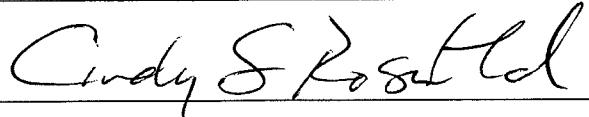


Oklahoma Department of Commerce
Office of Community Development

Application for Financial Assistance FY 2012 Emergency Solutions Grant Program

| | | | | | | | | | | | | | | | | | | | | | | |
|---|--|-------------------------|---|---|---|---|---|---|---|---|--|--|---|---|--|---|---|---|---|---|---|---|
| <p>1.a. Type of Submission <input type="checkbox"/> Rehabilitation/Conversion <input checked="" type="checkbox"/> Non Rehabilitation/Conversion</p> | <p>2.a. Has the Shelter received ESG funds in previous years? If yes, indicate which year and contract numbers. 13879 ESG09, 14203 ESG10; 14805 ESG 11</p> | | | | | | | | | | | | | | | | | | | | | |
| <p>3a. Applicant Name (Sponsor) The City of Norman</p> | <p>3b. Shelter Name Thunderbird Clubhouse, Inc.</p> | | | | | | | | | | | | | | | | | | | | | |
| <p>3c. Applicant address PO Box 370, Norman, OK 73070</p> | <p>3d. Shelter mailing address, street address 1251 Triad Village Drive, OK 73071</p> | | | | | | | | | | | | | | | | | | | | | |
| <p>3e. Applicant contact name, email address and phone number Linda Price 405-366-5439 Linda.price@normanok.gov</p> | <p>3f. Shelter contact name, email address and phone number Pam Sanford 405-620-3726 Psanford12356@gmail.com</p> | | | | | | | | | | | | | | | | | | | | | |
| <p>3g. County Cleveland</p> | <p>3h. County Code 14</p> | | | | | | | | | | | | | | | | | | | | | |
| <p>4. Employer Identification Number (EIN) <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">7</td> <td style="width: 20px; text-align: center;">3</td> <td style="width: 10px;">—</td> <td style="width: 20px; text-align: center;">6</td> <td style="width: 20px; text-align: center;">0</td> <td style="width: 20px; text-align: center;">0</td> <td style="width: 20px; text-align: center;">5</td> <td style="width: 20px; text-align: center;">3</td> <td style="width: 20px; text-align: center;">5</td> <td style="width: 20px; text-align: center;">0</td> </tr> </table> </p> | 7 | 3 | — | 6 | 0 | 0 | 5 | 3 | 5 | 0 | <p>4.a. DUNS Number <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">1</td> <td style="width: 20px; text-align: center;">0</td> <td style="width: 10px;"> </td> <td style="width: 20px; text-align: center;">1</td> <td style="width: 20px; text-align: center;">5</td> <td style="width: 20px; text-align: center;">0</td> <td style="width: 20px; text-align: center;">1</td> <td style="width: 20px; text-align: center;">2</td> <td style="width: 20px; text-align: center;">4</td> <td style="width: 20px; text-align: center;">0</td> </tr> </table> </p> | | 1 | 0 | | 1 | 5 | 0 | 1 | 2 | 4 | 0 |
| 7 | 3 | — | 6 | 0 | 0 | 5 | 3 | 5 | 0 | | | | | | | | | | | | | |
| 1 | 0 | | 1 | 5 | 0 | 1 | 2 | 4 | 0 | | | | | | | | | | | | | |
| <p>5. Applicant Category <input checked="" type="checkbox"/> City/Town <input type="checkbox"/> County <input type="checkbox"/> Community Action Agency</p> | <p>6. Estimated # beneficiaries We will be able to assist over 125 households (400 individuals) with this project.</p> | | | | | | | | | | | | | | | | | | | | | |
| <p>7. Contract Start Date: October 1, 2012 Contract Ending Date: September 30, 2013</p> | <p>8. Requested Funding for this Project:</p> | | | | | | | | | | | | | | | | | | | | | |
| <p>9. Description of Project: Operations, Homeless Prevention and Rapid Re-Housing.</p> | <p>Applicant (Match)</p> | <p>\$100,000</p> | | | | | | | | | | | | | | | | | | | | |
| | <p>ESG Request</p> | <p>\$100,000</p> | | | | | | | | | | | | | | | | | | | | |
| | <p>Other (Additional Funds)</p> | <p>\$</p> | | | | | | | | | | | | | | | | | | | | |
| | <p>Total Project:</p> | <p>\$200,000</p> | | | | | | | | | | | | | | | | | | | | |
| <p>10a. Applicant State Legislative Districts (list individual county and district #) House 44, 45, 46, and 53; Senate 15, 16, and 17 10b. Shelter State Legislative Districts (list individual county and district #) House 44, 45, 46, and 53; Senate 15, 16, and 17</p> | <p>11. Does the Applicant have any ODOC audit exceptions? <input type="checkbox"/> Yes, if "yes" attach explanation <input checked="" type="checkbox"/> No</p> | | | | | | | | | | | | | | | | | | | | | |
| <p>12. To the best of my knowledge and belief, all data in this application are true and correct. The 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.</p> | <p>12a. Name/Title of Authorized Representative: Cindy S. Rosenthal, Mayor of the City of Norman</p> | | | | | | | | | | | | | | | | | | | | | |
| <p>12b. Signature of Authorized Representative:</p> |  | | | | | | | | | | | | | | | | | | | | | |
| <p>12d. Date Signed:</p> | | | | | | | | | | | | | | | | | | | | | | |

