Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/ - Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2017 Continuum of Care (CoC) Program Competition. For more information see FY 2017 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2017 CoC Program NOFA and the FY 2016 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2016 Project Application will be imported into the FY 2017 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the FY 2016 post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2017 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:	Application
2. Type of Application:	Renewal Project Application
If "Revision", select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	09/18/2017
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
5b. Federal Award Identifier: This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).	NV0083
Check to confrim that the Federal Award Identifier has been updated to reflect the most recently awarded grant number	X
6. Date Received by State:	
7. State Application Identifier:	

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: United States Veterans Initiative

b. Employer/Taxpayer Identification Number (EIN/TIN): 95-4382752

	c. Organizational DUNS:	009708388	PLUS 4	

d. Address

Street 1: 525 E Bonanza Rd

Street 2:

City: Las Vegas

County: Clark

State: Nevada

Country: United States

Zip / Postal Code: 89101

e. Organizational Unit (optional)

Department Name:

Division Name:

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

Prefix: Mrs.

First Name: Jessica

Middle Name:

Last Name: Rohac

Suffix: MSW

Title: VP Operations & Compliance

Organizational Affiliation: United States Veterans Initiative

Telephone Number: (213) 542-2605

Extension:
Fax Number: (213) 542-5195
Email: jrohac@usvetsinc.org

1C. SF-424 Application Details

9. Type of Applicant: M. Nonprofit with 501C3 IRS Status

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: FR-6100-N-25

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (State(s) only): (for multiple selections hold CTRL key)	Nevada
15. Descriptive Title of Applicant's Project:	Chronically Homeless Aspiring for Maintenance (CH1)
16. Congressional District(s):	
a. Applicant: (for multiple selections hold CTRL key)	NV-001
b. Project: (for multiple selections hold CTRL key)	NV-004, NV-003, NV-001
17. Proposed Project	
a. Start Date:	07/01/2018
b. End Date:	06/30/2019
18. Estimated Funding ($)	
a. Federal:	
b. Applicant:	
c. State:	
d. Local:	
e. Other:	
f. Program Income:	
g. Total:	

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process?	b. Program is subject to E.O. 12372 but has not been selected by the State for review.
If "YES", enter the date this application was made available to the State for review:	
20. Is the Applicant delinquent on any Federal debt?	No
If "YES," provide an explanation:	

1F. SF-424 Declaration

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

I AGREE: X

21. Authorized Representative

Prefix:	Ms.
First Name:	Shalimar
Middle Name:	T
Last Name:	Cabrera
Suffix:	MSW
Title:	Executive Director
Telephone Number: (Format: 123-456-7890)	(702) 947-4442
Fax Number: (Format: 123-456-7890)	(702) 978-6215
Email:	scabrera@usvetsinc.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/18/2017

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - Form 2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2510-0011 (exp.11/30/2018)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name:	United States Veterans Initiative
Prefix:	Ms.
First Name:	Shalimar
Middle Name:	T
Last Name:	Cabrera
Suffix:	MSW
Title:	Executive Director
Organizational Affiliation:	United States Veterans Initiative
Telephone Number:	(702) 947-4442
Extension:	226
Email:	scabrera@usvetsinc.org
City:	Las Vegas
County:	Clark
State:	Nevada
Country:	United States
Zip/Postal Code:	89101

2. Employer ID Number (EIN):	95-4382752
3. HUD Program:	Continuum of Care Program
4. Amount of HUD Assistance Requested/Received:	$167,645.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: Chronically Homeless Aspiring for Maintenance (CH1) 525 E Bonanza Rd Las Vegas Nevada

Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? (For further information, see 24 CFR Sec. 4.3). Yes

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

Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
VA Grant & Per Diem, 10770 N. 46th Street, Suite C–200, Tampa, Florida 33617	Federal Government Grant	$1,972,175.30	Leverage for Leasing, Services, Operations, & Admin costs for VIP TH Project
MGM Resorts Foundation, 840 Grier Drive, Las Vegas, NV 89119	Private Foundation	85000.0	Leverage and Match for Leasing, Services, Operations, and Admin costs
USAA Savings Bank, 10750 McDermott Fwy, RW10, San Antonia, TX 78288	Private Contribution	$50,000.00	Leverage and Match for Leasing, Services, Operations, and Admin costs

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	Financial Interest in Project/Activity ($)	Financial Interest in Project/Activity (%)
NA	NA	NA	$0.00	0%

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 nondisclosure, is subject to civil money penalty not to exceed $10,000 for each violation.

