;
- b. The grantee's policy of maintaining a drug-free workplace;
- c. Any available drug counseling, rehabilitation, and employee assistance programs; and
- d. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- 3. 3. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph 1;
- 4. 4. Notifying the employee in the statement required by paragraph 1 that, as a condition of employment under the grant, the employee will
  - a. (a) Abide by the terms of the statement; and
  - b. (b) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- 5. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph 4(b) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
- 6. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph 4(b), with respect to any employee who is so convicted
  - a. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
- (b) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, state, or local health, law enforcement, or other appropriate agency;
- 7. Make a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs 1, 2, 3, 4, 5 and 6.

# Additional Instructions for Drug-Free Workplace Certification

- 1 By signing and/or submitting this application or grant agreement, the grantee is providing the certification.
- 2 The certification is a material representation of fact upon which reliance is placed when the agency awards the grant. If it is later determined that the grantee knowingly rendered a false certification, or otherwise violates the requirements of the Drug-Free Workplace Act, HUD,

in addition to any other remedies available to the Federal Government, may take action

authorized under the Drug-Free Workplace Act.

Workplaces under grants, for grantees other than individuals, need not be identified on the certification. If known, they may be identified in the grant application. If the grantee does not identify the workplaces at the time of application, or upon award, if there is no application, the grantee must keep the identity of the workplace(s) on file in its office and make the information available for Federal inspection. Failure to identify all known workplaces constitutes a violation of the grantee's drug-free workplace requirements.

Workplace identifications must include the actual address of buildings (or parts of buildings) or other sites where work under the grant takes place. Categorical descriptions may be used (e.g., all vehicles of a mass transit authority or State highway department while in operation, State employees in each local unemployment office, performers in concert halls or radio

stations).

If the workplace identified to the agency changes during the performance of the grant, the grantee shall inform the agency of the change(s), if it previously identified the workplaces in question (see paragraph three).

The Grantee may insert in the space provided below the site(s) for the performance of work

done in connection with the specific grant:

# 201 W. Gray, Norman, Cleveland County, OK 73069

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

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

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

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

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

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

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

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

Authorized Signature & Official Title

May 22, 2012 Date

> ODOC-7 **ESG 2012**

# ODOC 7 - Certification for Drug-Free Workplace

| Ι,  | Ginny Corson                                    | , <u>Executive Dire</u>    | ctor                       |
|-----|---|----------------------------|----------------------------|
|     | (Signature of Authorized                        | Representative             | (title)                    |
| of  | East Main Place, Inc.<br>(name of organization) | , certify that the organiz | ation will comply with the |
| fol | lowing:   |                            |                            |

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

- Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- 2. Establishing an ongoing drug-free awareness program to inform employees about:
- The dangers of drug abuse in the workplace;
- b. The grantee's policy of maintaining a drug-free workplace;
- c. Any available drug counseling, rehabilitation, and employee assistance programs; and
- d. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- 3. 3. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph 1;
- 4. 4. Notifying the employee in the statement required by paragraph 1 that, as a condition of employment under the grant, the employee will
  - a. (a) Abide by the terms of the statement; and
  - b. (b) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- 5. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph 4(b) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
- 6. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph 4(b), with respect to any employee who is so convicted
  - a. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
- (b) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, state, or local health, law enforcement, or other appropriate agency;
- 7. Make a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs 1, 2, 3, 4, 5 and 6.

# Additional Instructions for Drug-Free Workplace Certification

- 1 By signing and/or submitting this application or grant agreement, the grantee is providing the certification.
- 2 The certification is a material representation of fact upon which reliance is placed when the agency awards the grant. If it is later determined that the grantee knowingly rendered a false certification, or otherwise violates the requirements of the Drug-Free Workplace Act, HUD,

in addition to any other remedies available to the Federal Government, may take action authorized under the Drug-Free Workplace Act.

Workplaces under grants, for grantees other than individuals, need not be identified on the certification. If known, they may be identified in the grant application. If the grantee does not identify the workplaces at the time of application, or upon award, if there is no application, the grantee must keep the identity of the workplace(s) on file in its office and make the information available for Federal inspection. Failure to identify all known workplaces constitutes a violation of the grantee's drug-free workplace requirements.

Workplace identifications must include the actual address of buildings (or parts of buildings) or other sites where work under the grant takes place. Categorical descriptions may be used (e.g., all vehicles of a mass transit authority or State highway department while in operation, State employees in each local unemployment office, performers in concert halls or radio

If the workplace identified to the agency changes during the performance of the grant, the grantee shall inform the agency of the change(s), if it previously identified the workplaces in question (see paragraph three).

The Grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

# East Main Place, Inc. 1100 East Main, Norman, OK 73071

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

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

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

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

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

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

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

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

Executive Director

Authorized Signature & Official Title

ODOC-7 **ESG 2012** 

# ODOC 8 - Anti-Lobbying Certification

# Certification for EMERGENCY SOLUTIONS GRANT PROGRAM (ESG)

| I, C   | indy S. Rosenthal,  | , <u>Mayor</u>  |
|--|---|---|
|  | Signature of Authorized Representative  | (title)   |
| . (  | name of organization)   | , certify that the organization will comply with the  |
| 10110  | wing:   |   |
| Anti   | -Lobbying To the best of the local gover  | rnment's or nonprofit's knowledge and belief:   |
| <ol> <li>No Federal appropriated funds have been paid or will be paid, by or on behalf of it, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement;</li> <li>If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, it will complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions; and</li> <li>It will require that the language of paragraphs 1 and 2 of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.</li> </ol> |   |   |
| Addi   | tional Instructions for Lobbying Certificat   | <u>tion</u>   |
| was<br>trans<br>certi-<br>each   | made or entered into. Submission of this caction imposed by section 1352, title 31, U | f fact upon which reliance was placed when this transaction ertification is a prerequisite for making or entering into this U.S. Code. Any person who fails to file the required of not less than \$10,000 and not more than \$100,000 for   May 22, 2012  Date |