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.

The most recent Point In Time in the Norman community revealed that on that date in January 2012, 616 (338 were 17 years or younger) people were identified as homeless (as defined by HUD) and another 324 identified as homeless though they did not meet the HUD definition. It is important to note that in addition to these 940 people, there were households totaling 2,500 people were precariously housed or possibly homeless. (as identified by the Cleveland County Department of Human Services) According to the Substance Abuse and Mental Health Services Administration, 20 to 25% of the homeless population in the United States suffers from some form of severe mental illness. Our Point in Time data reflects we have 86 homeless individuals with mental illness which is higher than the national average. This may be due to Norman being home to the last state psychiatric facility.

Thunderbird Clubhouse serves on average 120 adults with mental illness per month. The majority are psychiatrically stable and are housed safely and affordably. However, we receive a minimum of four phone calls a month asking for housing or housing assistance from individuals who are *not* Clubhouse members. In addition, we serve an average of twelve Clubhouse members per month with housing or housing support. We know that there are persons with mental illness in our community that are homeless and need the housing and housing support that Thunderbird Clubhouse offers.

One additional set of data is critical as we consider the needs of persons that are homeless. We know that housing alone is not enough to assisting someone to move toward recovery from mental illness. Work provides a restorative, healing element to increasing stability in an individual's life. The unemployment rate for adults living with mental illness is three to five times higher than for those without mental illness. (Burke-Miller, J.K., *et al.*, "Demographic Characteristics and Employment Among People with Severe Mental Illness in a Multisite Study," *Community Mental Health Journal* 42(2), April 2006) The Clubhouse model has been identified as a best practice by the U.S. Substance Abuse and Mental Health Services Administration. Clubhouses, like Thunderbird, have shown successful supported employment outcomes in terms of length of employment, total hours worked and earnings. (Macias, C., *et al.*, "Supported Employment Outcomes of a Randomized Controlled Trial of ACT and Clubhouse Models," *Psychiatric Services* 57(10), October 2006.)

I-2 How was data showing proof of need collected?

The Point in Time data collected by our community is coordinated by the lead agency for the Cleveland County Continuum of Care which is City of Norman. The staff there insures that every agency in the Continuum of Care as well as churches, law enforcement officials from the Cleveland County Sheriff, Norman, Lexington and Moore Police Departments, gather statistics in the same way and on the same date. The data is gathered, compiled and interpreted in a consistent way so that any apparently conflicting information is clarified. We have a very cohesive Continuum of Care so we are confident that all agencies and organizations are collecting the best data possible. The lead agency also monitors the agency data monthly to track trends and to identify data irregularities. The sources of other data showing proof of need is cited above.

SECTION II: Proposed Use of Funds (Programmatic) (50 points possible)

THREE PAGE MAXIMUM

II-1. What sub-population(s) does the shelter serve (check all that apply)

Children and Youth

Chronic Substance Abusers

Co-Occurring Disorder (see definition)

Expectant Mothers

Persons with HIV/Aids

Mentally Ill

Unaccompanied Youth

Veterans

Victims of Domestic Violence

Other (specify) **Individuals served could also fall into additional categories listed above (persons with HIV/Aids and be victims of domestic violence) but the categories checked are the ones most frequently served.**

II-2. Describe the organization's Emergency Shelter Component and Shelter Services.

We are applying for Tier I and Tier II but if not approved for both, would accept Tier I funding alone.

Emergency Shelter: The emergency shelter component provided by Thunderbird Clubhouse consists of one 650 square foot house ("The Eufaula House") suitable for one adult (or two in the same household). It is an ideal space for persons with mental illness because they are free from the stress created by roommates that they do not know. In the transition from homelessness, persons with mental illness benefit from a quiet, safe environment. We believe that the more typical group living situations in emergency shelters are not conducive to the person becoming stable and ready to move on to permanent housing. The Eufaula House is our very affirming version of the philosophy of "housing first"—it is attractive, well furnished and has a very warm, homey atmosphere. When an individual lives in the Emergency Shelter they typically do not pay rent because they usually do not have a source of income. If they have a source of income, we will work to house them in a different type of housing that we manage. If our emergency shelter is full we provide funding for hotel vouchers until other emergency or permanent housing can be secured.