I certify that this information is true and complete.

I AGREE: X

Name / Title of Authorized Official: Shalimar Cabrera, Executive Director

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

Date Signed: 08/28/2017

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: United States Veterans Initiative

Program/Activity Receiving Federal Grant Funding: CoC Program

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

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

Sites for Work Performance.

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)
Workplaces, including addresses, entered in the attached project application.
Refer to addresses entered into the attached project application.

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

accurate. ☐

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

Authorized Representative

Prefix:	Ms.
First Name:	Shalimar
Middle Name	T
Last Name:	Cabrera
Suffix:	MSW
Title:	Executive Director
Telephone Number: (Format: 123-456-7890)	(702) 947-4442
Fax Number: (Format: 123-456-7890)	(702) 978-6215
Email:	scabrera@usvetsinc.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/18/2017

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

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

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

Applicant's Organization: United States Veterans Initiative

Name / Title of Authorized Official: Shalimar Cabrera, Executive Director

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

Date Signed: 09/18/2017

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer “Yes” if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: “The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action.”

Answer “No” if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?	No
Legal Name:	United States Veterans Initiative
Street 1:	525 E Bonanza Rd
Street 2:	
City:	Las Vegas
County:	Clark
State:	Nevada
Country:	United States
Zip / Postal Code:	89101

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I certify that this information is true and complete. [X]

Authorized Representative

Prefix:	Ms.
First Name:	Shalimar
Middle Name:	T
Last Name:	Cabrera
Suffix:	MSW
Title:	Executive Director
Telephone Number: (Format: 123-456-7890)	(702) 947-4442
Fax Number: (Format: 123-456-7890)	(702) 978-6215
Email:	scabrera@usvetsinc.org
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/18/2017

Additional Information

Now that you have completed Part 1 of the application, please review Parts 2-7, which are in Read Only mode. Screen 3C, which is mandatory for all PH-PSH projects and screens 6D, 7A and 7B which are mandatory for all projects will be editable and must be answered prior to submission.

Once you are done reviewing, you will be guided to a "Submissions without Changes" screen. At this screen if you decide no edits or updates are required to any screens other than the mandatory questions for 3C and/or 6D,7A and 7B, you are allowed to submit the application without ever needing to edit the rest of the application. However, if you determine that changes need to be made to the application, we have given you the ability to open up individual screens for edit, instead of the entire application.

Once you select the screens you want to edit via checkboxes, you will click "Save", and those screens will be available for edit. An important reminder, once you make those selections and click "Save", you cannot uncheck those boxes. You are allowed to select additional boxes even after saving your initial selections. Again, you must click "Save" for those newly selected screens to be available for edit.

If your project is a First Time Renewal, your project will not be able to utilize the "Submit Without Changes" function. The Submissions Without Changes page will be automatically set to "Make Changes" and you will be required to input data into the application for all required fields relevant to the component type.

2A. Project Subrecipients

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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

Total Expected Sub-Awards: $0

Organization	Type	Type	Sub-Award Amount
This list contains no items			

2B. Recipient Performance

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?	Yes
2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?	No
3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?	Yes
4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?	No

3A. Project Detail

1. Expiring Grant Number: NV0083
(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: NV-500 - Las Vegas/Clark County CoC

2b. CoC Collaborative Applicant Name: Clark County Social Service

3. Project Name: Chronically Homeless Aspiring for Maintenance (CH1)

4. Project Status: Standard

5. Component Type: PH

6. Does this project use one or more properties that have been conveyed through the Title V process? No

3B. Project Description

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

The Permanent Housing (CH1) “Chronically Homeless Aspiring for Maintenance Program” is a 10-bed permanent housing program for chronically homeless veterans with disabilities, entitled United States Veterans Initiative (U.S.VETS) is the applicant and sponsor of this project. The mission of U.S.VETS is the successful transition of military veterans and their families through the provision of housing, counseling, career development and comprehensive support. The program provides veterans with comprehensive services to help them regain their independence and to maintain residential stability. Projected outcomes include 80% maintaining permanent housing and at least 54% increasing or maintaining income.

