



GRANTS.GOVSM

Confirmation

Thank you for submitting your grant application package via Grants.gov. Your application is currently being processed by the Grants.gov system. Once your submission has been processed, Grants.gov will send email messages to advise you of the progress of your application through the system. Over the next 24 to 48 hours, you should receive two emails. The first will confirm receipt of your application by the Grants.gov system, and the second will indicate that the application has either been successfully validated by the system prior to transmission to the grantor agency or has been rejected due to errors.

Please do not hit the back button on your browser.

If your application is successfully validated and subsequently retrieved by the grantor agency from the Grants.gov system, you will receive an additional email. This email may be delivered several days or weeks from the date of submission, depending on when the grantor agency retrieves it.

You may also monitor the processing status of your submission within the Grants.gov system by clicking on the "Track My Application" link listed at the end of this form.

Note: Once the grantor agency has retrieved your application from Grants.gov, you will need to contact them directly for any subsequent status updates. Grants.gov does not participate in making any award decisions.

IMPORTANT NOTICE: If you do not receive a receipt confirmation and either a validation confirmation or a rejection email message within 48 hours, please contact us. The Grants.gov Contact Center can be reached by email at support@grants.gov, or by telephone at 1-800-518-4726. Always include your Grants.gov tracking number in all correspondence. The tracking numbers issued by Grants.gov look like GRANTXXXXXXXXXX.

If you have questions please contact the Grants.gov Contact Center: support@grants.gov
1-800-518-4726 24 hours a day, 7 days a week. Closed on federal holidays.

The following application tracking information was generated by the system:

Grants.gov Tracking Number:	GRANT12776561
Applicant DUNS:	14-855-8195
Submitter's Name:	Randy L Colson
CFDA Number:	14.261
CFDA Description:	Homeless Management Information Systems Technical Assistance
Funding Opportunity Number:	FR-6100-N-40
Funding Opportunity Description:	Notice of Funding Availability for the Fiscal Year (FY) 2017 Homeless Management Information System Capacity Building Project
Agency Name:	US Department of Housing and Urban Development
Application Name of this Submission:	HMIS Capacity Building 2017
Date/Time of Receipt:	Jan 30, 2019 01:57:16 PM EST

TRACK MY APPLICATION – To check the status of this application, please click the link below:

https://apply07.grants.gov/apply/spoExit.jsp?p=web/grants/applicants/track-my-application.html&tracking_num=GRANT12776561

It is suggested you Save and/or Print this response for your records.

This Workspace form is one of the forms you need to complete prior to submitting your Application Package. This form can be completed in its entirety offline using Adobe Reader. You can save your form by clicking the "Save" button and see any errors by clicking the "Check For Errors" button. In-progress and completed forms can be uploaded at any time to Grants.gov using the Workspace feature.

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OPPORTUNITY & PACKAGE DETAILS:

Opportunity Number:	FR-6100-N-40
Opportunity Title:	Notice of Funding Availability for the Fiscal Year (FY) 2017 Homeless Management Information System Capacity Building Project
Opportunity Package ID:	PKG00246385
CFDA Number:	14.261
CFDA Description:	Homeless Management Information Systems Technical Assistance
Competition ID:	FR-6100-N-40
Competition Title:	Notice of Funding Availability for the Fiscal Year (FY) 2017 Homeless Management Information System Capacity Building Project
Opening Date:	11/19/2018
Closing Date:	01/31/2019
Agency:	Department of Housing and Urban Development
Contact Information:	HMISNOFA@hud.gov

APPLICANT & WORKSPACE DETAILS:

Workspace ID:	WS00241715
Application Filing Name:	HMIS Capacity Building 2017
DUNS:	1485581950000
Organization:	MENDOCINO, COUNTY OF
Form Name:	HUD Applicant-Recipient Disclosure Report
Form Version:	1.1
Requirement:	Mandatory
Download Date/Time:	Jan 30, 2019 01:59:42 PM EST
Form State:	No Errors

FORM ACTIONS:

**Applicant/Recipient
Disclosure/Update Report**

**U.S. Department of Housing
and Urban Development**

OMB Number: 2510-0011
Expiration Date: 01/31/2019

Applicant/Recipient Information

*** Duns Number:** 1485581950000

*** Report Type:** INITIAL

1. Applicant/Recipient Name, Address, and Phone (include area code):

*** Applicant Name:**

Mendocino County Health & Human Services Agency

*** Street1:** Mendocino County Health & Human Services Agency

Street2: 747 S. State Street

*** City:** Ukiah

County: Mendocino

*** State:** CA: California

*** Zip Code:** 95482-5815

*** Country:** USA: UNITED STATES

*** Phone:** 707-463-7841

2. Social Security Number or Employer ID Number: 94-6000520

*** 3. HUD Program Name:**

Homeless Management Information Systems Technical Assistance

*** 4. Amount of HUD Assistance Requested/Received: \$** 150,000.00

5. State the name and location (street address, City and State) of the project or activity:

*** Project Name:** MCHSCoC HMIS Capacity Building Project

*** Street1:** Mendocino County Health & Human Services Agency

Street2: 747 S. State Street

*** City:** Ukiah

County: Mendocino

*** State:** CA: California

*** Zip Code:** 95482-5815

*** Country:** USA: UNITED STATES

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

*** 2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1-Sep. 30)? For further information, see 24 CFR Sec. 4.9**

☐ Yes

☒ 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:

* Government Agency Name:

Government Agency Address:

* Street1:

Street2:

* City:

County:

* State:

* Zip Code:

* Country:

* Type of Assistance:

* Amount Requested/Provided: \$

* Expected Uses of the Funds:

Department/State/Local Agency Name:

* Government Agency Name:

Government Agency Address:

* Street1:

Street2:

* City:

County:

* State:

* Zip Code:

* Country:

* Type of Assistance:

* Amount Requested/Provided: \$

* Expected Uses of the Funds:

(Note: Use Additional pages if necessary.)

Add Attachment

Delete Attachment

View Attachment

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)	* Social Security No. or Employee ID No.	* Type of Participation in Project/Activity	* Financial Interest in Project/Activity (\$ and %)
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> <input type="text"/> %
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> <input type="text"/> %
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> <input type="text"/> %
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> <input type="text"/> %
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> <input type="text"/> %

(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)

Completed Upon Submission to Grants.gov

Completed Upon Submission
to Grants.gov

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Opportunity Package ID:	PKG00246385
CFDA Number:	14.261
CFDA Description:	Homeless Management Information Systems Technical Assistance
Competition ID:	FR-6100-N-40
Competition Title:	Notice of Funding Availability for the Fiscal Year (FY) 2017 Homeless Management Information System Capacity Building Project
Opening Date:	11/19/2018
Closing Date:	01/31/2019
Agency:	Department of Housing and Urban Development
Contact Information:	HMISNOFA@hud.gov

APPLICANT & WORKSPACE DETAILS:

Workspace ID:	WS00241715
Application Filing Name:	HMIS Capacity Building 2017
DUNS:	1485581950000
Organization:	MENDOCINO, COUNTY OF
Form Name:	Application for Federal Assistance (SF-424)
Form Version:	2.1
Requirement:	Mandatory
Download Date/Time:	Jan 30, 2019 01:59:05 PM EST
Form State:	No Errors

FORM ACTIONS:

Application for Federal Assistance SF-424*** 1. Type of Submission:**☐ Preapplication☒ Application☐ Changed/Corrected Application*** 2. Type of Application:**☒ New☐ Continuation☐ Revision*** If Revision, select appropriate letter(s):***** Other (Specify):***** 3. Date Received:**

Completed by Grants.gov upon submission.

4. Applicant Identifier:**5a. Federal Entity Identifier:**

1946000520A4

5b. Federal Award Identifier:**State Use Only:****6. Date Received by State:****7. State Application Identifier:****8. APPLICANT INFORMATION:***** a. Legal Name:** Mendocino County Health & Human Services Agency*** b. Employer/Taxpayer Identification Number (EIN/TIN):**

94-6000520

*** c. Organizational DUNS:**

1485581950000

d. Address:*** Street1:** Mendocino County Health & Human Services Agency**Street2:** 747 S. State Street*** City:** Ukiah**County/Parish:** Mendocino*** State:** CA: California**Province:***** Country:** USA: UNITED STATES*** Zip / Postal Code:** 95482-5815**e. Organizational Unit:****Department Name:**