Shelter Services: When an individual is housed in The Eufaula House, we will work closely with them to assess their needs then develop an "Action Plan". This action plan is used by the case manager and the individual to guide their work toward permanent housing and their housing stability. The plan is monitored regularly and the individual is provided the individualized support necessary to achieve their employment and independent living goals. This often means the Clubhouse will place the individual in a job and then job coach them to insure success, provide assistance with applying for disability if work is not an option, linkage with local providers of general medical and mental health services. The Clubhouse can provide case management and many wrap around services except for medical and psychiatric treatment. Often we provide transportation to appointments or work to ensure the individual is successful and gets the services they need.

The Eufaula House is our emergency shelter but we provide a continuum of housing options at Thunderbird Clubhouse. We are currently under contract for 2 Shelter + Care units, awaiting a contract for an additional Shelter + Care unit, manage 4 Section 8 project based vouchers, and own 3 residences that house 1-2 individuals each. In total, we have the capacity to serve, on average 11 people per month. That allows flexibility in housing individuals and an ability to respond with individualized services and support. We can quickly address housing needs that

arise within our Clubhouse membership. Clubhouse staff are in touch and supporting members in our housing on a regular basis. Because of this we are able to head off any problems with landlords, housekeeping, neighbors, etc.

II-3. Describe the organization's Street Outreach Services.

Thunderbird Clubhouse is a recovery community and wants to make it possible for any citizen with mental illness to access its services. Street outreach built upon forming relationships is a natural extension of our philosophy that is rooted in the belief in, and commitment to, relationships that are respectful and communicate dignity.

The Clubhouse outreach staff would work with other community service providers, churches, police, fire and other organizations to identify persons for outreach. (This will also involve learning the areas of the community to frequent to locate persons that are homeless.) The outreach worker would then approach the individual that is homeless and, over time, move past engagement, to the fulfillment of essential needs, crisis intervention, and finally, connection to other resources. It is critical that the outreach worker maintain the relationship until such time that the individual is *solidly* linked to a support system. For example, a simple referral to the mental health center or the directive to, "go there and get treatment" is not the approach to be used. We conceptualize this as a very mobile, "front-line" approach that involves engaging the individual where they are at that moment. Because the outreach worker will be based in the Clubhouse, they will have access to resources already present at the Clubhouse (the Eufaula House, S + C, project based vouchers, our meal program, employment linkage, etc.) to assist the individual to make progress.

II-4. List shelter's days and hours of operation and 24/7 availability.

The hours of Thunderbird Clubhouse are Monday through Friday 8:00am to 5:00pm, some Saturdays and every holiday. The housing case manager is available 24/7 as are other Clubhouse staff.

II-5. What is the maximum length of stay?

The maximum length of stay in the emergency shelter is 6 months though if the individual is making progress on their action plan and requires longer to insure income, the time may be extended.

II-6. Does your shelter charge a fee for services? If yes, provide explanation.

There is no charge for the emergency shelter or emergency shelter services. However, with regard to other housing, depending upon the funding source, there may be a rent calculation as per HUD regulations for that program.

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.

Thunderbird Clubhouse is a participant in the Central System for Intake and will receive referrals via this mechanism. Please see attached for description of Central System for Intake as well intake and assessment forms. Any funds awarded to Thunderbird Clubhouse through this grant will be accessible by other agencies in our Continuum of Care. In other words, if grant monies are awarded to us, we will accept referrals from other agencies via the CSI. If however, a Clubhouse member requests funding they will access the funds through the Clubhouse housing case manager who will assess their eligibility. If the individual is requesting Rapid Rehousing assistance they will need to provide documentation that they are literally homeless. This

documentation can be observation by an outreach worker, documentation by another housing or service provider, certification by the head of household or discharge papers from the institution where they had been residing. Prevention money is also accessed through the housing case manager by providing documentation such as eviction notice, cut off notice, documentation that they do not have the income to secure permanent housing. While Clubhouse members will not be required to go through the CSI, all data gathered about Clubhouse members who receive services will be entered into CSI data base.

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

The individual at the emergency shelter will be contacted at least 3 times per week or expected to be in the Clubhouse 3 times per week. The case manager will be responsible for insuring that the individual is making progress on their action plan as well as linking with other resources as defined. The housing case manager is responsible for carrying out these activities or making sure they are carried out by another Clubhouse staff person.

Through the Clubhouse, the individual in our emergency shelter will have access to all the services of the Clubhouse. They will be able to participate in the vocational development component, job linkage and support, social and recreational events, advocacy and educational linkage and support. Because the Clubhouse emphasis is on building supportive relationships, the services are provided from a holistic approach by the same team of people rather than referring the individual to several agencies.