ODOC-8 ESG 2012

# **ODOC 8 – Anti-Lobbying Certification**

# Certification for EMERGENCY SOLUTIONS GRANT PROGRAM (ESG)

| I, Ginny Corson   | ,Executive Director  |
|---|--|
| (Signature of Authorized Representative   | (title)  |
| of <u>East Main Place, Inc.</u> , certify that the organization)  | nization will comply with the  |
| following:  |  |
| Anti-Lobbying To the best of the local government   | nt's or nonprofit's knowledge and belief:  |
| influencing or attempting to influence an officer an officer or employee of Congress, or an emplo awarding of any Federal contract, the making of the entering into of any cooperative agreement, a or modification of any Federal contract, grant, lo If any funds other than Federal appropriated fundinfluencing or attempting to influence an officer an officer or employee of Congress, or an employeed Federal contract, grant, loan, or cooperative agree LLL, "Disclosure Form to Report Lobbying," in | ds have been paid or will be paid to any person for<br>or employee of any agency, a Member of Congress,<br>oyee of a Member of Congress in connection with this<br>element, it will complete and submit Standard Form-<br>accordance with its instructions; and<br>his 1 and 2 of this certification be included in the<br>adding subcontracts, subgrants, and contracts under |
| Additional Instructions for Lobbying Certification  |  |
| This certification is a material representation of fact was made or entered into. Submission of this certific transaction imposed by section 1352, title 31, U.S. C certification shall be subject to deivil penalty of not each such failure.  Authorized Signature & Official Title   | upon which reliance was placed when this transaction cation is a prerequisite for making or entering into this code. Any person who fails to file the required less than \$10,000 and not more than \$100,000 for  |

**ODOC-8 ESG 2012** 

# ODOC 9 - Prior Projects Audit

| Apr          | olicant's Name: City of Norman  |  |  |
|--------------|---|--|--|
|              | (Unit of General Local Government or Community Action Agency / Nonprofit)   |  |  |
| OD           | Audit Requirement: All audits of prior awards from ODOC must be in accordance with the ODOC Audit Policies and Procedures Manual. An audit is required if \$25,000 or more was received from ODOC. The audit should be completed and the report submitted no later than twelve (12) months after the end of the contractor's fiscal year. |  |  |
| 1.           | . Date audit submitted to ODOC <u>December 28, 2011</u>   |  |  |
| 2.           | If not submitted, date it will be submitted   |  |  |
| 3.           | If audit has not been submitted, please explain   |  |  |
|              |   |  |  |
|              | Has audit been closed by ODOC? Yes_X Noi.e., Has applicant received a letter from ODOC closing the audit?   |  |  |
| If yo        | ou have any questions regarding this requirement, please contact Wendi Whittier at 405/815-<br>94.  |  |  |
| mus<br>Sub   | our application is accepted for funding, please note that any audits due on prior contracts st be submitted in accordance with the ODOC Audit Policies and Procedures Manual. In the audits will be a Release of Funds condition in the contract. Waiver of this dition will be considered only with good cause.                          |  |  |
| <u>Clir</u>  | Print Name  Signature   |  |  |
| Mes          | v 00  0010  |  |  |
| <u>1v1 a</u> | <u>y 22, 2012</u><br>Date   |  |  |
|              |   |  |  |

ODOC-9 ESG 2012

# **ODOC 10 - Additional Funds Documentation**

The list of all sources of additional funds not included as match to be used to carry out your proposed project. *Be specific*.

|      | Source(    | s) of Additiona  | d Funds: |              | Am           | ount of   | f Additi | onal Fund   | ls   |          |
|------|------------|--|----------|--------------|--------------|-----------|----------|-------------|------|----------|
| Soci | al & Volu  | ntary Services   | Commissi | on           | <b>\$80</b>  | 00.00     |          |             |      | _        |
| Add  | itional Fu | ındraising Cas   | h        |              | \$10,0       | 000       |          |             |      |          |
| Priv | ate Indiv  | idual Cash Dor   | nations  |              | \$30,        | 000       |          |             |      |          |
|      |            |  |          |              |              |           |          |             | -    |          |
|      |            |  |          |              |              |           |          |             |      |          |
|      |            |  |          |              |              |           |          |             |      |          |
|      |            | the state of the s |          | <del>,</del> | ****         |           |          |             |      |          |
|      |            |  |          | ······       |              |           |          |             |      |          |
|      |            |  |          |              |              |           |          |             |      |          |
|      |            |  |          |              | 1            | _         | .1       | <b>77</b> 7 | TO C | D        |
| 1.1  | Total      | additional   | funds    | comm<br>\$   | itted<br>48, | to<br>000 | the      | FY'12       | ESG  | Program: |
|      |            |  |          | т т          |              |           |          |             |      |          |

In the case of a tie, any additional funds listed on this form will be utilized as a tiebreaker. If points are awarded because of a tie, the additional funds as listed and as committed will be monitored by ODOC for compliance. Additional Funding awards must overlap the ESG funding period to be eligible.

ODOC -10 ESG 2012

# Oklahoma Department of Commerce Office of Community Development Emergency Solutions Grant Program REQUEST FOR RELEASE OF FUNDS AND CERTIFICATION

| Contractor Name:  |   | Contract Number  |              |            |
|---|---|--|--------------|------------|
| City of Norman, OK  |   |  |              |            |
| Address:  |   |  |              |            |
| PO Box 370  |   |  |              |            |
| Norman, OK 73070  |   | ·  |              |            |
| Project Description (B  | rief):  |  |              |            |
| Emergency Solutions   | Grant 2012  |  |              |            |
| REQUIREMENTS  | DOCUMENTATION   |  | Items        | State Use  |
|   |   |  | Included     | Only       |
| Environmental<br>Review<br>a. Nonprofit                                 | A. Categorically Excluded<br>702-B & Sample 702-4 are<br>B. Categorically Excluded<br>Form<br>702-D, Sample 702-6 a                                       | e attached.<br>. Activity - Form 702-B &                                       | N/A          |            |
| b. Other Than<br>Nonprofits   | A. Categorically Excluded hereby state Form 702-B h Sample 702-4 is attached. B. Categorically Excluded Form 702-B has been com Sample 702-7 are attached | nas been completed and<br>Activity - I hereby state<br>apleted and Form 702-D, | XXX          |            |
| c. If project is<br>located in the<br>Floodplain                        | Proof of Floodplain and W<br>Sample 702-3 is attached.  |  | N/A          |            |
| d. Activities that<br>make physical<br>changes to buildings<br>or sites | Property has been cleared<br>Preservation Office and<br>Correspondence is attached  |  | N/A          |            |
| OTHER   | Contract Conditions, l contract. Copy of signed agreem applicable.  | isted in Part II of ODOC   | XXX          |            |
| Signature of Authori  |   |  | Col          |            |
| Name & Title of Auth  | norized Official: <u>Cindy S</u>  | . Rosenthal, Mayor of the  | City of Norm | <u>ian</u> |
| Date: May 22, 2012  |   |  |              |            |

