



ILLINOIS HOUSING DEVELOPMENT AUTHORITY

Rental Housing Support (RHS) Program Re-Entry Special Demonstration Program Local Administering Agencies (LAA)

Applications can be submitted beginning June 28, 2019

Submit completed application and attachments electronically to
RHSP@ihda.org

Please zip all PDF documents in your application submission
E-mail attachments cannot exceed 35MB

Important Note: no .exe or similar extensions on any files or sub-files

For questions and comments please contact RHSP@ihda.org



INTRODUCTION AND APPLICATION, REVIEW & FUNDING PROCESS

1. Introduction

A combination of low wages and limited availability of affordable rental housing units require many families and households throughout the State of Illinois to pay a disproportionate share of their incomes for basic housing (“rent burdened”). Simultaneously, there are individuals and households in the state that face additional difficulty in finding affordable housing due to a history of incarceration.

In order to address this pressing need, P.A. 100-0575 was enacted to amend the Illinois Criminal Justice Information Act. This Act charges the Illinois Housing Development Authority (IHDA) with the creation of a re-entry rental subsidy supportive housing program to serve individuals exiting the State prison system.

IHDA has chosen to fund this rental subsidy program with Rental Housing Support funds. The Rental Housing Support Program (“RHS Program”) promotes permanent housing through the funding of rent subsidies for these “rent burdened” extremely and severely low-income households.

Funding under the RHS Program will be guided by the information provided in the Rental Housing Support Program statute (310 ILCS 105), adopted program rules (47 Ill. Admin Code 380), and a Request for Application which will consist of a Program Guide and this application.

2. Re-Entry Special Demonstration Program Purpose

The RHS Re-Entry Special Demonstration Program “RHS Re-Entry Program” seeks proposals from qualified housing and social service providers to create a pool of housing that can serve individuals exiting the State prison system. This housing is intended to serve two populations. 1. Extremely and severely low-income individuals who are elderly and/or disabled who are being released from incarceration, and 2. Extremely and severely low –income individuals who are involved in a graduated reintegration program and have a post-release plan that includes employment.

Eligible tenants will be referred by the Illinois Department of Corrections (IDOC) to the RHS Re-Entry Program LAA "Local Adminstrating Agency" provider as well as a local Social Service Provider. Potential participants will have received in-depth programming prior to release and will be released on parole directly into and RHS Re-Entry unit. Potential tenants will have a post release service plan as well as the support of a local Service Provider which is paid through the IDOC.

For the purpose of this RFA, the minimum number of units that may be applied for is five (5) and the maximum is thirty (30).

3. General Program Purpose

- a. The RHS Re-Entry Program is designed to provide subsidies to reduce the cost of renting for eligible households.
- b. Eligible households under the program are those with incomes at or below 30% of the Area Median Income (“Extremely Low-Income Household”) for the area, with at least 50% of the assistance targeted to benefit households at or below 15% of the Area Median Income (“Severely Low-Income Household.”)

- c. Tenant participants will be required to pay a monthly tenant contribution equal to approximately 1/12th of 30% of their annual income, within a designated range. The difference between the approved unit rent and the tenant contribution will be the rental assistance payment. The tenant contributions can be paid from any source other than RHS funds.
- d. The RHS Re-Entry Program is a “unit-based” subsidy generally supported by an agreement between a Local Administering Agency (“LAA”) and an approved property owner (“Landlord”), willing to make the unit available to eligible tenants.
- e. LAAs will be selected for participation in the program, in the Statewide RHS Program (outside the City of Chicago) based on responses under a competitive Request for Proposal process.
- f. RHS Re-Entry Program funding is not intended to be used to supplement or supplant other rental assistance such as Section 8 or Housing Choice Voucher Programs, for funding of the same unit or tenant.
- g. Each applicant shall determine and document the need for and availability of a variety of unit sizes to target the specific population served.

4. General Program Administration

- a. Funding for the RHS Re-Entry Program shall be provided under an agreement, with a term up to three years, to a LAA from the program administrator, the Illinois Housing Development Authority (IHDA), based on award under the RFA.
- b. These multi-year agreements between IHDA and the LAA will be funded for the term of the agreement from a state appropriation, subject to availability of funds. Payments under the agreement will be made to the LAA quarterly in advance. Funding of the commitment under the multi-year agreement will be subject to review for compliance during the term of the contract.
- c. LAAs may apply for a renewal of their agreement after the initial agreement period; which may be granted subject to satisfactory performance under the agreement, RHS Program parameters at the time of renewal, and availability of funding.
- d. Funding for the RHS Re-Entry Program, will be determined based on estimated collection of the \$10 real estate recorded document fee and appropriated in the State of Illinois Budget.