This Permanent Housing (CH1) Program provides housing to disabled male and female veterans and includes intensive case management, skills development, benefits acquisitions, and employment assistance to move veterans from homelessness into housing and residential stability. Supportive services offered to veterans and their dependents are tailored to address each veteran’s needs to help them achieve self-sufficiency. The program connects the veterans with medical, mental health, sobriety support and other supportive services (legal assistance, money management, relapse prevention, transportation and therapeutic activities).

This program fills the existing gaps in supportive services available to veterans in Las Vegas. The program collaborates with the CoC Coordinated Entry System, Veterans Administration, University students in the counseling and social work departments, the Department of Employment, Training and Rehabilitation, Credit Wise financial management training, Three Square Food Bank, and other community-based agencies. Through innovative collaborations, a continuum of care is provided within U.S.VETS programs to provide the necessary services a veteran needs to reach residential stability and ultimately independence.

There is a great need in the Clark County community to provide affordable living options and support services to veterans who have disabilities and are chronically homeless. Clark County has the largest veteran population in the state of Nevada. This Permanent Housing model will provide rental subsidies and support services to a high need population. Using the Housing First model, veterans who meet eligibility requirements do not have preconditions for program entry. While participation and abstinence are encouraged, they are not required to remain in the program. Instead, the program meets veterans where they are and uses evidence-based interventions to increase engagement and attract the interest of program participants. The model addresses the need for homeless veterans to abandon life on the streets by entering safe and affordable housing, achieving and maintaining stability and transitioning successfully to self-sufficiency.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

Chronic Homeless	X	**Domestic Violence**	X
Veterans	X	**Substance Abuse**	X
Youth (under 25)		**Mental Illness**	X
Families with Children		**HIV/AIDS**	X
		Other (Click 'Save' to update)	

Other:

3. Housing First

3a. Does the project quickly move participants into permanent housing Yes

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

Having too little or little income	X
Active or history of substance use	X
Having a criminal record with exceptions for state-mandated restrictions	X
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
None of the above	

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

Failure to participate in supportive services	X
Failure to make progress on a service plan	X
Loss of income or failure to improve income	X

Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	X
None of the above	

3d. Does the project follow a "Housing First" approach? Yes

4. Does the PH project provide PSH or RRH? PSH

3C. Dedicated Plus

Dedicated and DedicatedPLUS

A “100% Dedicated” project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and families, according to NOFA Section III.3.b.

A “DedicatedPLUS” project is a permanent supportive housing project where 100% of the beds are dedicated to serve individuals with disabilities and families in which one adult or child has a disability, including unaccompanied homeless youth, that at a minimum, meet ONE of the following criteria according to NOFA Section III.3.d:

(1) experiencing chronic homelessness as defined in 24 CFR 578.3;
(2) residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project;
(3) residing in a place not meant for human habitation, emergency shelter, or safe haven; but the individuals or families experiencing chronic homelessness as defined at 24 CFR 578.3 had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement;
(4) residing in transitional housing funded by a joint TH and PH-RRH component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3 prior to entering the project;
(5)residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions; or
(6) receiving assistance through a Department of Veterans Affairs(VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

A renewal project where 100 percent of the beds are dedicated in their current grant as described in NOFA Section III.A.3.b. must either become DedicatedPLUS or remain 100% Dedicated. If a renewal project currently has 100 percent of its beds dedicated to chronically homeless individuals and families and elects to become a DedicatedPLUS project, the project will be required to adhere to all fair housing requirements at 24 CFR 578.93. Any beds that the applicant identifies in this application as being dedicated to chronically homeless individuals and families in a DedicatedPLUS project must continue to operate in accordance with Section III.A.3.b. Beds are identified on Screen 4B.

1. Indicate whether the project is "100% Dedicated", "DedicatedPLUS", or "N/A", according to the information provided above.	DedicatedPLUS

4A. Supportive Services for Participants

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

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

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

2b. Use of a single application form for four or more mainstream programs? Yes

2c. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

3. Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner Yes

agency?	
3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months.	Yes

4B. Housing Type and Location

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

Total Units: 10

Total Beds: 10

Total Dedicated CH Beds: 10

Housing Type	Units	Beds
Clustered apartments	10	10

4B. Housing Type and Location Detail

1. Housing Type: Clustered apartments

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

a. Units: 10

b. Beds: 10

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 10

This includes both the “dedicated” and “prioritized” beds from previous competitions.

