|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | |  |  | |  |  | |  |  | | | | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | |  |  | |  |  | | | | | | | | | | |  | | | | | |  | | | | |  | | | | | | | |  |  | |  | | | | |
|  | **Action Plan** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | |
|  |  | |  |  | |  |  | |  |  | | | | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | |  |  | |  |  | | | | | | | | | | |  | | | | | |  | | | | |  | | | | | | | |  |  | |  | | | | |
|  | **Grantee:** | | | | | **Kentucky** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | |
|  |  | |  |  | |  |  | |  |  | | | | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | |  |  | |  |  | | | | | | | | | | |  | | | | | |  | | | | |  | | | | | | | |  |  | |  | | | | |
|  | **Grant:** | | | | | **RHP-KY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | |
|  |  | |  |  | |  |  | |  |  | | | | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | |  |  | |  |  | | | | | | | | | | |  | | | | | |  | | | | |  | | | | | | | |  |  | |  | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | |
|  |  | |  |  | |  |  | |  |  | | | | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | |  |  | |  |  | | | | | | | | | | |  | | | | | |  | | | | |  | | | | | | | |  |  | |  | | | | |
|  | **Total Budget:** | | | | | |  | |  |  | | | | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | |  |  | |  |  | | | | | | | | | | |  | | | | | |  | | | | |  | | | | | | | |  |  | |  | | | | |
|  |  | |  |  | |  |  | |  |  | | | | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | |  |  | |  |  | | | | | | | | | | |  | | | | | |  | | | | |  | | | | | | | |  |  | |  | | | | |
|  | **Status:** | | | | | |  | | Reviewed and Approved | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | |  |  | |  | | | | |
|  |  | |  |  | |  |  | |  |  | | | | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | |  |  | |  |  | | | | | | | | | | |  | | | | | |  | | | | |  | | | | | | | |  |  | |  | | | | |
|  | **Grant Number** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | **Grant Award Amount** | | | | | | | | | | | | | | | | | |  | |  | **Estimated PI/RL Funds** | | | | | | | | | | | **Total Budget** | | | | | | | | | | | | | | | | | | | | | |  | | | | |
|  | **LOCCS Authorized Amount** | | | | | | | | | | | | | | | | | | | | | |  | |  |  | | | | |
|  |  | |  |  | |  |  | |  |  | | | | | | | | | | | | | | | | |  |  | |  |  | | | | | | | | | | |  | | | | | |  | | | | |  | | | | | | | |  |  | |  | | | | |
|  |  | |  |  | |  |  | |  |  | | | | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | |  |  | |  |  | | | | | | | | | | |  | | | | | |  | | | | |  | | | | | | | |  |  | |  | | | | |
|  | B-20-RH-21-0001 | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | $ 1,116,000.00 | | | | | | | | | | | | | | | | | | | | | $ 0.00 | | | | | | | | | | |  | | | | | |  | | | | |  | | | | | | | |  |  | |  | | | | |
|  | $ 1,116,000.00 | | | | | | | | | | | | | | | | | | | | | | $ 1,116,000.00 | | | | | | | | | | | | | | | | | | | | | |  | | | | |
|  |  | |  |  | |  |  | |  |  | | | | | | | | | | | | | | | | |  |  | |  |  | | | | | | | | | | |  | | | | |
|  |  | |  |  | |  |  | |  |  | | | | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | |  |  | |  |  | | | | | | | | | | |  | | | | | |  | | | | |  | | | | | | | |  |  | |  | | | | |
|  | B-21-RH-21-0001 | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | $ 974,776.00 | | | | | | | | | | | | | | | | | | | | | $ 0.00 | | | | | | | | | | |  | | | | | |  | | | | |  | | | | | | | |  |  | |  | | | | |
|  | $ 974,776.00 | | | | | | | | | | | | | | | | | | | | | | $ 974,776.00 | | | | | | | | | | | | | | | | | | | | | |  | | | | |
|  |  | |  |  | |  |  | |  |  | | | | | | | | | | | | | | | | |  |  | |  |  | | | | | | | | | | |  | | | | |
|  |  | |  |  | |  |  | |  |  | | | | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | |  |  | |  |  | | | | | | | | | | |  | | | | | |  | | | | |  | | | | | | | |  |  | |  | | | | |
|  | B-22-RH-21-0001 | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | $ 1,044,020.00 | | | | | | | | | | | | | | | | | | | | | $ 0.00 | | | | | | | | | | |  | | | | | |  | | | | |  | | | | | | | |  |  | |  | | | | |
|  | $ 0.00 | | | | | | | | | | | | | | | | | | | | | | $ 1,044,020.00 | | | | | | | | | | | | | | | | | | | | | |  | | | | |
|  |  | |  |  | |  |  | |  |  | | | | | | | | | | | | | | | | |  |  | |  |  | | | | | | | | | | |  | | | | |
|  |  | |  |  | |  |  | |  |  | | | | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | |  |  | |  |  | | | | | | | | | | |  | | | | | |  | | | | |  | | | | | | | |  |  | |  | | | | |
|  |  | |  |  | |  |  | |  |  | | | | | | | | | | | | | | | | | | | | |  | $ 3,134,796.00 | | | | | | | | | | | | | | | | | | | | | $ 0.00 | | | | | | | | | | |  | | | | | |  | | | | |  | | | | | | | |  |  | |  | | | | |
|  | Total: | | | | | | | | | $ 2,090,776.00 | | | | | | | | | | | | | | | | | | | | | | **$ 3,134,796.00** | | | | | | | | | | | | | | | | | | | | | |  | | | | |
|  |  | | | | | | | | | | | | | | | | |  |  | |  |  | | | | | | | | | | |  | | | | |
|  |  | |  |  | |  |  | |  |  | | | | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | |  |  | |  |  | | | | | | | | | | |  | | | | | |  | | | | |  | | | | | | | |  |  | |  | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | |
|  |  | |  |  | |  |  | |  |  | | | | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | |  |  | |  |  | | | | | | | | | | |  | | | | | |  | | | | |  | | | | | | | |  |  | |  | | | | |
|  | **Funding Sources** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | |  |  | |  |  | |  |  | | | | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | |  |  | |  |  | | | | | | | | | | |  | | | | | |  | | | | |  | | | | | | | |  |  | |  | | | | |
|  | **No Funding Sources Found** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | |  |  | | | | | | | | | | |  | | | | | |  | | | | |  | | | | | | | |  |  | |  | | | | |
|  |  | |  |  | |  |  | |  |  | | | | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | |  |  | |  |  | | | | | | | | | | |  | | | | | |  | | | | |  | | | | | | | |  |  | |  | | | | |
|  | **Narratives** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  |  | |  | | | | |
|  |  | |  |  | |  |  | |  |  | | | | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | |  |  | |  |  | | | | | | | | | | |  | | | | | |  | | | | |  | | | | | | | |  |  | |  | | | | |
|  | **Program Summary:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  |  | |  | | | | |
|  | The Recovery Housing Program (RHP) authorizes assistance to grantees (states and the District of Columbia) to provide stable, temporary housing to individuals in recovery from a substance use disorder. The RHP aims to support individuals in recovery on a path to self-sufficiency and independent living. The assistance is limited, per individual, to a period of not more than 2 years or until the individual secures permanent housing, whichever is earlier. The State of Kentucky received RHP funding because it has an age-adjusted rate of drug overdose deaths above the national overdose mortality rate, according to the Centers for Disease Control and Prevention. The Kentucky Department for Local Government (DLG) in partnership with the Kentucky Department of Health and Human Service’s Office of Behavioral Health and the Kentucky Department office of Drug Control Policy, has identified a need for additional housing for individuals exiting recovery residences, as well as individuals for who a recovery residence may not be an appropriate setting. RHP funds will be awarded by DLG to one or more entities to produce, preserve and/or rehabilitate rental housing. Funds will be made available through an application process to ensure all HUD requirements are met. Applicants must demonstrate an ability to operate the housing and directly or indirectly provide recovery related services for participants.  Note: Please refer to the Kentucky Recovery Locations and the Kentucky Annual Drug Overdose Deaths PDFs in the documents section of this action plan | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  |  | |  | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  |  | |  | | | | |
|  | **Resources:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  |  | |  | | | | |
|  | Amount of Funds | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  |  | |  | | | | |
|  |  | |  |  | |  |  | |  |  | | | | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | |  |  | |  |  | | | | | | | | | | |  | | | | | |  | | | | |  | | | | | | | |  |  | |  | | | | |
|  |  | |  |  | |  |  | |  |  | | | | | | | | | | | | | | | | | | | | | 1 | | | | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | | |  | | | | | |  | | | | |  | | | | | | | |  |  | |  | | | | |
|  |  | |  |  | |  |  | |  |  | | | | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | |  |  | |  |  | | | | | | | | | | |  | | | | | |  | | | | |  | | | | | | | |  |  | |  | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | |
|  |  | |  |  | |  |  | |  |  | | | | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | |  |  | |  |  | | | | | | | | | | |  | | | | | |  | | | | |  | | | | | | | |  |  | |  | | | | |
|  |  | |  |  | |  |  | |  |  | | | | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | |  |  | |  |  | | | | | | | | | | |  | | | | | |  | | | | |  | | | | | | | |  |  | |  | | | | |
|  |  | |  |  | |  |  | |  |  | | | | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | |  |  | |  |  | | | | | | | | | | |  | | | | | |  | | | | |  | | | | | | | |  |  | |  | | | | |
|  |  | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  |  |
|  | Kentucky's 2020 RHP Allocation     $       1,116,000  Kentucky's 2021 RHP Allocation     $         974,776  Less Administration Costs $           62,723 Total Amount for Distribution     $       2,028,053 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  |  |
|  |  | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  |  |
|  |  | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | 2 | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  |  |
|  |  | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  |  | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  |  |
|  |  | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  |  |
|  |  | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  |  |
|  |  | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  |  |