# **Environmental Review Record Summary Sheet**

| Project (IDIS):   | Number   | HUD Program:<br>Emergency Solutions  | Program                            | Program Year: 2012                  |  |
|-------------------|--|--|------------------------------------|-------------------------------------|--|
| Project           | Name: City of N  | orman/East Main Plac   | e                                  |                                     |  |
| Project<br>1100 E | Location (street,<br>Main, Norman, (                                 | city, county/State, & z<br>Cleveland County, Okl                           | zip code):<br>ahoma 73071          |                                     |  |
| N/A Nev Project   | r of Dwelling Un  w Construction [ Description (Attave, maps, photog | Rehabilitation   | Central cit Urban deve             | elopment                            |  |
| Suppo             | rtive services for   | homeless shelter, inclu  | uding operation                    | s, outreach, and                    | prevention activities  |
|                   |  |  |                                    |                                     |  |
| Review            | Procedures for I   | been reviewed pursuan<br>Entities Assuming HUI<br>ect to the project is ma | D Environmento                     | lations 24 CFR<br>al Responsibiliti | Part 58, "Environmental<br>es," and the following                                |
|                   | Exempt from N for §58.6 is atta                                      | EPA review requirement ched.)  | ents per 24 CFR                    | (\$58.34(a) (                       | (Compliance Checklist  |
|                   |  | xcluded NOT Subject 8.6 is attached.)                                      | to §58.5 author                    | ities per 24 CFR                    | R §58.35(b) (2) (Compliance  |
|                   | Categorically E<br>(Compliance Cl<br>are attached.)                  | xcluded SUBJECT to necklist for §58.6, and                                 | §58.5 authoritie<br>Statutory Work | es per 24 CFR §                     | 58.35(a) ()<br>klist for the §58.5 authorities                                   |
|                   | Worksheet and  | ntal Assessment (EA) i<br>Checklist performed in<br>8.6, and Statutory Wo  | n accordance wi                    | ith subpart E of                    | n Environmental Assessment<br>24 CFR Part 58, Compliance<br>58.5 authorities are |

Source documentation consists of verifiable source documents and/or relevant base data. Appropriate documentation must be provided for each authority and resource analyzed. Documents may be incorporated by reference into the ERR provided that each source document is identified and available for inspection by interested parties. Proprietary material and studies that are not otherwise generally available for public review shall be included in the ERR.

# Categorical Exclusion Not subject to §58.5 Determination for Activities Listed at 24 CFR §58.35(b)

| Grant Re  | ecipient: City of Norman Project Name: _                | East Main Place ESG   |  |  |  |  |  |
|-----------|---|---|--|--|--|--|--|
|           | Description (Include all actions which are either geog  |   |  |  |  |  |  |
| Operation | ons and maintenance, homeless prevention and rapid      | rehousing activities  |  |  |  |  |  |
|           |   | The Assessment of the State of |  |  |  |  |  |
| Location  |   |   |  |  |  |  |  |
|           |   | Capital Fund Operating Subsidy Hope VI Other  |  |  |  |  |  |
| Estimate  | ed Funding Amount: 100,000                              | Grant Number:   |  |  |  |  |  |
|           |   | ject is a Categorically Excluded activity (not subject to   |  |  |  |  |  |
| §58.5) p  | er 24 CFR §58.35(b) as follows:                         |   |  |  |  |  |  |
|           | 58.35(b).1. Tenant-based rental assistance;             |   |  |  |  |  |  |
|           | 58.35(b) 2. Supportive services including, but not      | limited to, health care, housing services, permanent  |  |  |  |  |  |
|           | housing placement, day care, nutritional services,      | short-term payments for rent/mortgage/utility costs,  |  |  |  |  |  |
|           | and assistance in gaining access to local, State, and   | Federal government benefits and services;   |  |  |  |  |  |
|           | 58.35(b) 3. Operating costs including mainte            | nance, security, operation, utilities, furnishings,   |  |  |  |  |  |
|           | equipment, supplies, staff training and recruitment     | and other incidental costs;   |  |  |  |  |  |
|           | 58.35(b) 4. Economic development activities, in         | ncluding but not limited to, equipment purchase,  |  |  |  |  |  |
|           |   | expenses and similar costs not associated with  |  |  |  |  |  |
|           | construction or expansion of existing operations;       | have described and smalling units under   |  |  |  |  |  |
|           | 58.35(b) 5. Activities to assist nomebuyers to pure     | hase existing dwelling units or dwelling units under  |  |  |  |  |  |
|           | activities that result in the transfer of title.        | ayment assistance, interest buy-downs, and similar  |  |  |  |  |  |
|           | 50.25(h) 6. Affordable housing are development of       | osts including legal, consulting, developer and other   |  |  |  |  |  |
|           | costs related to obtaining site options project         | financing, administrative costs and fees for loan   |  |  |  |  |  |
|           | commitments, zoning approvals, and other related a      | activities which do not have a physical impact.   |  |  |  |  |  |
|           | 58 35(h) 7 Approval of supplemental assistance          | e (including insurance or guarantee) to a project   |  |  |  |  |  |
|           | previously approved under this part, if the appr        | oval is made by the same responsible entity that  |  |  |  |  |  |
|           | conducted the environmental review on the origin        | nal project and re-evaluation of the environmental  |  |  |  |  |  |
|           | findings is not required under §58.47.                  | Fr-J  |  |  |  |  |  |
|           | imangs to not required units go to                      |   |  |  |  |  |  |
| Th        | ponsible entity must also complete and attach the §58   | 6 Compliance Checklist Ry signing below the   |  |  |  |  |  |
| I ne resp | sible Entity officially determines in writing that each | activity or project is Categorically Excluded (not  |  |  |  |  |  |
| respons   | to §58.5) and meets the conditions specified for such   | exclusion under section 24 CFR \$58.35(b). This   |  |  |  |  |  |
|           | ent must be maintained in the ERR.                      | endusion ander section 2. C. 1. go clos (c).  |  |  |  |  |  |
| docume    | ant must be maintained in the ERC.                      |   |  |  |  |  |  |
| ATITHO    | ORIZED RESPONSIBLE ENTITY OFFICIAL:                     |   |  |  |  |  |  |
| AUTIC     | SKIZED KESI OKSIDED EKTITT OTTICALE.                    |   |  |  |  |  |  |
|           | Just 1Sug   | 6-11-12   |  |  |  |  |  |
|           | Authorized Responsible Entity Signature Date            |   |  |  |  |  |  |
|           |   |   |  |  |  |  |  |
| L         | 15A D. KRIEG  | GRANTS PLANNER  |  |  |  |  |  |
| Authori   | ized Responsible Entity Name (printed)                  | Title (printed)   |  |  |  |  |  |