4. Address:

Street 1: 525 East Bonanza Rd

Street 2:

City: Las Vegas

State: Nevada

ZIP Code: 89101

5. Select the geographic area(s) associated with the address: (for multiple selections hold CTRL Key)

329023 Nye County, 320096 Henderson, 320108 Las Vegas, 329003 Clark County

5A. Project Participants - Households

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	0	10	0	10

Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Adults over age 24	0	10		10
Adults ages 18-24	0	0		0
Accompanied Children under age 18	0		0	0
Unaccompanied Children under age 18			0	0
Total Persons	0	10	0	10

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

Persons in Households with at Least One Adult and One Child

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24										
Adults ages 18-24										
Children under age 18										
Total Persons	0	0	0	0	0	0	0	0	0	0

Persons in Households without Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24	0	10	0	8	0	8	0	9	1	0
Adults ages 18-24		0	0	0	0	0	0	0	0	0
Total Persons	0	10	0	8	0	8	0	9	1	0

Click Save to automatically calculate totals

Persons in Households with Only Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Accompanied Children under age 18										
Unaccompanied Children under age 18										
Total Persons	0			0	0	0	0	0	0	0

5C. Outreach for Participants

1. Enter the percentage of project participants that will be coming from each of the following locations.

47%	**Directly from the street or other locations not meant for human habitation.**
43%	**Directly from emergency shelters.**
	Directly from safe havens.
0%	**Persons fleeing domestic violence.**
	Directly from transitional housing eliminated in the FY 2017 CoC Program Competition.
	Directly from the TH Portion of a Joint TH and PH-RRH Component project.
10%	**Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program.**
100%	**Total of above percentages**

6A. Funding Request

1. Do any of the properties in this project have an active restrictive covenant? No

2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? No

3. Does this project propose to allocate funds according to an indirect cost rate? Yes

Indirect cost rate proposals should be submitted as soon as the applicant is notified of a conditional award. Conditional award recipients will be asked to submit the proposal rate during the e-snaps post-award process.

Applicants with an approved indirect cost rate must submit a copy of the approval with this application.

a. Please complete the indirect cost rate schedule below:

Administering Department/Agency	Indirect Cost Rate	Direct Cost Base
Veterans Affairs	11%	$156,818

b. Has this rate been approved by your cognizant agency? Yes

c. Do you plan to use the 10% de minimis rate? No

4. Renewal Grant Term: 1 Year

5. Select the costs for which funding is being requested:

Leased Units	X
Leased Structures	X
Rental Assistance	
Supportive Services	X
Operating	X

HMIS ☐

6B. Leased Units Budget

The following list summarizes the funds being requested for one or more units leased for operating the projects. To add information to the list, select the icon. To view or update information already listed, select the icon.

Total Annual Assistance Requested:	$74,640
Grant Term:	1 Year
Total Request for Grant Term:	$74,640
Total Units:	10

FMR Area	Total Units Requested	Total Annual Budget Requested	Total Budget Requested
NV - Las Vegas-He...	10	$74,640	$74,640

Leased Units Budget Detail

Enter the appropriate values in the "Number of Units" AND "Total Request" fields.

Metropolitan or non-metropolitan fair market rent area: NV - Las Vegas-Henderson-Paradise, NV MSA (3200399999)

Leased Units Annual Budget

Size of Units	# of Units (Applicant)	Total Request (Applicant)
SRO	0	
0 Bedroom	10	
1 Bedroom	0	
2 Bedroom	0	
3 Bedroom	0	
4 Bedroom	0	
5 Bedroom	0	
6 Bedroom	0	
7 Bedroom	0	
8 Bedroom	0	
9 Bedroom	0	
Total Units and Annual Assistance Requested	10	$74,640
Grant Term		1 Year
Total Request for Grant Term		$74,640

Click the 'Save' button to automatically calculate totals.