|  | The Kentucky Department for Local Government will attempt to leverage as many federal, state, and local resources as possible in order to maximize RHP investment. No program income or other federal program funding is expected. Kentucky will review designated opportunity zone census tracts across the state when considering the distribution of resources and placement of RHP projects. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  |  |
|  | **Administration Summary:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  |  |
|  | The Kentucky Department for Local Government will serve the role of RHP Administrator. Agency contact information is listed below.                Agency:                      Kentucky Department for Local Government             Address:                      100 Airport Road             City,Staze,Zip:            Frankfort, KY 40601             Phone number:            502-573-2382             Website:                      kydlgweb.ky.gov | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  |  |
|  | **Use of Funds - Method of Distribution:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  |  |
|  | RHP funds will be awarded directly to subrecipients. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  |  |
|  | **Use of Funds - Activities Carried Out Directly:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  |  |
|  | Public Facilities and Improvements.  Acquisition of Real Property Disposition of Real Property Clearance and Demolition Relocation Expansion of existing eligible activities to include new construction | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  |  |
|  | **Use of Funds - Eligible Subrecipients:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  |  |
|  | Public and private nonprofit organizations in all geographic areas within the Commonwealth of Kentucky, including CDBG entitlement areas.  Public and private nonprofit organizations must be exempt from taxation under subtitle C of section 501(c), have an accounting system, a voluntary board, actively engaged in recovery housing efforts in Kentucky or previously engaged in recovery housing efforts in Kentucky, and practice nondiscrimination in the provision of assistance. Assistance may be provided to primarily religious organizations that agree to provide all eligible activities in a manner that is free from religious influence. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  |  |
|  | **Use of Funds - Criteria for Evaluation:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  |  |
|  | • Evaluation Criteria  • Project Need. The projects substantiated and addressed a need that is significant to the needs of the community. Entities with the greatest need and entities with the ability to deliver effective assistance in a timely manner were givenhigh priority. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  |  |
|  |  | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  |  |
|  |  | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | 3 | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  |  |
|  |  | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  |  | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  |  |
|  |  | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  |  |
|  |  | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  |  |
|  |  | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  |  |
|  | • Necessary and Reasonable Expenditure of RHP Funds. The projects must substantiated that RHP funding was necessary to meet the identified need(s); the impact of RHP dollars was maximized and the use of RHP funds was reasonable when compared with other funding sources. The state determined that all other feasible public and private funding sources have been analyzed and/or applied to the project.   • Project Effectiveness. The projects substantiated that project accomplishments were significant given the need, amount of funds requested, local effort and program design.   • Project Timeliness. Projects that meet the greatest need and ability to deliver effective assistance in a timely manner were chosen. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  |  |
|  | **Definitions - Individual in Recovery:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  |  |
|  | • Individual in Recovery     1. An individual going through a process of change to improve their health and wellness, live a self-directed life, and strive to reach their full potential. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  |  |
|  | **Definitions - Substance Use Disorder:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  |  |
|  | • Substance Use Disorder     1. Substance use disorders occur when the recurrent use of alcohol and/or drugs causes clinically significant impairment, including health problems, disability, and failure to meet responsibilities at work, school, or home. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  |  |
|  | **Anticipated Outcomes:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  |  |