# Compliance Checklist for 24 CFR §58.6, Other Requirements

Complete for all projects, including Exempt (§58.34), Categorically Excluded Subject to

§58.5 [§58.35(a)], Categorically Excluded Not Subject to §58.5[§58.35(b)], and Projects Requiring Environmental Assessments (§58.36) Project Name: City of Norman/ East Main Place ESG ERR FILE # 1. §58.6(a) and (b) Flood Disaster Protection Act of 1973, as amended; National Flood **Insurance Reform Act of 1994** Does the project involve new construction, major rehabilitation, minor a. rehabilitation, improvements, acquisition, management, new loans, loan refinancing or mortgage insurance? ☐ Yes ☐ No If No. compliance with this section is complete. If Yes, continue. Is the project located in a FEMA identified Special Flood Hazard Area? b. ☐ Yes ⊠ No If No, compliance with this section is complete. If Yes, continue. Is the community participating in the National Flood Insurance Program (or has less c. than one year passed since FEMA notification of Special Flood Hazards)? Yes No If Yes, Flood Insurance under the National Flood Insurance Program must be obtained. If HUD assistance is provided as a grant, insurance must be maintained for the economic life of the project and in the amount of the total project cost (or up to the maximum allowable coverage, whichever is less). If HUD assistance is provided as a

Cite and attach source documentation: (Documentation should include a FEMA Flood Map showing project location in reference to flood zone designation. If flood map is not available, use best available information.)

insurance policy declaration must be kept on file in the ERR.

loan, insurance must be maintained for the term of the loan and in the amount of the loan (or up to maximum allowable coverage, whichever is less). A copy of the flood

If No, Federal assistance may not be used in the Special Flood Hazards Area.

For additional information see:

FEMA Map Service Center: <a href="http://www.store.msc.fema.gov">http://www.store.msc.fema.gov</a> NFIP Community Status Book: <a href="http://www.fema.gov/fema/csb.shtm">www.fema.gov/fema/csb.shtm</a>

# EMERGENCY SOLUTIONS GRANT SPONSOR AND SHELTER AGREEMENT

### **PART I - SUMMARY**

Contractor City of Norman
Sub-Contractor

Emergency Shelter Name: <u>East Main Place, Inc..</u>

2012 Emergency Solutions Grant Program

Contract Amount

(\$ <u>100,000.00</u> )

Funding Period

October 1, 2012 to September 30, 2013

Project Description: Provide funds for costs of Operations, Homeless Prevention and Rapid Re-Housing activities

### PART II - GENERAL TERMS AND CONDITIONS

# **DEFINITION(S)**

## **CONTRACTOR**

Cities, towns, counties or Community Action Agencies who are direct recipients of Emergency Solutions Grant (ESG) funds, and have agreed to be responsible for the oversight of the proposed ESG project.

## **SUBCONTRACTOR**

Any shelter that indirectly receives Emergency Solutions Grant (ESG) funds through a Unit of Local Government, or Community Action Agency, and is responsible for the implementation of the proposed ESG project.

- a. Subcontractor will provide the necessary personnel, facilities, supplies, equipment, and/or related resources and skills to accomplish the program described in Part III in accordance with the terms and conditions of this contract. All of the work and services required should be performed by Subcontractor or a Subcontractor fully qualified and authorized under state and local law to perform such work and services.
  - b. None of the work and services covered by this contract may be contracted to a third party without prior written approval of <u>the City of Norman</u>.

    (contractor)

- c. In no event will **Subcontractor** incur any obligation on the part of <u>the City of Norman</u>.
   (contractor)
- 2. The City of Norman will provide funding for the program up to the (contractor)
  total amount subcontracted by East Main Place, Inc.. which is the (subcontractor)
  maximum amount of \$100,000.00 will pay for this subcontract.
  (ESG award amount)

# 3. Compensation to Contractor

The City of Norman will reimburse **Subcontractor** on the basis of itemized (contractor)

statements submitted in accordance with the budget attached hereto as **Attachment** "A". All claims for reimbursement must be accompanied by documentation of pledged in-kind for this project.

# 4. Records, Reports and Documentation

- a. **Contractor** shall maintain records and accounts including property, personnel, and financial records that properly document and account for all project funds.
- b. **Subcontractor** shall document and report match funds in conjunction with funds provided by the Oklahoma Department of Commerce on the monthly expenditure report. Expenditures of (ESG & Match) must be in proportionate amounts monthly.
- c. Contractor shall retain all books, documents, papers, records and other materials involving all activities and transactions related to this contract for at least three (3) years from the ending date of this contract.

### 5. Procurement

Procurement of all goods and services under this contract shall be carried out in compliance with procedures described in the ESG implementation Manual, Policy 705, Procurement Requirements.

### 6. Hold Harmless

Subcontractor shall, within limitations placed on such entities by state law, save harmless the State of Oklahoma and the City of Norman (contractor), their agents, officers and employees from all claims and actions, and all expenses defending same, that are brought as a result of any injury or damage sustained by any person or property in consequence of any act or omission by Subcontractor. Subcontractor

shall, within limitations placed on such entities by state law, save harmless the State of Oklahoma and the City of Norman (contractor), their agents, officers, and employees from any claim or amount recovered as a result of infringement of patent, trademark, copyright, or from any claim or amounts arising or recovered under Workers' Compensation Law or any other law.