II-9 Describe steps clients take to enter transitional and/or permanent housing.

When an individual has the income to be able to be successful in permanent housing, Clubhouse will help them locate the housing, facilitate the application process, go to appointments with them and make sure they have furnishings to make their apartment a home. This has involved us moving individuals in, going with them to purchase furniture, seeking donations of linens, kitchen items, etc. If the individual makes the decision to move to transitional housing, we will refer them to the appropriate program and support the individual in the application process which may require one or two appointments or interviews. They may continue to participate in the Clubhouse after moving to permanent or transitional 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?

It is clear that the provision of housing alone is not adequate to insure success for persons in recovery from mental illness. The one thing most often cited by persons in recovery as something they hope to achieve is a job. Thunderbird Clubhouse can help individuals return to work through our employment program. We place individuals in jobs in the community and then job coach them to improve their odds to succeed in the job. In addition to jobs, we will support those who choose to return to school. Another Clubhouse services, social and recreational events help members build a support network. Isolation is a very real threat for those in recovery from mental illness. The social events, including major holiday celebrations, bring Clubhouse participants together; friendships are formed and plans are made for get-togethers outside the Clubhouse. We have heard time and again how vital this component is for Clubhouse participants. In addition, we serve two meals a day Monday through Friday; participants have access to a computer lab; there are opportunities to learn computer skills, leadership skills as well as participation in fundraising and advocacy. Once an individual becomes a "member" of Thunderbird Clubhouse they have access to a multitude of services which will support them in their recovery and the maintenance of permanent housing. There are no time limits on these services: "membership" at the Clubhouse is for a lifetime if the individual chooses. Consequently the support is always available in times of increased stress or crisis.

SECTION III: PERFORMANCE MEASURES (30 points possible)

ONE PAGE MAXIMUM

Here are the two performance measures that will be tracked Statewide.

1. People accessing emergency shelters move into permanent housing
2. People accessing emergency shelters increase the amount of income

III-1 List local Program Performance Measures and Outcomes. How will achieving the local performance measures help achieve the State Performance measures?

Please see attached ECHO plan for local Program Performance Measures and Outcomes. Our Cleveland County Continuum of Care has focused diligently on increasing the number of permanent supportive housing beds available. Thunderbird Clubhouse currently has 3 permanent supportive housing properties, plus the 3 Shelter + Care slots we are currently contracted for, we are waiting for 1 Shelter + Care slot to be contracted (we have been approved), and 4 project based vouchers through the Norman Housing Authority. We have invested substantial time and resources in the development of our housing component so that we can better serve the individuals with mental illness that are part of our community. As we address the needs of those with mental illness, the remainder of the Continuum is free to address the needs of others that are homeless.

III-2 List the number of clients to be served.

Emergency Shelter "The Eufaula House": minimum of 2
Other emergency shelter placements in the community: 2
Emergency Shelter services: 5
Street Outreach: 15 min.
Prevention and Rapid Rehousing: 15

III-3 How will the data be collected?

The housing case manager and street outreach staff will have primary responsibility for collecting data, entering the data into HMIS and communicating with the CSI to insure inclusion of data into that system. We have several data bases that we currently maintain at Thunderbird Clubhouse, including HMIS, so we are very familiar with this one as well as being familiar with the infrastructure needed to collect and record data.

SECTION IV: COMMUNITY and LOCAL GOVERNMENT COMMITMENT (5 possible points)

IV-1 Applicants able to provide documentation of community and local government commitment through the availability of matching funds to support this project. (ODOC-1 form, include documentation on entity letterhead). Eligible forms of match include but are not limited to:

- The value of the time and services contributed by volunteers to carry out the program at a rate of \$5.00 per hour.
- Volunteers providing professional services such as medical or legal services valued at the reasonable and customary rate in the community.
- The value of any donated material or building.
- The value of any building lease using a method to reasonably calculate fair market value.

IV-2 Applicants able to document cash match from these entities. Eligible forms of match include but are not limited to:

- The value of salary paid to staff to carry out the ESG program.

- Award letters from foundations, organizations, private individuals and other government sources.
- Federal, State or private cash funds that are used for program eligible expenses during the grant period.

Note: Match must be available during 2012 program year October 1, 2012 – September 30, 2013

**SECTION V: CONTINUUM OF CARE REQUIREMENTS (50 points possible)
TWO PAGE MAXIMUM**

V-1 Explain how services proposed fit into the local CoC's Action Plan to end homelessness?

Our action plan to end homelessness is based upon a tiered system of housing solutions. Addressing the mental health population in our community is critical in making the entire system "work" and to give the kind of support appropriate to each level of need. We are uniquely positioned to provide emergency services to persons with mental illness that are homeless as our agency has been providing housing for 17 years and Clubhouse services (including crisis intervention) for 22 years.