5. General Fund Allocations

- a. Resources collected and appropriated under the RHS Program will be allocated for program use in Geographic Areas around the state.
- b. The Statute authorizes the City of Chicago to directly receive its proportionate share of the annual Appropriation to operate the RHS Program.
- c. A Reserve Account will be established by IHDA in an amount up to 5% of each year’s Appropriation, after allocation of RHS Program funding to the City of Chicago, to provide funding to address fluctuations in program funds collected, and seek consistent availability of funding for future years of the RHS Program.
- d. A minimum of 10%, after the allocation to the City of Chicago and to the Reserve Account, will be allocated to the Long-Term Operating Support Program(LTOS).
- e. LAA’s seeking to provide services under the Statewide RHS Program in more than one Geographic Area will be required to submit an application under the RFA in each Geographic Area.

6. Special Demonstration Local Administering Agency (“LAA”) Eligibility
 - a. Eligible applicants under the RHS Re-Entry Program shall be units of local government, local Housing Authorities organized under the Illinois Housing Authorities act, or not-for-profit organizations organized under the General Not-For-Profit Corporation Act of 1986, as amended (805 ILCS 105/) and registered and in good standing with the Illinois Secretary of State. Eligible organizations shall be currently engaged in housing activities, and have a relationship with one or more service providers working with the re-entry population within their service area. Further, eligible applicants shall comply with all relevant portions of 310 ILCS105/ Rental Housing Support Program Act and all Rules published in relation to the Act. Specifically, but not limited to: ensuring that Eligible households under the program are those with incomes at or below 30% of the Area Median Income (“Extremely Low-Income Household”) for the area, with at least 50% of the assistance targeted to benefit households at or below 15% of the Area Median Income (“Severely Low-Income Household.)

7. LAAs will be required to demonstrate experience, capacity, and knowledge of procedures related to the management of a rental assistance program:
 - i. Manage a rental assistance program in the Service Area designated,
 - ii. Review and verify income of applicants and tenants,
 - iii. Inspect and verify quality standards of housing units,
 - iv. Establish relationships with social service providers who will administer post-release plansto meet housing and social support needs of severely and extremely Low-Income individuals transitioning from prison.
 - v. Demonstrate fiscal and organizational viability to assume the program and fiduciary responsibility, including timely and accurate payments to participating Landlords.

Applicants are encouraged to form partnerships or enter into other agreements with experienced entities to satisfy the requirements of the RFA, to achieve economies of scale, or to achieve broad distribution of resources, under the RHS Program. If partnerships are formed, one entity must become the Lead Applicant, and would be the main entity signing the contract. In such cases, if selected, all entities will be required to present qualifications, clearly define responsibilities of the parties, and demonstrate legal jurisdiction to serve in geographic areas presented. Partner entities may be required to execute contract documents, and will be jointly responsible for compliance with the terms of the RHS Program.

7. RHS Re-Entry Program Application Review & Funding Process

a) Application Timeline

Applications for funding consideration under the Program will be taken starting June 28, 2019 and will continue until all funding is awarded. Any questions about the application and funding process can be directed to RHSP@ihda.org

The following timeline provides an overview of the major steps associated with obtaining funding through the RHS Re-Entry Program:

Application Release Date	June 5, 2019
Application window opened – ongoing round	June 28, 2019
Initial eligibility and threshold/completeness review	July 15, 2019
Program Feasibility Review	July 30, 2019
IHDA Board presentation	August 16, 2019
Conditional Commitment Letter issued	September 15, 2019
Closing (Funding Agreement)	October 1, 2019

b) Review of Applications – Program Feasibility Review

After a preliminary review for completeness, applications will have a full review by multiple IHDA staff. This review will cover the following areas and will be scored for each section.