6D. Sources of Match

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

Summary for Match

Total Value of Cash Commitments:	$22,505
Total Value of In-Kind Commitments:	$0
Total Value of All Commitments:	$22,505

1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? Yes

1a. Briefly describe the source of the program income:

Program Rent

1b. Estimate the amount of program income that will be used as Match for this project: $14,500

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Private	Program Rent (CH1)	09/11/2017	$14,500
Yes	Cash	Private	MGM Grant	08/10/2017	$8,005

Sources of Match Detail

1. Will this commitment be used towards Match?	Yes
2. Type of Commitment:	Cash
3. Type of Source:	Private
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	Program Rent (CH1)
5. Date of Written Commitment:	09/11/2017
6. Value of Written Commitment:	$14,500

Sources of Match Detail

1. Will this commitment be used towards Match?	Yes
2. Type of Commitment:	Cash
3. Type of Source:	Private
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	MGM Grant
5. Date of Written Commitment:	08/10/2017
6. Value of Written Commitment:	$8,005

6E. Summary Budget

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	$74,640
1b. Leased Structures	$2,988
2. Rental Assistance	$0
3. Supportive Services	$75,618
4. Operating	$3,572
5. HMIS	$0
6. Sub-total Costs Requested	$156,818
7. Admin (Up to 10%)	$10,827
8. Total Assistance plus Admin Requested	$167,645
9. Cash Match	$22,505
10. In-Kind Match	$0
11. Total Match	$22,505
12. Total Budget	$190,150

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	USVI 501C3 Tax Ex...	08/28/2016
2) Other Attachmenbt	No	Cash Match-Rents&MGM	09/15/2017
3) Other Attachment	No	ICR from VA	09/15/2017

Attachment Details

Document Description: USVI 501C3 Tax Exempt

Attachment Details

Document Description: Cash Match-Rents&MGM

Attachment Details

Document Description: ICR from VA

7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

For applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

C. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official	Shalimar Cabrera
Date:	09/18/2017
Title:	Executive Director
Applicant Organization:	United States Veterans Initiative
PHA Number (For PHA Applicants Only):	
I certify that I have been duly authorized by the applicant to submit this Applicant	X

Certification and to ensure compliance. I am aware that any false, ficticious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).	

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

Part 2- Recipient and Subrecipient Information	
2A. Subrecipients	☐
2B. Recipient Performance	☐
Part 3 - Project Information	
3A. Project Detail	X
3B. Description	X
3C. Dedicated Plus	X
Part 4 - Housing Services and HMIS	
4A. Services	X
4B. Housing Type	X
Part 5 - Participants and Outreach Information	
5A. Households	☐
5B. Subpopulations	☐
5C. Outreach	X
Part 6 - Budget Information	
6A. Funding Request	X

6B. Leased Units	X
6D. Match	X
6E. Summary Budget	X
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	X
7B. Certification	X

The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

-3b-c Updated Project Description and Dedicated Plus status.
-4a-b Updated Services & Housing Type and location
-5c Updated Outreach to including coming from VA-funded programs
-6b Updated Leased Unit type
-6d Updated Cash Match attachment
-Updated Indirect Cost Rate information

The applicant has selected "Make Changes". Once this screen is saved, the applicant will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	09/11/2017
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/11/2017

1E. SF-424 Compliance	09/11/2017
1F. SF-424 Declaration	09/11/2017
1G. HUD-2880	09/11/2017
1H. HUD-50070	09/11/2017
1I. Cert. Lobbying	09/11/2017
1J. SF-LLL	09/11/2017
2A. Subrecipients	No Input Required
2B. Recipient Performance	09/11/2017
3A. Project Detail	09/11/2017
3B. Description	09/15/2017
3C. Dedicated Plus	09/18/2017
4A. Services	09/18/2017
4B. Housing Type	09/18/2017
5A. Households	09/11/2017
5B. Subpopulations	No Input Required
5C. Outreach	09/18/2017
6A. Funding Request	09/15/2017
6B. Leased Units	09/18/2017
6D. Match	09/18/2017
6E. Summary Budget	No Input Required
7A. Attachment(s)	09/15/2017
7B. Certification	09/11/2017
Submission Without Changes	09/18/2017

IRS Department of the Treasury
Internal Revenue Service
P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 0752255943
May 06, 2015 LTR 4168C 0
95-4382752 000000 00
00027781
BODC: TE