In addition, we have permanent supportive housing within our agency and so we can provide the next step in housing, permanent supportive housing, while maintaining the supportive relationships with the individual. While someone is part of our supportive housing program, we remain in contact with them and support them in any way we can to insure they remain housed in safe, affordable and attractive housing. If there are problems that arise, we help the Clubhouse participant address these to insure that he/she does not become at risk of homelessness.

As part of the CoC, we provide consultation to any of the other agencies that need assistance or guidance regarding someone with a mental illness. Thunderbird Clubhouse works well with the other agencies and we meet frequently to discuss needs, services, service gaps and ideas for solutions. We are extremely excited and supportive of the new Centralized Services for Intake we have in Norman. We see this as a resource for individuals that are homeless and a way to coordinate services to an even greater degree.

- Provide CoC Agreement for HMIS Data Entry
- If exempt from using HMIS, describe how method for collecting data is comparable to HMIS

V-2 Describe the mainstream services available in your area and the process for connecting shelter clients to these services.

We are not a medication based/medical based service but we link with the more traditional services such as Red Rock In-patient unit, Central Oklahoma Community Mental Health Center, Norman Regional Hospital and Griffin Memorial Hospital. The majority of Clubhouse participants receives services at one of these providers for out-patient treatment and then, in times of crisis or medication adjustment, enters one of the inpatient units for those services. The link between Thunderbird Clubhouse and these mainstream services is crucial because we do not provide these medical services and Clubhouse participants have chronic illnesses that need treatment. We will facilitate referrals to inpatient and outpatient treatment, application for social security benefits, linkage with the Oklahoma Department of Human Services, linkage with Norman Housing Authority. With each of these agencies we have been involved with not only the application for services but in insuring that Clubhouse participants follow up with paperwork requests, etc.

Clubhouse members periodically require inpatient treatment of their illness. Just like other chronic illness such as diabetes and high blood pressure, there are times when individuals with mental illness require more medical attention that can be given safely in the community. It is those times that Clubhouse provides the support necessary to prevent the loss of housing. If a Clubhouse participant is hospitalized, we will step in and make sure their housing is secure: we will collect mail, pay bills, etc. Upon discharge the Clubhouse participant still has that home they left when they were hospitalized.

V-3 What agencies in your area do you collaborate with to provide better care for your clients and to prevent duplication of services?

We have Memorandums of Understanding with East Main Place, Bridges, Food and Shelter for Friends, Transition House and other providers. We work well and frequently with these agencies. In addition, we attend meetings monthly, not just the CoC meetings, to coordinate services and to discuss strategies for providing services to homeless individuals and families. We have a monthly Shelter Directors meeting that has proven invaluable in building alliances and problem solving. Our local Norman United Way is also active in helping to coordinate services and has been intimately involved in the creation of our Centralized System for Intake.

V-4 Describe how homeless and/or formerly homeless persons participate in the operations, planning, development, and/or policy making at your shelter.

The Clubhouse model under which we operate is governed by a set of standards that insure Clubhouse participant engagement in all operations, planning, development, and policy making. This is at the core of our agency functioning and value system. We are accredited by the International Center for Clubhouse Development who use these standards as a way to insure quality services and as 'bill of rights' for Clubhouse participants. In order for us to call ourselves a "Clubhouse model program" we must be completely committed to the involvement of participants in all areas of program operation on a daily basis. All program and policies at the Clubhouse are discussed, reviewed and modified where needed, by Clubhouse participants. We have a weekly meeting where agency policies and procedures are discussed and Clubhouse participants may propose changes whenever they become aware of a needed change.

Until recently, we had a formerly homeless individual on our Board of Directors. He has recently resigned so we will be replacing him with a qualified individual with the lived experience of homelessness. This individual is a Clubhouse participant and he is very involved in the program on a daily basis. He will be providing guidance about our housing program even after his position is filled on the Board of Directors.

Total of 150 points possible.

Instructions for Completion of ODOC-1

All applicants are required to complete the ODOC-1 Match Certification form. Eligible forms of match are as follows:

- The value of salary paid to staff to carry out the ESG Program.
- The value of the time and services contributed by volunteers to carry out the program at a rate of \$5.00 per hour.
- Volunteers providing professional services such as medical or legal services valued at the reasonable and customary rate in the community.
- The value of any donated material or building.
- The value of any building lease using a method to reasonably calculate fair market value.
- Award letters from foundations, organizations, private individuals, and other government sources.

Note: These awards must overlap the ESG funding period to be eligible.