1. Organizational Experience (30Points)
2. Organizational and Partnership Capacity (20 Points)
3. Ability to Meet Identified Program Goals in the Service Area (20 Points)
4. Readiness to Proceed (10Points)
5. Targeting Outreach to Special Needs (10 Points)
6. Targeting of a Variety of Unit types (10 Points)

c) The IHDA Board Meeting/Commitment/Funding

Provided the project is ready to move forward in all other aspects, the project will be presented at the next available IHDA Board meeting for approval. Applications recommended to be funded and presented to the IHDA Board will be based on the scoring criteria established for the Program, and funding availability.

If the project is approved by the IHDA Board, a conditional commitment letter will be prepared and sent to the applicant in the weeks following the Board meeting. The conditional commitment letter will outline all of the conditions that the applicant must satisfy prior to the release of funds.

d) Funding Agreement

Once an application has been approved a funding agreement will be provided. The agreement will document information such as funding amount and anticipated units.

e) Application Forms & Instructions

The Program Guide serves as a detailed description of all components of the RHS Program, including applicant, landlord and tenant eligibility requirements, funding allocations, and other policies related to both applying for funding as well as operating the program if funded. Copies of the RHS statute and formal rules are available on the IHDA website www.ihda.org.

The RFA (with accompanying attachments) are the documents that need to be completed by all eligible entities which are applying to become Local Administering Agencies (LAAs) under the RHS Re-Entry Program. Please see the application checklist to ensure that a complete application is being submitted.

Submit completed application and attachments electronically to RHSP@ihda.org

RENTAL HOUSING SUPPORT PROGRAM (RHS) APPLICATION SUBMITTAL FORM

Agency Name

Main Office Street Address, Line 1

City

State

Street Address, Line 2

Zip Code

County

Website

Primary Contact Name

*Individual to be the primary recipient of all grant correspondence

Telephone Number

Title

E-mail Address

Secondary Contact Name

Telephone Number

Title

E-mail Address

PROGRAM APPLICATION CHECKLIST

Use this checklist to assemble all required information. In order for an application to be considered complete, the application package must include the following (as applicable):

Please Note: It is important to send all requested documents at once for complete consideration of your application. Documents sent as a replacement for requested documents under the Application will not be accepted unless pre-authorized by Rental Housing Support Program staff

PLEASE LABEL ALL ATTACHMENTS

- TRANSMITTAL LETTER
 - Transmittal letter stating that:
 - All information contained in the application is true and correct; and
 - Applicant understands that application submission does not guarantee funding.
- Application Form (Fillable PDF) Please add additional pages if needed and label clearly.
 - Attachment #1 Last Annual Report
 - Attachment #2 Last Audited Financial Statement
 - Attachment #3 List of Board Members
 - Attachment #4 Copy of IRS Determination
 - Attachment #5 Articles of Incorporation
 - Attachment #6 Current Certificate of Good Standing
 - Attachment #7 Resolution of corporate governing body authorizing participation or application to the RHS program
 - Attachment #8 Documentation of authority to serve proposed service area.
 - Attachment #9 Legal or Other Documentation of Relationship with Lead Applicant (if applicable)
 - Attachment #10 – Additional Key Functions Narrative (if applicable)
 - Attachment #11: Letters of Support
 - Attachment #12 Additional Landlord Information (if applicable)
 - Attachment #13: Market Rent Analysis Form (s)
 - Attachment #14: Tenant Selection Plan

I. PROGRAM SUMMARY INFORMATION

In Section I provide overall information regarding the application.

Only one agency may be listed at the Lead Applicant. Please refer to the information listed in the beginning of the application regarding types of eligible entities, and Geographic Areas. The requested amount should be consistent throughout the application, and reflect the amount needed for the proposed rents under the Program. Service area information is related to the entire proposal. If there are multiple service areas, please include specific information related to those areas.

The project summary should include information that would provide clarity on your overall proposal to carry out the Rental Housing Support Program in your area. For example, if you will be partnering with other agencies who will each take a different area, please indicate this detail in the Proposal Summary. For entities who are proposing to work in areas not currently part of their service area, documentation must be provided to show that an agreement has either been established with the new area, or that one will soon be executed.