|  | A Performance Measurement Outcome System has been established by HUD as a standardized framework to gather information, measure program results and quantify the benefit of these programs to low and moderate income families and communities.   The programs that are covered by this framework include CDBG. To ensure that 30% of FY2020 RHP funds are expended within twelve months of DLG's receipt of the RHP grant agreement from HUD, Kentucky posted, the KYCDBG-RHP Guidelines and request for proposals (pre-submission applications).  Pre-submission applications were accepted from May 5,  2021 June 11, 2021. Nine pre-submission applications were received. Of those six were invited to submit full applications. One applicant withdrew, so DLG has five applications pending approval DLG has established the following "proposed" outcome measures:   • – Number of individuals served –  85 individuals served annually  • – Number of individuals transitioning to permanent housing – 43 (85X.5) individuals will       transition to permanent housing on an annual basis  • – Increasing Independence – 43 (85X.5) individuals will increase their income on an annual basis X will be determined by the number of units developed with these | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  |  |
|  |  | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  |  |
|  |  | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | 4 | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  |  |
|  |  | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  |  | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  |  |
|  |  | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  |  |
|  |  | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  |  |
|  |  | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  |  |
|  | funds. These measures will be reported to HUD annually. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  |  |
|  | **Expenditure Plan:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  |  |
|  | DLG will solicit applications from agencies with the ability to deliver effective assistance in a timely manner. DLG will consider an applicant’s prior performance related to administering prior federal awards, including HUD, to insure that least 30 percent of its RHP funds within one year from the date the funds are available to the grantee, and of how the grantee intends to expend 100 percent of the RHP funds before the end of the period of performance (September 1, 2027). Pre-application for capacity review is required. DLG will solicit qualitative and/or quantitative information from applicants to demonstrate a need for the activities being proposed for RHP funding. A grantee shall consider both the projected demand for the proposed temporary recovery housing solution and the financial need for assistance. The administrative costs listed will be used by DLG for RHP project administration. This will include saalaries for time spent on RHP, newspaper publications, technical assistance, etc. DLG has separate time codes set up for RHP administration. A budget established by the DLG budget director will allow only the amount listed for administration to be expended. The budget will send, monthly or by-monthly a summary of the admin funds expended to date to the RHP Project Manager, Mark Williams, for review. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  |  |
|  | **Citizen Participation Summary:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  |  |
|  | • Public Hearing Mark Williams hosted the public hearing. Mark read through the proposed action plan and ask for comments or suggestions.  No negative comments or emaills were received.  Public notices and emails are attached in Documents section of this action plan. Partial list of attendees: 10:00:48  From  bjohnston : Barry Johnston bjohnston@audubon-area.com from Audubon Area Community Services, Inc.  Owensboro, KY 270-686-1624 10:01:50  From  Vonda Poynter-Fahe Inc. : Vonda Poynter Vonda@fahe.org and located in Berea, KY 40403 10:01:56  From  Margaret : Margaret Corneilson, Revive Ministries Inc. 10:02:16  From  Mary Palmer : Please share your name, email and organization you represent. Thank you! 10:02:36  From  Margaret : mcorneilson@revivetomission.com 10:04:42  From  Gateway ADD : Jason Boggs, Gateway ADD, glenn.boggs@ky.gov 10:08:29  From  kamamckinney : Kama McKinney - Chrysalis House  A recording of the meeting and the full attendee list are available for review. I cannot upload them to DRGR. The meeting was recorded. There were no comments that were not accepted.    1. As instructed by HUD in writing, the State held a virtual public hearing on June 15, 2021 to solicit residents’ views on actions, activities, and programs to be funded with federal program funds. During the public hearing, the State address housing and community development needs, development of proposed activities, the amount of assistance the State expects to receive (including grant funds and program income), the range of activities that may be undertaken, including the estimated amount that will benefit low-and moderate-income residents, a review of program performance, the dates of the public display and comment period; the locations where copies of the draft RHP Plan can be examined; and, how comments will be accepted.  2. The draft RHP Action Plan Plan was placed on display on May 26, of no less than 30 days, or no less than a time period specified by HUD in writing, to encourage public review and comment. The public notice included the dates of the public display and comment period, the locations where copies of the draft RHP Plan can be examined, and  how comments will be accepted. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  |  |