## 7. Modification

- a. This contract is subject to such modification as may be required by federal or state law or regulations.
- b. Except as otherwise provided in this contract, the work and services to be performed and the total contract amount may be modified only upon written agreement of the duly authorized representatives of the parties.

# 8. Termination OR Suspension

This contract may be terminated or suspended in whole or in part at any time by written agreement of the parties.

### PART III - SPECIFIC TERMS AND CONDITIONS

- 1. The **Subcontractor** shall provide assistance to the homeless in compliance with 24 CFR, Part 576.
- 2. Actual emergency shelter activities and services to be provided are as specified in **Attachment "B"** to this document.
- 3. The **Subcontractor** assures that no assisted renovation, rehabilitation, or conversion activities will affect historic properties, flood plains, endangered species or prime farmland.
- 4. **Subcontractor** specifically certifies and assures that it will comply with applicable terms of the following statutes, regulations and executive orders:

# Non-Discrimination and Equal Opportunity

Title VI of the Civil Rights Act of 1964, 42 USC 2000d, (et. seq.), which prohibits discrimination on the basis of race, color or national origin under any program receiving Federal funds. HUD regulations are at 24 CFR Part 1.

- 1. The requirements of the Fair Housing Act (42 USC 3601-19) and implementing regulations at 24 CFR Part 100.
- 2. Executive Order 11063 (1962) as amended by Executive Order 12259 (1981), which requires equal opportunity in housing. HUD regulations are at 24 CFR Part 107.
- 3. 42 USC 5309, which prohibits discrimination on the basis of race, color, national origin or sex in connection with funds made available pursuant to the Act. Section 109 also prohibits discrimination on the basis of age and disability as provided in:

- a. Age Discrimination Act of 1975 (42 USC 6101-07) and implementing regulations at 24 CFR Part 146.
- b. Section 504 of Rehabilitation Act of 1973 (29 USC 794) and implementing regulations at 24 CFR Part 8. For the purposes of the Emergency Solutions Grants Program, the term "dwelling units" in 24 CFR Part 8 shall include sleeping accommodations.
- 4. Section 3 of the Housing and Urban Development Act of 1968 (12 USC 1701u), which requires that, to the greatest extent feasible, opportunities for training and employment be provided to lower-income persons in the project area that contracts for work in connection with the project be awarded to businesses in, or owned in substantial part by, residents of the project area. Regulations are at 24 CFR Part 135.
- 5. Executive Order 11246 (1965), which prohibits discrimination on the basis of race, color, religion, sex or national origin, and requires affirmative action in connection with Federally assisted construction contracts. Regulations are at 24 CFR Part 130 and 41 CFR Part 60-1.
- 6. Executive Orders 11625, 12432 and 12138 requiring efforts to encourage the use of minority and women's business enterprises in connection with activities funded by this subcontract.
- 7. 42 USC 11375, which requires that, to the maximum extent practicable, **Contractor** shall involve homeless individuals and families in the construction, renovation, maintenance and operation of the facilities assisted under the ESG Program and in the provision of services for occupants of these facilities.

# **Affirmatively Furthering Fair Housing**

Under section 808(e)(5) of the Fair Housing Act, HUD has a statutory duty to affirmatively further fair housing. HUD requires the same of its funding recipients. Sub grantees will have a duty to affirmatively further fair housing opportunities for classes protected under the Fair Housing Act. Protected classes include race, color, national origin, religion, sex, disability, and familial status.

# **Drug-Free Workplace**

The Drug-Free Workplace Act of 1988 (41 U.S.C. 701, et seq.) and HUD's implementing regulations at 24 CFR part 21 apply to HPRP. The sub grantee must have and follow policies stating that it is unlawful for employees distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;

- (a) Establishing an ongoing drug-free awareness program to inform employees about:
- (b) The dangers of drug abuse in the workplace;
- (c) The grantee's policy of maintaining a drug-free workplace;
- (d) Any available drug counseling, rehabilitation, and employee assistance programs; and
- (e) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

# **Discharge Policy**

The sub grantee must have an established policy for the discharge of persons from publicly funded institutions or systems of care (such as health care facilities, foster care or other youth facilities, or correction programs and institutions) in order to prevent such discharge from immediately resulting in homelessness for such persons.

# **Lead-Based Paint**

Title IV of the Lead-Based Paint Poisoning Prevention Act (42 USC 4831, et. seq.) which prohibits the use of lead-based paint in residences for which Federal assistance is provided. Regulations found at 24 CFR Part 35.

| EXECUTED BY:                                | EXECUTED BY:                         |    |
|---|--------------------------------------|----|
| Subcontractor (Emergency Shelter)           | Name of Contractor (Sponsor)         |    |
| East/Main Place, Inc  Signature  Signature  | City of Norman  Signature            | .f |
| Ginny Corson, Executive Director Name Title | Cindy S. Rosenthal, Mayor Name Title |    |
| May 23, 2012 Date                           | May 23, 2012 Date                    |    |