A. Applicant Information:

1. Lead Applicant Name:
2. Lead Applicant Address:
3. Executive Director/Mayor/President/County Board Chair:
4. Contact Person: 5. E-Mail:
6. Telephone:

B. RHS Request:

- Amount of Total Request:
- Proposed # of Units to be assisted:
- Minimum of 5 units and a Maximum of 30 units

C. Program Design and Information

1. Geographic Area to be served:

Category: Chicago Metro Small Metro Rural

2. Service Area:

Households to be assisted will be residing in rental properties located in the following service areas:

3. Income Level: At least 50% of the Units for which an LAA receives Rental Assistance shall be reserved for Severely Low-Income Households unless the LAA is able to demonstrate that there are an insufficient number of Severely Low-Income Households currently residing in the Service Area defined in the Application or the area in which the Project is located, as applicable, who are qualified to become Tenants. The LAA must show that it has made extensive, but unsuccessful outreach efforts, to the Illinois Department of corrections as well as social service agencies working with the re-entry population in the Service Area or the area in which the Project is located; contacting public housing authorities with jurisdiction in the Service Area or the area in which the Project is located; and otherwise publicizing the availability of these Units at appropriate locations within and surrounding the Service Area or the area in which the Project is located.

The Applicant shall formalize acceptance of this requirement by indicating “yes” in the following text box.

D. Proposal Summary: Provide a brief description of your proposal, including the number of households expected to be assisted, proposed service area, and any further information related to the program. Please also include the overall structure of how the program would be managed, including Partner (s)’ roles, if any. For example, if you are covering a full county but focusing in certain areas, or if you are dividing an area with partners, please include that information.

II. PROGRAM ORGANIZATION AND CAPACITY

A. ORGANIZATIONAL INFORMATION

Duplicate this page as necessary for each entity participating in the proposed program. Provide the information for the Partner Applicant as well as any Legal or other documentation showing the relationship created between the Lead Applicant and this organization, this could be a MOU or other similar legal document. Attachment #9 – Legal Documentation

1. Partner Applicant Name:

2. Partner Applicant Address:

3. Executive Director/Mayor/President/County Board Chair:

4. Contact Person: 5. E-Mail:

6. Telephone:

8. Responsibilities with program:

B. IDENTITY OF INTEREST

Please disclose any relationships between people and/or entities with people and/or entities that are related to this program. Include information such as ownership of proposed properties by staff administering the program or conflicts of interest that could alter the program's administration in favor of a person or entity.

C. ORGANIZATIONAL EXPERIENCE:

In a narrative of no more than one page, please provide an overview of the lead and partner organizations. Include information such as how long you have been in business, how many employees, who you serve, and what is your mission and the primary activities of the organization. Does your organization or partner have any special qualifications that would enhance the management of a rental assistance program? What experience have you had with rental assistance programs or other similarly managed programs?

PLEASE INCLUDE A SUMMARY OF PAST HOUSING OR RENTAL ASSISTANCE PROGRAM EXPERIENCE OF A SIMILAR SCOPE AND DESIGN TO THE CURRENT PROPOSAL:

Program Name* (Incl. Program No., if applicable)	Funding Source/Agency	Total Funding Amount Per Year	Dates Participated	Average # of Units Assisted Per Year	Date Program Completed

* Please list all IHDA & Non-IHDA Housing Funding Sources here

A. COMBINED LEAD APPLICANT AND PARTNERS STAFF MEMBER EXPERIENCE

1) Key Functions Narrative: Describe experience the agency has had with the functions listed below. Also include staff information for who will be performing those functions, the staff direct experience, including the name of the agency that employs the staff member (s). Please attached additional pages as needed labeled as Attachment #10

- A. Program Management: Describe experience in developing and administering a rental assistance program of similar scope, or in operating a specific services program for lower-income households. Include information on type of activities, number of units, total program cost, year started and completed, and current status.
- B. Grants Management: Describe the agency experience with fund management /tracking/ reporting; processing quarterly rental payments to Landlords; conducting financial reconciliations of Rental Assistance payments with Landlords and with IHDA.
- C. Tenant/Landlord Issues: Resolving disputes and noncompliance issues.
- D. Intake Functions: Describe experience with participants in preparing applications, verifying household income, and conducting eligibility screening.
- E. Coordinating with Social Service Providers Outreach and Referrals: Describe experience doing outreach for potential participants, particularly for households who are very low income and may have a member with a Special Need, coordinating referrals for participants, working with various agencies, and providing information for persons seeking assistance. Describe how coordination with Social Service Providers has led to positive tenant outcomes including reduced turnover. Any experience in working with a re-entry population should be detailed here. If you do not have an existing relationship with a Service Provider who currently works with IDOC, please contact Millicent Lewis-McCoy, Director of Corrections Transition Programs for TASC (www.tasc.org) at (815) 727-0709 or mlewis-mccoy@tasc.org
Name of Service Provider contacted _____ Date of Contact _____
- F. Property Inspection: Describe any experience in housing inspections of a similar scope. Include a brief summary detailing job activities, number of units inspected, and any other relevant information, such as knowledge/experience regarding lead-based paint assessment/reduction/licensed and federal/state accessibility standards.
- G. Fair Housing and Accessibility Laws: Describe any experience dealing with fair housing and accessibility laws both with applicants to programs and with on going issues.
- H. Describe in detail how the performance of Landlords will be monitored; including the LAA's procedures for conducting physical inspections of Units, how the LAA will monitor the Landlord's procedures for verifying the Annual Income of Tenants and the Landlord's adherence to its Tenant Selection Plan.