|  |  | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  |  |
|  |  | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | 5 | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  |  |
|  |  | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  |  | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  |  |
|  |  | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  |  |
|  |  | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  |  |
|  |  | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | | |  | |  | |  | | | | | |  | | |  | | | | | | | | | |  | | | | | | | |  |  | | | | | | | | |  |
|  | 3. Written comments will be accepted by the Contact Person, or a designee, during the 30-day public display and comment period. The State will consider any comments or views of State residents received in writing, or orally at the public hearing, in preparing the final RHP Plan. A summary of these comments or views, and a summary of any comments or views not accepted and the reasons why, will be attached to the final RHP Plan for submission to HUD. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  |  | | | | | | | | |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  |  | | | | | | | | |  |
|  | **Partner Coordination:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  |  | | | | | | | | |  |
|  | DLG staff communicated with several state agencies regarding the use of RHP funds. The Kentucky Housing Corporation, Department for Behavioral Health in the Cabinet for Health and Family Services, and the Office of Drug Control Policy in the Justice and Public Safety Cabinet have offered guidance and set up meetings to promote the new program.  The Department for Local Government currently works with the Kentucky Housing Corporation and Department of Corrections to help fund the Recovery Kentucky Program, which was created to hep Kentuckians recover from substance abuse. There are 14 Recovery Kentucky centers that provide housing and recovery services for up to 2,000 individuals across the state.  The Department for Behavioral Health provides leadership to prevent disability, build resilience in individuals and their communities, and facilitate recovery for people whose lives have been affected by substance abuse. Their staff manages several specialty programs that focus on key populations, coordinates efforts to build a recovery-oriented system of care across the lifespan, and provides guidance and technical assistance.  The Office of Drug Control Policy coordinates Kentucky’s response to substance abuse issues. They are joined by Behaviorial Health and DLG to coordinate the prevention, education, treatment, and law enforcement in a united effort to confront the current epidemic. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  |  | | | | | | | | |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  |  | | | | | | | | |  |
|  | **Subrecipient Management and Monitoring:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  |  | | | | | | | | |  |
|  | 1. Subrecipient Management and Monitoring DLG will monitor the project at least once before the project is closed. If required, monitoring may take place more than once to resolve unforeseen problems. Ideally, DLG like to monitor projects when 50% to 80 % completed. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  |  | | | | | | | | |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  |  | | | | | | | | |  |
|  | **Pre-Award/Pre-Agreement Costs:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  |  | | | | | | | | |  |
|  | 1. Pre-award/Pre-Agreement Costs If DLG approves the 2020 RHP application, Five percent of the total project award may be used for pre-award/pre-agreement costs required for the completion of the 2020 KYCDBG Housing application, including all evidentiary material requested prior the release of funds. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  |  | | | | | | | | |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  |  | | | | | | | | |  |
|  | **Project Summary** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | | |  | |  | |  | | | | | |  | | |  | | | | | | | | | |  | | | | | | | |  |  | | | | | | | | |  |
|  | **Project #** | | | **Project Title** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Grantee Activity #** | | | | | | | | | | | | | | | | | | | | | | | **Activity Title** | | | | | | | | | **Grantee Program** | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  |  | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | | |  | |  | |  | | | | | |  | | |  | | | | | | | | | |  | | | | | | | |  |  | | | | | | | | |  |
|  | 9999 | | | Restricted Balance | | | | | | | | | | | | | | | | | | | | | | | | | | | | | *No activities in this project* | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | | | | | | |  | | | | | | | |  |  | | | | | | | | |  |
|  |  | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | |  | | | | | | | | | |  | | | | | | | |  |  | | | | | | | | |  |
|  |  | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | | |  | |  | |  | | | | | |  | | |  | | | | | | | | | |  | | | | | | | |  |  | | | | | | | | |  |