# (Please review pages 40- 41 before filling out this report)

| Instructions. (See Public Report  Instructions. (See Public Reporting Statement and Privacy Act Statement and detailed instructions on page 2.)  Applicant/Recipient Information  Indicate whether this is an Initial Report or an update report or activity of Norman/East Main Place, Inc.  3. HUD Program Name Emergency Solutions Grant  4. State the name and location (atreet address, City and State) of the project or activity: 20 W. Gray, Norman OK 73069; 1100 E. Main, Norman, OK 73071  Part I Threshold Determinations 1. Are you applying for assistance for a specific project or activity? These terms do not include formula grants, such as public housing operating subsky or CDBG Block grants. (For further information see 24 CFR See, 4.3).  1. Yes No See No See, 4.3.  If you answered, "No" to either question 1 or 2, Stop! You do not need to complete the remainder of this form.  Houever, you must sign the certification at the end of the report.  Part II Other Government Assistance Provided or Requested / Expected Sources and Use of Funds.  Such assistance indudes, but is not limited to, any grant, loan, subsky, guarantee, insurance, payment, credit, or tax benefit.  Department/State/Local Agency Name and Address  Type of Assistance  Amount Requested/Provided Expected Uses of the Funds  (Note: Use additional pages as necessary.)  Part III Interested Parties. You must disclose:  1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity, and any other person who has a financial interest in the project or activity, and any other person who has a financial interest in the project or activity (for individuals, give the last tame first)  Rote: Use Additional pages in necessary.)  Part III Interested Parties. You must disclose:  1. All developers, contractors, or consultants involved in the application for the assistance is sought that exceeds \$5,0,000 or 10 percent of the assistance (whicheve is lower).  Alphabetic    | Applicant/Recipient U.S.   | S. Department  | of Housing                         | OMB Appro  | oval No 2510-0011          |  |  |  |  |
|---|--|--|------------------------------------|--|----------------------------|--|--|--|--|
| Instructions. (See Public Reporting Statement and Privacy Act Statement and detailed instructions on page 2.)  Applicant/Recipient Information Indicate whether this is an Initial Report or an update report    1. Applicant/Recipient Name, Address, and Phone (include area code):  City of Norman/East Main Place, Inc.  3. HUD Program Name Emergency Solutions Grant  4. State the name and location (street address, City and State) of the project or activity:  201 W. Gray, Norman OR 73069; 1100 E. Main, Norman, OK 73071  Part I Threshold Determinations 1. Are you applying for assistance for a specific project or activity? These terms do not include formula grants, such as public housing operating subsidy or CD80 block grants. (For further information see 24 CFR Sec. 4.3).  Yes No Part I Other Question 1 or 2, Stop! You do not need to complete the remainder of this form.  Houvever, you must sign the certification at the end of the report.  Part II Other Government Assistance Provided or Requested / Expected Sources and Use of Funds.  Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.  Department/State/Local Agency Name and Address Type of Assistance  (Note: Use additional pages as necessary.)  Part II Interested Parties. You must disclose:  1. All developers, contractors, or consultants involved in the application for the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lover).  Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)  Note: Use additional pages if necessary.)  Certification  Note: Use Additional pages if necessary.)  Certification of the assistance on the page of project of activity (For individuals, give the last name first)  Datt: (mm/dd/yyyy)   |  | -  | _                                  |  |                            |  |  |  |  |
| Applicant/Recipient Information Indicate whether this is an Initial Report or an update report    1. Applicant/Recipient Name, Address, and Phone (include area code):  2. Social Security Number or Employer ID Number:  73-6005350  3. HUD Program Name 4. Amount of HUD Assistance Requested /Received S100,000  4. State the name and location (street address, City and State) of the project or activity:  201 W. Gray, Norman OR 73069, 1100 E. Main, Norman, OR 73071  Part I Threshold Determinations 1. Are you applying for assistance for a specific project or activity:  These terms do not include formula grants, such as public housing operating subsidy or CD80 block grants. (For further information see 24 CFR Sec. 4.2).  Yes No   | , F  |  | 1                                  |  |                            |  |  |  |  |
| 1. Applicant/Recipient Name, Address, and Phone (include area code): City of Norman/East Main Place, Inc.  2. Social Security Number or Employer ID Number: 73-6005350  3. HUD Program Name Emergency Solutions Grant  4. State the name and location (street address, City and State) of the project or activity: 201 W. Gray, Norman OK 73069; 1100 E. Main, Norman, OK 73071  Part I Threshold Determinations 1. Are you applying for assistance for a specific project or activity? These terms do not include formula grants, such as public housing operating subsidy or CDBG block grants. (For further information see 24 CFR Sec. 4.3).  Yes No  If you answered, "No" to either question 1 or 2, Stop! You do not need to complete the remainder of this form.  However, you must sign the certification at the end of the report.  Part II Other Government Assistance Provided or Requested / Expected Sources and Use of Funds. Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.  Department/State/Local Agency Name and Address  Type of Assistance  1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity, and 2. any other person who has a financial linterest in the project or activity for individuals, give the last name first)  Alphabetical list of all persons with a reportable financial interest in the project or activity for individuals, give the last name first)  Note: Use Additional pages if necessary.)  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 17tle 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.  | Instructions. (See Public Reporting Statement and Privacy Act Statement and detailed instructions on page 2.)  |  |                                    |  |                            |  |  |  |  |
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| Part I Threshold Determinations  1. Are you applying for assistance for a specific project or activity? These terms do not include formula grants, such as public housing operating subsidy or CDBG block grants. (For further information see 24 CFR Sec. 4.3).    Yes   |  |  | 4. Amount of                       | HUD Assistance Requested                               | /Received                  |  |  |  |  |
| 1. Are you applying for assistance for a specific project or activity.  These terms do not include formula grants, such as public housing operating subsidy or CDBG block grants. (For further information see 24 CFR Sec. 4.3).  Yes No Project or activity in this application, in excess of \$200,000 during the fiscal year (Oct.1-Sep.30)? For further information within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during the fiscal year (Oct.1-Sep.30)? For further information  Yes No  If you answered, "No" to either question 1 or 2, Stop! You do not need to complete the remainder of this form.  However, you must sign the certification at the end of the report.  Part II Other Government Assistance Provided or Requested / Expected Sources and Use of Funds.  Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.  Department/State/Local Agency Name and Address Type of Assistance  Amount Requested/Provided Expected Uses of the Funds  Note: Use additional pages as necessary.)  Part III Interested Parties. You must disclose:  1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity, and  2. any other person who has a financial interest in the project or activity (For individuals, give the last name first)  Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)  Note: Use Additional pages if necessary.)  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 fo | 4. State the name and location (street address, 201 W. Gray, Norman OK 73069; 1100 E. Main, Norma  | City and State) of<br>an, OK 73071   | the project or act                 | ivity:   |                            |  |  |  |  |
| If you answered, "No" to either question 1 or 2, Stop! You do not need to complete the remainder of this form.  However, you must sign the certification at the end of the report.  Part II Other Government Assistance Provided or Requested / Expected Sources and Use of Funds. Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.  Department/State/Local Agency Name and Address  Type of Assistance  Amount Requested/Provided  Expected Uses of the Funds  [Note: Use additional pages as necessary.]  Part III Interested Parties. You must disclose:  1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity, and 2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).  Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first) or Employee ID No. Project/Activity  (Note: Use Additional pages if necessary.)  (Note: Use Additional pages if necessary.)  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 Certify that this information is true and complete.   | <ol> <li>Are you applying for assistance for a specific project<br/>These terms do not include formula grants, such as p<br/>operating subsidy or CDBG block grants. (For further</li> </ol>   | 1. Are you applying for assistance for a specific project or activity?  These terms do not include formula grants, such as public housing operating subsidy or CDBG block grants. (For further information project or activity in this application, in excess of \$200,000 |                                    |  |                            |  |  |  |  |
| Part II Other Government Assistance Provided or Requested / Expected Sources and Use of Funds. Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.  Department/State/Local Agency Name and Address  Type of Assistance  Amount Requested/Provided  Expected Uses of the Funds  (Note: Use additional pages as necessary.)  Part III Interested Parties. You must disclose:  1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity, and 2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance whichever is lower).  Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)  One Employee ID No. Project/Activity Project/Activity (\$ and % (Note: Use Additional pages if necessary.)  Certification  Warming: 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 certify that this information is true and complete.  | Yes No   |  |                                    | Yes No   |                            |  |  |  |  |
| Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.  Department/State/Local Agency Name and Address  Type of Assistance  Amount Requested/Provided  Expected Uses of the Funds  (Note: Use additional pages as necessary.)  Part III Interested Parties. You must disclose:  1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity, and 2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).  Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)  No or Employee ID No. Project/Activity  (Note: Use Additional pages if necessary.)  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 certify that this information is true and complete.  | If you answered, "No" to either question 1 or <b>However</b> , you must sign the certification a   | r 2, Stop! You<br>it the end of th   | do not need t<br>ne report.        | o complete the remain                                  | nder of this form.         |  |  |  |  |
| (Note: Use additional pages as necessary.)  Part III Interested Parties. You must disclose:  1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity, and 2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).  Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)  (Note: Use Additional pages if necessary.)  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 certify that this information is true and complete.  Signature:  A Date: (mm/dd/yyyy)  | Part II Other Government Assistance Provided<br>Such assistance includes, but is not limited to, any gran  | or Requested /<br>nt, loan, subsidy,   | Expected Sour<br>guarantee, insura | rces and Use of Funds.<br>nce, payment, credit, or tax | benefit.                   |  |  |  |  |
| Part III Interested Parties. You must disclose:  1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity, and  2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).  Alphabetical list of all persons with a reportable financial interest in in the project or activity (For individuals, give the last name first) or Employee ID No. Project/Activity Project/Activity (\$ and % (Note: Use Additional pages if necessary.)  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 certify that this information is true and complete.  Signature:  Date: (mm/dd/yyyy)  | Department/State/Local Agency Name and Address   | Type of Assist   | tance Amoun                        | nt Requested/Provided                                  | Expected Uses of the Funds |  |  |  |  |
| Part III Interested Parties. You must disclose:  1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity, and 2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).  Alphabetical list of all persons with a reportable financial interest in in the project or activity (For individuals, give the last name first) or Employee ID No. Project/Activity Project/Activity (\$ and % (Note: Use Additional pages if necessary.)  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 certify that this information is true and complete.  Signature:  Date: (mm/dd/yyyy)   |  |  |                                    |  |                            |  |  |  |  |
| 1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity, and  2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).  Alphabetical list of all persons with a reportable financial interest in in the project or activity (For individuals, give the last name first)  Or Employee ID No. Project/Activity  Or Employee ID No. Project/Activity (\$ and % 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 certify that this information is true and complete.  Date: (mm/dd/yyyy)  | (Note: Use additional pages as necessary.)   |  |                                    | 18 19 19 19 19 19 19 19 19 19 19 19 19 19              |                            |  |  |  |  |
| (Note: Use Additional pages if necessary.)  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 certify that this information is true and complete.  Date: (mm/dd/yyyy)  | <ol> <li>All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity, and</li> <li>any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10</li> </ol> |  |                                    |  |                            |  |  |  |  |
| 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 certify that this information is true and complete.  Date: (mm/dd/yyyy)  | Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)  Social Security No. Type of Participation in Project/Activity (\$ and %)   |  |                                    |  |                            |  |  |  |  |
| X May 22, 2012  |  |  |                                    |  |                            |  |  |  |  |