Add narrative below:

III. PROGRAM PROPOSAL NEED / COMMUNITY SUPPORT

Community Support:

In a narrative, please describe the demand for the rental assistance program for your proposed service area. A letter of support from the Illinois Department of Corrections should be included for your proposal to move forward. Describe the community input, if any, solicited by your agency for the proposed program, including public hearings, meetings, etc. Also, attach any copies of letters of support from government officials, neighborhood groups, public agencies and private individuals who are familiar with, and supportive of, your proposal. Please limit the number of included support letters to five.

Attachment #11 – Letters of Support

IV. PROGRAM PROPOSAL DESIGN

A. OUTREACH EFFORTS

- Landlord Selection Process Explain the process utilized to identify and select Landlords to participate in the RHS program. The process shall include outreach and assessment of the Units and capacity of the Landlord to meet the requirements under the RHS Program. Include in the narrative how you plan to choose units taking into account the following applicable concepts: location, relationship with landlords, unit size, rent levels, and other variables that would alter your decision making process. LAAs may select Landlords that are an entity that is a fully or partially owned subsidiary of the LAA if the LAA provides for an independent third party able to perform monitoring functions such as property inspections and funding reconciliations. Approval of funding of related parties will be at the discretion of IHDA.

- Outreach Plan: Outline procedures for filling available Units with the population eligible under this Re-Entry Pilot. This must include how the LAA will work directly with IDOC and Service Providers to match program participants with available units. Contact Alyssa Williams- Schafer, Illinois Department of Corrections Alyssa.Williams-Schafer@illinois.gov to obtain demand data for individuals who may be referred into your service area. Date Contacted: _____.

- The Plan for Services Narrative shall include information for RHS Program tenants on how to gain access to education, training and support services. This narrative must include how you will provide the information to program tenants and if applicable, any information related to your plan to make services available to tenants.

V. LANDLORD/PROPERTY/TENANT INFORMATION

A. Landlord/Property Information

This section addresses potential landlords, properties, and units.

General Information

- No more than 30% of the units in a single property or development may be assisted under the RHS Program. Exceptions to this limit are those properties and developments that contain six units or less.
- All housing units approved for participation in the RHS Program must meet Rental Housing Support Program Housing Quality Standards and address lead based paint certification requirements.
- Units receiving rental assistance under an existing federal or local rental assistance program are not eligible to be assisted under the RHS Program.
- Under the RHS Program, rents will be guided by market rents and the maximum rent limit. The lower of the two will become the highest rent that can be charged under the program.
- Each Application shall include, but not be limited to, two, three, and four-bedroom Units among those Units proposed for Rental Assistance. Each Applicant shall determine and document the need for and availability of two, three, and four-bedroom Units in its proposed Service Area. The Authority may adjust the number of these larger Units if the information in the Application indicates a greater or lesser need for specific Unit types

Landlord Selection Narrative

If landlords and properties have not been identified, please provide a narrative that describes your targeted area. This should include the specific areas where you expect to have units, the types of units, and approximate locations. Include as much information as possible. If you are speaking with a number of landlords but have not yet finalized your landlord list, provide a narrative about those landlords, the location of their properties, and the types and number of units that are under consideration.

Landlord and Property Information

To show readiness provide a comprehensive listing of all landlords and building addresses, number and type of units, including bedroom size, accessibility of such Units, and a schedule of rents for housing units anticipated to participate in the program. Additional landlords can be address

Attachment#12

B. Market Rent Analysis

To establish the amount of your request, you must document the Market Rent in areas where the units will be located. To determine the market rent, applicants should submit at least three rental comparable properties for each bedroom size. An applicant can provide the analysis based on probable units in the program, or can use current RHS units to compare to the units in the analysis.