Office of the Director

Division Name:

HOME Team

f. Name and contact information of person to be contacted on matters involving this application:**Prefix:** Mr.*** First Name:** Brian**Middle Name:***** Last Name:** Klovski**Suffix:****Title:** Program Specialist**Organizational Affiliation:***** Telephone Number:** 707-463-7841**Fax Number:***** Email:** klovskib@mendocinocounty.org

Application for Federal Assistance SF-424

* 9. Type of Applicant 1: Select Applicant Type:

B: County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

14.261

CFDA Title:

Homeless Management Information Systems Technical Assistance

* 12. Funding Opportunity Number:

FR-6100-N-40

* Title:

Notice of Funding Availability for the Fiscal Year (FY) 2017 Homeless Management Information System Capacity Building Project

13. Competition Identification Number:

FR-6100-N-40

Title:

Notice of Funding Availability for the Fiscal Year (FY) 2017 Homeless Management Information System Capacity Building Project

14. Areas Affected by Project (Cities, Counties, States, etc.):

Affected Areas.pdf

Add Attachment

Delete Attachment

View Attachment

* 15. Descriptive Title of Applicant's Project:

Mendocino County Homeless Services Continuum of Care (MCHSCoC) Homeless Management Information System (HMIS) Capacity Building Project

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424**16. Congressional Districts Of:*** a. Applicant * b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:* a. Start Date: * b. End Date: **18. Estimated Funding (\$):**

* a. Federal	<input type="text" value="150,000.00"/>
* b. Applicant	<input type="text" value="80,000.00"/>
* c. State	<input type="text" value="40,000.00"/>
* d. Local	<input type="text" value="10,000.00"/>
* e. Other	<input type="text" value="10,000.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="290,000.00"/>

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- ☐ a. This application was made available to the State under the Executive Order 12372 Process for review on
- ☒ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☐ c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**☐ Yes ☒ No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

21. *By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title: * Telephone Number: Fax Number: * Email: * Signature of Authorized Representative: * Date Signed:

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Agency:	Department of Housing and Urban Development
Contact Information:	HMISNOFA@hud.gov

APPLICANT & WORKSPACE DETAILS:

Workspace ID:	WS00241715
Application Filing Name:	HMIS Capacity Building 2017
DUNS:	1485581950000
Organization:	MENDOCINO, COUNTY OF
Form Name:	Attachments
Form Version:	1.2
Requirement:	Optional
Download Date/Time:	Jan 30, 2019 01:59:55 PM EST
Form State:	No Errors

FORM ACTIONS:

ATTACHMENTS FORM

Instructions: On this form, you will attach the various files that make up your grant application. Please consult with the appropriate Agency Guidelines for more information about each needed file. Please remember that any files you attach must be in the document format and named as specified in the Guidelines.

Important: Please attach your files in the proper sequence. See the appropriate Agency Guidelines for details.

1) Please attach Attachment 1	HMIS Capacity Building Project	Add Attachment	Delete Attachment	View Attachment
2) Please attach Attachment 2		Add Attachment	Delete Attachment	View Attachment
3) Please attach Attachment 3		Add Attachment	Delete Attachment	View Attachment
4) Please attach Attachment 4		Add Attachment	Delete Attachment	View Attachment
5) Please attach Attachment 5		Add Attachment	Delete Attachment	View Attachment
6) Please attach Attachment 6		Add Attachment	Delete Attachment	View Attachment
7) Please attach Attachment 7		Add Attachment	Delete Attachment	View Attachment
8) Please attach Attachment 8		Add Attachment	Delete Attachment	View Attachment
9) Please attach Attachment 9		Add Attachment	Delete Attachment	View Attachment
10) Please attach Attachment 10		Add Attachment	Delete Attachment	View Attachment
11) Please attach Attachment 11		Add Attachment	Delete Attachment	View Attachment
12) Please attach Attachment 12		Add Attachment	Delete Attachment	View Attachment
13) Please attach Attachment 13		Add Attachment	Delete Attachment	View Attachment
14) Please attach Attachment 14		Add Attachment	Delete Attachment	View Attachment
15) Please attach Attachment 15		Add Attachment	Delete Attachment	View Attachment