UNITED STATES VETERANS INITIATIVE
800 W 6TH ST STE 1505
LOS ANGELES CA 90017-2742

009417

Employer Identification Number: 95-4382752
Person to Contact: Customer Service
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Apr. 27, 2015, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in DECEMBER 1992.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

0752255943
May 06, 2015 LTR 4168C 0
95-4382752 000000 00
00027782

UNITED STATES VETERANS INITIATIVE
800 W 6TH ST STE 1505
LOS ANGELES CA 90017-2742

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely yours,

Kim D. Bailey
Operations Manager, AM Operations 3

UNITED STATES VETERANS INITIATIVE®
A non-profit 501(c)(3) corporation

"SERVING THOSE WHO SERVED"

August 10, 2017

To: Department of Housing & Urban Development
Continuum of Care Program

RE: FY17 CoC Program Match Source for Chronically Homeless Aspiring for Maintenance (CH1) 2018 – 2019 Grant.
Our current CH1 grant number is NV0083L9T001602.

United States Veterans Initiative in Las Vegas, Nevada (U.S.VETS – Las Vegas) certifies that it will apply cash through the collection of program rents toward the match requirement for the CH1 project, 2018 – 2019 grant year.

The amount to be provided by U.S.VETS through program rents will be at least $14,500 and U.S.VETS will begin collecting these funds as of the operating start date and when the first client with income contributes program rent. U.S.VETS will make these funds available throughout the one-year grant period. Program rents will be applied as match for allowable activities per CoC Program regulations.

Shalimar T. Cabrera

Shalimar T. Cabrera, MSW
Executive Director
U.S.VETS – Las Vegas

United States Veterans Initiative
777 North Rainbow Boulevard, Suite 350
Las Vegas, Nevada 89107
www.usvetsinc.org
Tel: 702.947.4442
Fax: 702.307.6985
Cell: 702.429.7294
scabrera@usvetsinc.org

U.S. VETS
UNITED STATES VETERANS INITIATIVE®
A non-profit 501(c)(3) corporation

"SERVING THOSE WHO SERVED"

August 10, 2017

To: Department of Housing & Urban Development
Continuum of Care Program

RE: FY17 CoC Program Match Source for **Chronically Homeless Aspiring for Maintenance (CH1) 2018 – 2019 Grant**.
Our current CH1 grant number is NV0083L9T001602.

United States Veterans Initiative in Las Vegas, Nevada (U.S.VETS – Las Vegas) certifies that it will apply cash through our grant with MGM for the CH1 project, 2018 – 2019 grant year.

The amount to be provided by U.S.VETS through MGM grant will be $8,005. U.S.VETS will make these funds available throughout the one-year grant period. MGM funds will be applied as match for allowable activities per CoC Program regulations.

Shalimar T. Cabrera

Shalimar T. Cabrera, MSW
Executive Director
U.S.VETS – Las Vegas

United States Veterans Initiative
777 North Rainbow Boulevard, Suite 350
Las Vegas, Nevada 89107
www.usvetsinc.org
Tel: 702.947.4442
Fax: 702.307.6985
Cell: 702.429.7294
scabrera@usvetsinc.org

MGM RESORTS
FOUNDATION

February 1, 2017

Ms Shalimar Cabrera, MSW
United States Veterans Initiative
525 E. Bonanza Road
Las Vegas, NV 89101

Dear Ms Cabrera,

This letter confirms the MGM Resorts Community Grant Council's decision to award your organization a grant from The MGM Resorts Foundation in the amount of $80,000.00 for the January - December 2017 grant cycle.

Your award is designated as follows:
Program: Veterans in Progress - Transitional Housing and Permanent Housing Programs for Homeless Veterans
Amount Requested: $80,000.00
Amount Awarded: $80,000.00

Your organization will receive two equal installment payments as follows: February 2017 and July 2017.

The MGM Resorts Foundation grant described above shall be subject to your execution of the attached Grant Agreement. Please return the executed Grant Agreement Signature page (page 9) no later than **February 17, 2017**, to The MGM Resorts Foundation, 840 Grier Drive, Las Vegas, NV 89119, or scan and send via email to foundation@mgmresorts.com.