The market rent analysis will include, at a minimum, details regarding the comparable property's location, number of bedrooms, and amenities for both the property and the units. Information regarding which utilities are included and not included in the proposed and comparable rents and an estimate of their cost must also be included in the comparable comparison analysis.

Attachment #13

C. Tenant Selection Plan

To ensure that acceptance to the RHS Program for tenants follows a standard practice, LAAs and landlords will have a plan for processing applications and a procedure for the approval of qualified tenants. A Tenant Selection Plan must be reviewed and approved of by LAA before a final contract can be signed. The submitted Tenant Selection Plan should indicate a preference for ex-offenders. A preliminary Tenant Selection Plan can be submitted with the application to show readiness. In lieu of a Tenant Selection Plan, a narrative that discusses major points of the Tenant Selection Plan can be submitted.

Attachment #14 – Tenant Selection Plan

VI. PROGRAM BUDGET INFORMATION

Section VI Detailed information related to the amount of your request.

The Funding Summary shows the detail related to your funding request. The rents may be target rents based on the Market Rent Analysis or based on actuals. Insert additional rows as needed or submit on additional sheets using the same format. If a more detailed explanation needs to be provided, please provide clear and understandable information in a narrative. Do not deduct the estimated amount of Tenant Contributions. Use full rents in the calculation.

A. FUNDING SUMMARY

Unit Size	Number of Units	Monthly Rent per Unit	Monthly Rent for all Units	Yearly Rent for all Units	Rents under a three year contract
0 Bedroom					
1 Bedroom					
2 Bedroom					
3 Bedroom					
4 Bedroom					
Rental Assistance Subtotal					
Operating Fee					
Total					

These amounts represent the amount of funding you are requesting for three years.

IHDA reserves the right to revise the proposed budget totals.

B. ADMINISTRATIVE COSTS

Approved LAAs will be eligible to receive administrative funding to cover program operating expenses of the RHS Program, up to 10% of annual RHS Program rental assistance up to \$500,000 or up to 7% of RHS Program annual grants over \$500,000. Program operating expenses may include: staff salaries and benefits of LAA employees for time spent performing duties associated with the RHS Program, including: inspections, tenant referrals and determination of tenant's eligibility; negotiation with prospective landlords regarding participation in the RHS Program; technical assistance; auditing and bookkeeping expenses; the LAAs use of equipment in operating the RHS Program (such as cars, copiers, paper used in preparing required documentation, etc.); and costs for office space and utilities incurred in operating under the RHS Program. Please detail by line item anticipated administrative costs.

VII. PROGRAM IMPLEMENTATION PLAN

- A. Provide a timeline and work plan indicating at a minimum the following activities for start and completion of the entire program. Additional steps can be added and labeled as Attachment XX.

Activity	Date Range to Perform Activity	Expected Dollars Expended	Number of Properties Affected	Additional Information
Final selection of participating landlords and properties				
Outreach to Service Providers to connect with tenants eligible under this RHSP Re-Entry Program				
Outreach to IDOC to obtain demand information				
Individual property inspections				
Collection of applications from applicant households				
Screening of applicant household's/income verifications				
Contracting process between LAA and landlords				
Ongoing program management, including quarterly payment processing and reconciliations				
Vacancy/occupancy outreach (as needed)				

VII. RHS PROGRAM LEAD APPLICANT CERTIFICATION FORM

Every grantee under the Program will be required to comply with these certifications and requirements as well as any additional certifications or requirements covered in the grant documents:

1. Applicant certifies that all statements herein are true, accurate, and complete;
2. Applicant is an eligible recipient of grant funds based on the Program Rules;
3. Applicant will not permit any discrimination on the basis of gender, race, religion, national origin, ancestry, creed, pregnancy, marital or parental status, sexual orientation, or physical, mental, emotional or learning disability in connection with its participation in the Program;
4. Applicant will ensure expenditures of grant funds are for eligible uses under the Program;
5. Applicant will comply with the terms and conditions of the Program;
6. Applicant will comply with monitoring and evaluation of the Program through the full Commitment period;

On behalf of _____, I certify that the information contained herein accurately reflects my jurisdiction's commitment and ability to participate fully in the RHS Re-Entry Pilot Program.

Name

Title

Date

Signature