|  | RH-001 | | | Recovery Housing Program - KY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | RH-001-009 | | | | | | | | | | | | | | | | | | | | |  | | 2021 Administration | | | | | | | | |  | | | | | | | | | |  | | | | | | | |  |  | | | | | | | | |  |
|  |  | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | | |  | |  | |  | | | | | |  | | |  | | | | | | | | | |  | | | | | | | |  |  | | | | | | | | |  |
|  |  | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | 6 | | | | | | | | | | | | | | | | | | | | |  | |  | |  | | | | | |  | | |  | | | | | | | | | |  | | | | | | | |  |  | | | | | | | | |  |
|  |  | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | | |  | |  | |  | | | | | |  | | |  | | | | | | | | | |  | | | | | | | |  |  | | | | | | | | |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |  |
|  |  | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | | |  | |  | |  | | | | | |  | | |  | | | | | | | | | |  | | | | | | | |  |  | | | | | | | | |  |
|  |  | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | | |  | |  | |  | | | | | |  | | |  | | | | | | | | | |  | | | | | | | |  |  | | | | | | | | |  |
|  |  | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | | |  | |  | |  | | | | | |  | | |  | | | | | | | | | |  | | | | | | | |  |  | | | | | | | | |  |
|  |  | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | | |  | |  | |  | | | | | | | | |  | | | | | | | | | | | | | | | | | |  |  |
|  |  | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | RH-001-01 | | | | | | | | | | | | | | | | | | | | |  | | Acquisition | | | | | | | | |  | | | | | | | | | | | | | | | | | |  |  |
|  |  | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | | |  | |  | |  | | | | | | | | |  | | | | | | | | | | | | | | | | | |  |  |
|  |  | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | RH-001-02 | | | | | | | | | | | | | | | | | | | | |  | | Rental Assistance | | | | | | | | |  | | | | | | | | | | | | | | | | | |  |  |
|  |  | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | | |  | |  | |  | | | | | | | | |  | | | | | | | | | | | | | | | | | |  |  |
|  |  | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | RH-001-03 | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | |  | | | | | | | | | | | | | | | | | |  |  |
|  |  | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | | |  | |  | |  | | | | | | | | |  | | | | | | | | | | | | | | | | | |  |  |
|  |  | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | RH-001-04 | | | | | | | | | | | | | | | | | | | | |  | | Rehab Multi Unit Residential | | | | | | | | |  | | | | | | | | | | | | | | | | | |  |  |
|  |  | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | | |  | |  | |  | | | | | | | | |  | | | | | | | | | | | | | | | | | |  |  |
|  |  | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | RH-001-05 | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | |  | | | | | | | | | | | | | | | | | |  |  |
|  |  | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | | |  | |  | |  | | | | | | | | |  | | | | | | | | | | | | | | | | | |  |  |
|  |  | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | RH-001-06 | | | | | | | | | | | | | | | | | | | | |  | | Rental Assistance | | | | | | | | |  | | | | | | | | | | | | | | | | | |  |  |
|  |  | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | | |  | |  | |  | | | | | | | | |  | | | | | | | | | | | | | | | | | |  |  |
|  |  | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | RH-001-07 | | | | | | | | | | | | | | | | | | | | |  | | Rehab Multi Unit Residential | | | | | | | | |  | | | | | | | | | | | | | | | | | |  |  |
|  |  | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | | |  | |  | |  | | | | | | | | |  | | | | | | | | | | | | | | | | | |  |  |
|  |  | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | RH-001-08 | | | | | | | | | | | | | | | | | | | | |  | | Administration | | | | | | | | |  | | | | | | | | | | | | | | | | | |  |  |
|  |  | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | | |  | |  | |  | | | | | | | | |  | | | | | | | | | | | | | | | | | |  |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  |  | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | | |  | |  | |  | | | | | | | | |  | | | | | | | | | | | | | | | | | |  |  |
|  |  | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | 7 | | | | | | | | | | | | | | | | | | | | |  | |  | |  | | | | | | | | |  | | | | | | | | | | | | | | | | | |  |  |
|  |  | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | | |  | |  | |  | | | | | | | | |  | | | | | | | | | | | | | | | | | |  |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  |  | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | | |  | |  | |  | | | | | | | | |  | | | | | | | | | | | | | | | | | |  |  |
|  |  | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | | |  | |  | |  | | | | | | | | |  | | | | | | | | | | | | | | | | | |  |  |
|  |  | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | | |  | |  | |  | | | | | | | | |  | | | | | | | | | | | | | | | | | |  |  |
|  |  |  |  |  |  | | | | | |  |  | |  | | | | | |  | | | | |  | |  | |  | |  | | | | | |  | |  | | |  | | |  | | | | | | |  | | | |  |  | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  | | | |  |  | |