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, e.g., City CDBG, County FEMA, etc.)

| | |
|-------|----------|
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |

State/Local Government Funding

| | |
|--|-------------------|
| <u>OK Dept. of Mental Health & Subst. Abuse Services</u> | \$ <u>100,000</u> |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |

Private (including recipient) Funding

| | |
|-----------------------------------|----------|
| Fund Raising/Cash | \$ _____ |
| Loans | \$ _____ |
| Building Value or Lease | \$ _____ |
| Donated Goods | \$ _____ |
| Donated Computers | \$ _____ |
| New Staff Salaries | \$ _____ |
| Volunteers (\$5/hr) | \$ _____ |
| Volunteer Medical/Legal | \$ _____ |
| Other (specify) United Way | \$ _____ |

I certify that the match funds have been identified and committed to support the proposed ESG project and have not been used to match previous ESG awards (i.e. the value of a donated building used as match in a 2010 ESG award cannot be used as match in 2011). This form is a description of the sources and amounts of such match funds, which are not being used as match for any other federal program.

Signature/Title

Mayor, City of Norman

June 11, 2012
Date

| |
|---------------------|
| 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, Cindy S. Rosenthal, Chief Elected Official of the City of Norman, 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.

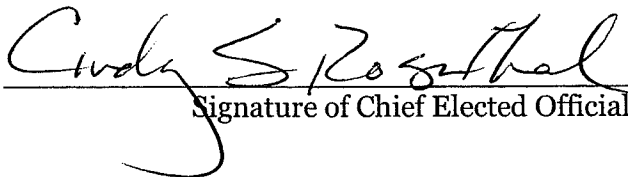
I further certify that the units of general local government will comply with the provisions of, and regulations and procedures applicable under, section 104(g) of the Housing and Community Development Act of 1974 with respect to the environmental review responsibilities under the National Environmental 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

Name of Chief Elected Official and Title


Signature of Chief Elected Official

May 22, 2012

Date

ODOC -2
ESG 2012

ODOC 5 Applicant Assurances

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

I, Cindy S. Rosenthal, Mayor of the City of Norman (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:

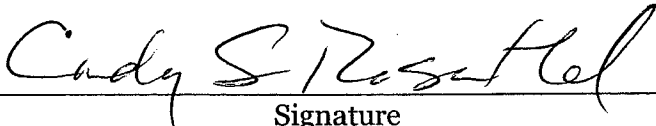
Appropriate case management, essential services, including transitional housing, permanent housing, medical health treatment, mental health treatment, counseling, supervision, and other services essential for achieving independent living; and

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. Rosenthal, Mayor of the City of Norman

Name and Title of Chief Elected Official (or) Executive Director of CAA



Signature

May 22, 2012

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.

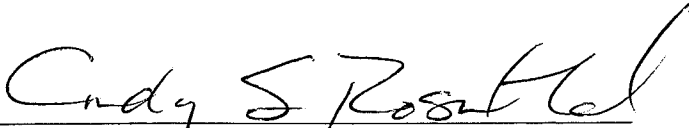
Confidentiality – Grant subrecipients must develop and implement procedures to ensure:

- (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.

Discharge Policy – 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: Thunderbird Clubhouse, Inc.

Project Name: ESG 2012

**Location
of the Project:** PO Box 1666, Norman, OK

**Name of the Federal
Program to which the
applicant is applying:** Emergency Solutions Grant

**Name of Certifying
Jurisdiction:** City of Norman

**Certifying Official of the
Jurisdiction Name:** Linda R. Price

Title: Revitalization Manager

Signature: *Linda R Price*

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: Thunderbird Clubhouse, Inc.

Project Name: ESG 2012

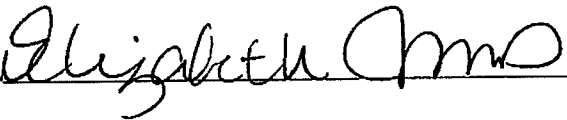
**Location
of the Project:** PO Box 1666, Norman OK 73070

**Name of the Federal
Program to which the
applicant is applying:** Emergency Solutions Grant

**Name of Certifying
Jurisdiction:** City of Moore

**Certifying Official of the
Jurisdiction Name:** Elizabeth Jones

Title: Director of Community Development

Signature: 

Date: May 23, 2012

**Form
HUD-2991**

ODOC 7 - Certification for Drug-Free Workplace

I, Cindy S. Rosenthal, Mayor
(Signature of Authorized Representative) (title)

of the City of Norman, certify that the organization will comply with the
(name of organization)

following:

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

1. 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. 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. 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.

- 3 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.
- 4 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).
- 5 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).
- 6 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.

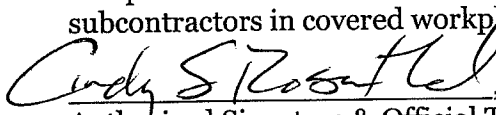
7. Definitions of terms in the Nonprocurement Suspension and Debarment common rule and Drug-Free Workplace common rule apply to this certification. Grantees' attention is called, in particular, to the following definitions from these rules:

"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).