# (Please review pages 40- 41 before filling out this report)

| / .  | Department                            | of Housing                         | OMB Appro   | oval No 2510-0011                                |  |  |  |
|--|---------------------------------------|------------------------------------|---|--|--|--|--|
| Disclosure/Update Report and   | Urban Devel                           | opment                             |   |  |  |  |  |
| Instructions. (See Public Reporting Statement and  | Privacy Act State                     | ment and detaile                   | d instructions on page 2.)                            |  |  |  |  |
| Applicant/Recipient Information Indica   | ite whether thi                       | s is an Initial F                  | deport or an up                                       | odate report                                     |  |  |  |
| 1. Applicant/Recipient Name, Address, and Phone (incl<br>City of Norman/East Main Place, Inc.  | ude area code):                       | 73-6005350                         | ity Number or Employer II                             |  |  |  |  |
| 3. HUD Program Name<br>Emergency Solutions Grant   |                                       | 4. Amount of \$100,000             | HUD Assistance Requested                              | /Received  |  |  |  |
| 4. State the name and location (street address, C<br>201 W. Gray, Norman OK 73069; 1100 E. Main, Norman  | city and State) of<br>n, OK 73071     | the project or act                 | ivity:  |  |  |  |  |
| Part I Threshold Determinations  1. Are you applying for assistance for a specific project or activity?  These terms do not include formula grants, such as public housing operating subsidy or CDBG block grants. (For further information see 24 CFR Sec. 4.3).  2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during the fiscal year (Oct.1-Sep.30)? For further information               |                                       |                                    |   |  |  |  |  |
| If you answered, "No" to either question 1 or <i>However</i> , you must sign the certification at  | 2, Stop! You<br>the end of th         | do not need t<br>e report.         | o complete the remain                                 | nder of this form.                               |  |  |  |
| Part II Other Government Assistance Provided of<br>Such assistance includes, but is not limited to, any grant  | or Requested /<br>t, loan, subsidy, g | Expected Sour<br>guarantee, insura | ces and Use of Funds.<br>nce, payment, credit, or tax | benefit.   |  |  |  |
| Department/State/Local Agency Name and Address   | Type of Assist                        | ance Amoun                         | t Requested/Provided                                  | Expected Uses of the Funds                       |  |  |  |
|  |                                       |                                    |   |  |  |  |  |
|  |                                       |                                    |   |  |  |  |  |
| (Note: Use additional pages as necessary.)   |                                       |                                    |   |  |  |  |  |
| Part III Interested Parties. You must disclose:  1. All developers, contractors, or consultants invimplementation of the project or activity, and 2. any other person who has a financial interest percent of the assistance (whichever is lower)  Alphabetical list of all persons with a reportable financial  | in the project or                     | activity for which                 | the assistance is sought th  Type of Participation in | at exceeds \$50,000 or 10  Financial Interest in |  |  |  |
| in the project or activity (For individuals, give the last n   |                                       | Employee ID No                     | . Project/Activity                                    | Project/Activity (\$ and %)                      |  |  |  |
| (Note: Use Additional pages if necessary.)  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 certify that this information is true and complete.  Date: (mm/dd/yyyy) |                                       |                                    |   |  |  |  |  |
| x / Mysmin ( Grov  | May 22, 2012                          |                                    |   |  |  |  |  |