Per the enclosed Grant Agreement, you must submit two (2) reports: Mid-year Report due on **July 1, 2017** (*The third quarter check scheduled for July 2017, will be mailed upon receipt of your Mid-year Report.*) and the End of Year Report due by **December 31, 2017**. Failure to submit the mandatory reports will make the organization ineligible for future funding.

We strongly encourage your organization to publically recognize our employees' support for your services in a manner that is appropriate for your agency. If your MGM Resorts Foundation grant funded program receives any publicity, we ask that you share the information with us. Please include copies of any publicity with your required reports.

We ask that you share this grant notification with the United States Veterans Initiative Board President, Grant Writer and other appropriate staff members.

The MGM Resorts Foundation is looking forward to working with you in FY 2017 to continue strengthening our communities.

Thank you,

Shelley Gitomer

Shelley Gitomer
President

Enclosure: 2017 Grant Agreement

DEPARTMENT OF VETERANS AFFAIRS
Veterans Health Administration
Washington, DC 20420

February 28, 2017

In Reply Refer To: VA National GPD Program Office
10770 N. 46th St. Suite C-200
Tampa, FL 33617

Mr. Stephen Peck, President/CEO
United States Veterans Initiative
800 W. Sixth Street, Suite 1505
Los Angeles, CA 90017

Dear Mr. Peck:

This letter is regarding your agency's request for a provisional indirect cost rate proposal for fiscal year 2017. A review of your agency's proposal was completed by the VA Financial Services Center (FSC) January 27, 2017. The results of the review concluded for the fiscal year 2017, your provisional indirect rate should be set at 11.33%. This is an approved, fully executed, negotiated agreement. Your agency must re-apply to negotiate a rate (2 CFR 200.414) for subsequent years.

If you have any questions regarding this correspondence please contact the VA National Grant and Per Diem Program Office at 1-877-332-0334.

Sincerely,

Jeffery L. Quarles, MRC, LICDC
Director, Grant/Per Diem Program

Review of GPD Provider Indirect Cost Rate Submission

United States Veterans Initiative (US VETS)

For Fiscal Year Ending June 30, 2017

January 27, 2017

Department of Veterans Affairs

Subject of Review

United States Veterans Initiative (US VETS) submitted an Indirect Cost Rate Proposal, for FYE 2017, consisting of a Cost Policy Statement, Certificate of Indirect Costs, and other supporting documentation to obtain an approved provisional indirect cost rate from VA Grants and Per Diem Program.

The purpose of the review was to determine if the proposed indirect cost rate is acceptable as a basis to negotiate indirect cost rates for the subject period. The proposed rates apply primarily to Federal grants, and cost reimbursable agreements and contracts.

The proposal is the responsibility of the Provider. Our responsibility is to report our conclusions on the proposal based on our review.

Scope of Review

We limited our review to the adequacy of the proposal and supporting documents.

Results of Review

We worked with the Non-Profit Organization (NPO) to clarify the Cost Policy Statement, Federal Expenditures pertaining to VA GPD and the allocation calculations. The NPO provided additional support which we used to append the proposal.

We reviewed the information submitted by the NPO in support of their requested 11.33% Provisional Indirect Cost Rate. We limited our review to the adequacy of the proposal. We determined that the information submitted by the NPO was adequate enough to conduct a review of the requested indirect costs rate. This review included reviewing the methodology used to support Direct and Indirect Costs, along with re-examining the criteria provided in 2 CFR Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.

Summary of Conclusions

Based on the information provided and assertions by the NPO, we determined the source documentation submitted, in total, comprising of the Indirect Cost Rate Proposal is adequate to serve as a basis for the Provisional Rate.

	Effective Period				
TYPE	FROM	TO	RATE	LOCATION	APPLICABLE TO
Provisional	7/1/2016	6/30/2017	11.33	All	All Programs

General and Administrative Rate
Summary of Pool and Modified Base Costs

	FYE 2017		
	Proposed	Unallowable	Recommended
Pool	$5,166,164.08	$0	$5,166,164.08
Base	$45,608,501.48	$0	$45,608,501.48
Rate	11.33%		11.33%

This is our final report on the results of the review and our submission to the GPD Auditor as prescribed by the U.S. Department of Veterans Affairs Homeless Providers Grant and Per Diem Program Indirect Cost Rate Agreement Guide for Non-Profit Organizations effective October 2012.