Cindy S. Rosenthal, Mayor
Authorized Signature & Official Title

May 22, 2012

Date

ODOC-7
ESG 2012

ODOC 7 - Certification for Drug-Free Workplace

I, Pam Sanford, Executive Director
(Signature of Authorized Representative) (title)

of Thunderbird Clubhouse, Inc., certify that the organization will comply with the
(name of organization)

following:

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

1. 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. 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. 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.

- 3 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.
- 4 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).
- 5 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).
- 6 The Grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

Thunderbird Clubhouse, 1251 Triad Village Drive, 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.

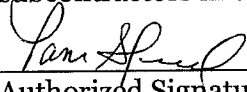
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"Conviction" means a finding of guilt (including a plea of nolo contendere) or imposition of sentence, or both, by any judicial body charged with the responsibility to determine violations of the Federal or State criminal drug statutes;

"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

6/11/12

Date

ODOC-7
ESG 2012

6

Environmental Review Record Summary Sheet

| | | |
|---------------------------|---|-----------------------|
| Project Number (IDIS): | HUD Program: Emergency Solutions Program | Program Year: 2012 |
|---------------------------|---|-----------------------|

Project Name: City of Norman/Thunderbird Clubhouse

Project Location (street, city, county/State, & zip code):
1251 Triad Village Drive, Norman, Cleveland County, Oklahoma 73071

| | | |
|---|--|--|
| Number of Dwelling Units N/A | Project site is in a location described as | |
| <input type="checkbox"/> New Construction <input type="checkbox"/> Rehabilitation | <input type="checkbox"/> Central city | <input checked="" type="checkbox"/> Suburban |
| | <input type="checkbox"/> Urban development | <input type="checkbox"/> Undeveloped area |

Project Description (*Attach additional descriptive information, as appropriate to the project, including narrative, maps, photographs, site plans, budgets and other information.*)¹:

Supportive services for homeless clients, including operations, outreach, and prevention activities

The subject project has been reviewed pursuant to HUD regulations 24 CFR Part 58, "Environmental Review Procedures for Entities Assuming HUD Environmental Responsibilities," and the following determination with respect to the project is made:

- Exempt from NEPA review requirements per 24 CFR §58.34(a) (_____) (Compliance Checklist for §58.6 is attached.)
- Categorically Excluded NOT Subject to §58.5 authorities per 24 CFR §58.35(b) (2) (Compliance Checklist for §58.6 is attached.)
- Categorically Excluded SUBJECT to §58.5 authorities per 24 CFR §58.35(a) (___) (Compliance Checklist for §58.6, and Statutory Worksheet and Checklist for the §58.5 authorities are attached.)
- An Environmental Assessment (EA) is required to be performed. (An Environmental Assessment Worksheet and Checklist performed in accordance with subpart E of 24 CFR Part 58, Compliance Checklist for §58.6, and Statutory Worksheet and Checklist for the §58.5 authorities are attached.)

¹ 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.

- 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

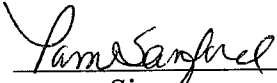
The sub grantee must have an established policy for the discharge of persons from publicly funded institutions or systems of care (such as health care facilities, foster care or other youth facilities, or correction programs and institutions) in order to prevent such discharge from immediately resulting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

Thunderbird Clubhouse, Inc.



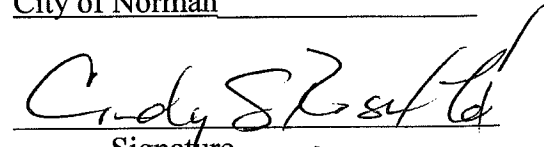
Signature

Pam Sanford, Executive Director
Name Title

May 23, 2012
Date

EXECUTED BY:
Name of Contractor (Sponsor)

City of Norman



Signature

Cindy S. Rosenthal, Mayor
Name Title

May 23, 2012
Date

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

Applicant/Recipient Disclosure/Update Report U.S. Department of Housing and Urban Development OMB Approval 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/Thunderbird Clubhouse, Inc.

2. Social Security Number or Employer ID Number:
73-6005350

3. HUD Program Name
Emergency Solutions Grant

4. Amount of HUD Assistance Requested /Received
\$100,000

4. State the name and location (street address, City and State) of the project or activity:
201 W. Gray, Norman OK 73069; PO Box 1666, Norman, OK 73070

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
- Yes No 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:

- 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 for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).