# (REFER TO PAGE SIX UNDER TIER 1 AND TIER 2 FOR SPENDING DESCRIPTIONS)

City of Norman – East Main Place

# **Emergency Solutions Grant Program (ESG)**

FY'12 Project Budget Summary

|   | For Fiscal<br>Use Only | ESG Requested Funds            | Match Funds<br>555830          | Project<br>Total |
|---|------------------------|--------------------------------|--------------------------------|------------------|
| COST CATEGORY                                 | ls awarded my          | ıst be spent on Prevention and | ეეე030<br>  /or Rapid Rehousit | ng Services      |
|   |                        |                                |                                |                  |
| Tier II: 60% of Grant Fun                     | ds awarded ma          | y be spent on Prevention and   | or Rapid Re-Housi              | ng Services      |
| Administration (3.75%)                        |                        | \$3,750                        |                                | \$3,750          |
| HMIS  |                        |                                |                                |                  |
| Emergency Shelter:                            |                        |                                |                                |                  |
| Itilities                                     |                        |                                |                                |                  |
| Operations                                    |                        | \$30,000                       | \$80,000                       | \$110,000        |
| Essential Services                            |                        | \$18,125                       | \$20,000                       | \$38,125         |
| RA Assistance                                 |                        |                                |                                |                  |
| Total Emergency Shelter                       |                        | \$48,125                       |                                | \$148,125        |
| Total Street Outreach –<br>Essential Services |                        | \$0                            |                                | \$0              |
| Rapid Re-Housing<br>Services                  |                        |                                |                                |                  |
| Housing Relocation and Stabiliza              | ation Services         | \$38,125                       |                                | \$38,125         |
| Cenant-Based Rental Assistance                |                        |                                |                                |                  |
| Project-Based Rental Assistance               |                        |                                |                                |                  |
| Total Rapid ReHousing                         |                        | \$38,125                       |                                | \$38,125         |
| Homelessness<br>Prevention Services:          |                        |                                |                                |                  |
| Housing Relocation and Stabiliza              | ation Services         | \$10,000                       |                                | \$10,000         |
| Tenant-Based Rental Assistance                |                        |                                |                                |                  |
| Project-Based Rental Assistance               |                        |                                |                                |                  |
| <b>Total Preventive</b>                       |                        |                                |                                |                  |
| Services                                      |                        | \$10,000                       |                                | \$10,000         |
|   | TOTAL                  | \$100,000                      | \$100,000                      | \$200,000        |

Signature of Authorized Official

June 11, 2012

Date

BUDGET NARRATIVE: For each budget category, provide a line item detail and narrative explanation of how funds will be utilized:

Administration-\$3750.00 will be spent to off-set director's salary for the staff costs associated with direct administration of ESG program funds.

# Rehabilitation/Renovation-

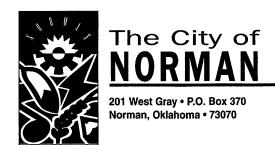
Shelter Operation and Services-\$48,125.00 will be spent to pay for shelter operations and services. Line items will include: Insurance \$15,000.00, the second greatest expense that EMP has monthly are insurance premiums. Utilities-\$10,000.00, are the third largest expense to the program, averaging \$35,000 per year. We intend to hire a new half time case manager \$18,125.00, to assist with the increase in services. We believe this will greatly improve the outcome that a family or individual will achieve housing stability. Transportation \$1500.00, will provide reimbursement for staff transportation in assisting clients and we will also purchase additional Metro-CART passes for immediate participant service. Direct client services \$3500.00 these funds will assist clients with limited medical costs and non-narcotic prescription medications for physical and mental health consumers. All too often clients have to wait too long to receive this much needed assistance. Although the assistance will be temporary, the program can assist immediately.

#### Street Outreach-

Rapid Re-Housing Services-\$38,125.00 will be spent on rapid re-housing services. As we assist people through the EMP program and as their stability increases we can now assist those families with start-up costs such as rental deposits, utility deposits, first and last months' rent.

Homelessness Prevention-\$10,000.00 will be spent for homeless prevention services short term assistance with rent and utilities. The Cleveland County CoC has now implemented the CSI and all prevention service referrals will be provided through FSFF. This new system and point of entry for prevention assistance will greatly reduce if not totally eliminate duplication in services.

### **HMIS**



REVITALIZATION DIVISION Phone: 405-366-5332

May 25, 2012

Oklahoma Department of Commerce Office of Community Development 900 N. Stiles Oklahoma City, OK 73126

Attn: Human Development Team

East Main Place, Inc. a local non-profit organization located in Norman, Oklahoma has been an active participant on the Cleveland County Continuum of Care Advisory Committee not only in the current year but since the inception of the Continuum. In fact it was the collaborative community effort utilized in the development of EMP almost twenty years ago that caused the formation of the Homeless Here Coalition which was later expanded to form the basis of the Cleveland County Continuum of Care. Ginny Corson is the Executive Director for EMP and serves in leadership positions in the Continuum. Presently Ginny and the case managers are serving on the Housing Committee and the Public Relations Committee. Ginny has been very involved this year with the Continuum in the program design of the Central System for Intake.

It has been my pleasure to have had the assistance and support provided by East Main Place throughout the past year and am very pleased with the new leadership that Ginny has provided.

Sincerely,

Lisa D. Krieg 🕻

Grants Planner/Staff Support

Cleveland County Continuum of Care