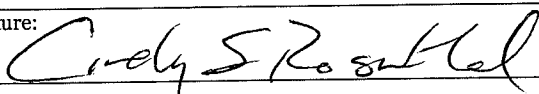
| Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first) | Social Security No. or Employee ID No. | Type of Participation in Project/Activity | Financial Interest in Project/Activity (\$ and %) |
|--|--|---|---|
| | | | |

(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)
X May 22, 2012

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

Applicant/Recipient Disclosure/Update Report

U.S. Department of Housing and Urban Development

OMB Approval 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/Thunderbird Clubhouse, Inc. | 2. Social Security Number or Employer ID Number: 73-6005350 |
| 3. HUD Program Name Emergency Solutions Grant | 4. Amount of HUD Assistance Requested /Received \$100,000 |
| 4. State the name and location (street address, City and State) of the project or activity: 201 W. Gray, Norman OK 73069; PO Box 1666, Norman, OK 73070 | |

Part I Threshold Determinations

- | | |
|---|---|
| <p>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).</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p>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</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> |
|---|---|

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:

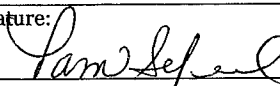
- All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity, and
- any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000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

| Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first) | Social Security No. or Employee ID No. | Type of Participation in Project/Activity | Financial Interest in 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) May 22, 2012 |
|--|------------------------------------|

City of Norman –
Thunderbird Clubhouse

Emergency Solutions Grant Program (ESG)

FY'12 Project Budget Summary

| COST CATEGORY | For Fiscal Use Only | ESG Requested Funds | Match Funds 555830 | Project Total |
|--|---------------------|---------------------|-----------------------|---------------|
| Tier I: 40% of Grant Funds awarded must be spent on Prevention and/or Rapid Rehousing Services | | | | |
| Tier II: 60% of Grant Funds awarded may be spent on Prevention and/or Rapid Re-Housing Services | | | | |
| Administration (3.75%) | | \$3,750 | \$32,000 | \$35,750 |
| HMIS | | | | |
| Emergency Shelter: | | | | |
| Utilities | | | | |
| Operations | | \$18,125 | \$21,000 | \$39,125 |
| Essential Services | | \$15,000 | \$47,000 | \$62,000 |
| RA Assistance | | | | |
| Total Emergency Shelter | | \$33,125 | \$68,000 | 101,125 |
| Total Street Outreach – Essential Services | | \$15,000 | | \$15,000 |
| Rapid Re-Housing Services | | | | |
| Housing Relocation and Stabilization Services | | \$33,125 | | \$33,125 |
| Tenant-Based Rental Assistance | | | | |
| Project-Based Rental Assistance | | | | |
| Total Rapid ReHousing | | \$33,125 | | \$33,125 |
| Homelessness Prevention Services: | | | | |
| Housing Relocation and Stabilization Services | | \$15,000 | | \$15,000 |
| Tenant-Based Rental Assistance | | | | |
| Project-Based Rental Assistance | | | | |
| Total Preventive Services | | \$15,000 | | \$15,000 |
| | | | | |
| 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

Will be used to offset general administration costs including auditing.

Rehabilitation/Renovation

NA

Shelter Operation and Services

Requested for utilities, rent, insurance, furnishings, maintenance, repair and supplies of the housing programs. Funds will also be utilized to offset food costs for the 2 daily meals that are available to all Clubhouse members. This amount also includes part of the housing case manager's salary to provide essential services to those in Clubhouse housing.

Street Outreach

Requested to offset the salary cost of outreach worker, travel, cell phone, some supplies such as blankets, toiletries, food for street homeless.

Rapid Re-Housing Services

This amount is to house homeless individuals or families and offset the costs for rental application fees, security deposits, last months rent, moving costs, utility payments.

Homelessness Prevention

These funds will be used to provide assistance resolving rent and utility expenses that would otherwise result in eviction.

HMIS

N/A

If awarded Tier I funds only, we will adjust the budget accordingly.



The City of
NORMAN

201 West Gray • P.O. Box 370
Norman, Oklahoma • 73070

REVITALIZATION DIVISION
Phone: 405-366-5332

April 25, 2012

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

Attn: Human Development Team

Thunderbird Clubhouse, Inc.. a local non-profit organization located in Norman that serves clients having severe and persistent mental illnesses. The staff and members of Thunderbird Clubhouse have been active participants on the Cleveland County Continuum of Care Advisory Committee. Thunderbird Clubhouse has fostered networking between all the collaborating agencies of the Continuum to not only assist their clientele but to provide support to other agencies.

Presently the Executive Director is serving as Co-Chair of the Continuum as well and serving on the Directors Committee and the Discharge Planning Subcommittee. Thunderbird Clubhouse has a very distinctive role within the Continuum. They are a wonderful liaison for the other agencies in regards to clients experiencing a mental health crisis. Numerous times over the past year, the staff has worked with other agencies clients as an advocate so that appropriate serves are obtained from the Department of Mental Health facilities.

It has been my pleasure to have had the assistance and support provided by Thunderbird Clubhouse throughout the past year.

Sincerely,

A handwritten signature in cursive script, appearing to read "Lisa D. Krieg".

Lisa D. Krieg
Grants Planner/Staff Support
Cleveland County Continuum of Care