|  | **Activities** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  |  |  |  | | | | | |  |  | |  | | | | | |  | | | | |  | |  | |  | |  | | | | | |  | |  | | |  | | |  | | | | | | |  | | | |  |  | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  | | | |  |  | |
|  | **Project # /** | | | | | | | | | | RH-001 / Recovery Housing Program - KY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | |
|  |  |  |  |  |  | | | | | |  |  | |  | | | | | |  | | | | |  | |  | |  | |  | | | | | |  | |  | | |  | | |  | | | | | | |  | | | |  |  | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  | | | |  |  | |
|  | **Grantee Activity Number:** | | | | | | | | | | | | | | | | | | | | | | | | | |  | | **RH-001-009** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  |  |  |  |  |  | | | | | |  |  | |  | | | | | |  | | | | |  | |  | |  | |  | | | | | |  | |  | | |  | | |  | | | | | | |  | | | |  |  | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  | | | |  |  | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | |
|  |  |  |  |  |  | | | | | |  |  | |  | | | | | |  | | | | |  | |  | |  | |  | | | | | |  | |  | | |  | | |  | | | | | | |  | | | |  |  | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  | | | |  |  | |
|  | **Activity Title:** | | | | | | | | | | | | | | | | | | | | | | | | | |  | | **2021 Administration** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  |  |  |  |  |  | | | | | |  |  | |  | | | | | |  | | | | |  | |  | |  | |  | | | | | |  | |  | | |  | | |  | | | | | | |  | | | |  |  | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  | | | |  |  | |
|  |  |  |  |  |  | | | | | |  |  | |  | | | | | |  | | | | |  | |  | |  | |  | | | | | |  | |  | | |  | | |  | | | | | | |  | | | |  |  | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  | | | |  |  | |
|  | **Activity Type:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Activity Status:** | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  | | | |  |  | |
|  | Administration | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Planned | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  | | | |  |  | |
|  | **Project Number:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | **Project Title:** | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  | | | |  |  | |
|  | RH-001 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | Recovery Housing Program - KY | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  | | | |  |  | |
|  | **Projected Start Date:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Projected End Date:** | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  | | | |  |  | |
|  | 03/21/2022 | | | | | | | | | | |  | |  | | | | | |  | | | | |  | |  | |  | |  | | | | | |  | |  | | |  | | |  | | | | | | |  | | | |  | 10/21/2025 | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  |  | |
|  |  |  |  |  |  | | | | | |  |  | |  | | | | | |  | | | | |  | |  | |  | |  | | | | | |  | |  | | |  | | |  | | | | | | |  | | | |  |  | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  | | | |  |  | |
|  | **Project Draw Block by HUD:** | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | | | | | |  | |  | | |  | | |  | | | | | | |  | | | | **Project Draw Block Date by HUD:** | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  | | | |  |  | |
|  | Not Blocked | | | | | | | | | | | | | | | | | | |  | | | | |  | |  | |  | |  | | | | | |  | |  | | |  | | |  | | | | | | |  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  |  | |
|  | **Activity Draw Block by HUD:** | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | | | | | |  | |  | | |  | | |  | | | | | | |  | | | | **Activity Draw Block Date by HUD:** | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  |  | |
|  | Not Blocked | | | | | | | | | | | | | | | | | | |  | | | | |  | |  | |  | |  | | | | | |  | |  | | |  | | |  | | | | | | |  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  |  | |
|  |  |  |  |  |  | | | | | |  |  | |  | | | | | |  | | | | |  | |  | |  | |  | | | | | |  | |  | | |  | | |  | | | | | | |  | | | |  |  | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  | | | |  |  | |
|  | **Block Drawdown By Grantee:** | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | | | | | |  | |  | | |  | | |  | | | | | | |  | | | |  |  | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  | | | |  |  | |
|  | Not Blocked | | | | | | | | | | | | | | | | | | |  | | | | |  | |  | |  | |  | | | | | |  | |  | | |  | | |  | | | | | | |  | | | |  |  | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  | | | |  |  | |
|  |  |  |  |  |  | | | | | |  |  | |  | | | | | |  | | | | |  | |  | |  | |  | | | | | |  | |  | | |  | | |  | | | | | | |  | | | |  |  | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  | | | |  |  | |
|  | **National Objective:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | |  |  | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  | | | |  |  | |
|  | Not Applicable (for Planning/Administration or Un programmed Funds only) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | |  |  | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  | | | |  |  | |
|  |  |  |  |  |  | | | | | |  |  | |  | | | | | |  | | | | |  | |  | |  | |  | | | | | |  | |  | | |  | | |  | | | | | | |  | | | |  |  | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  | | | |  |  | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  |  | |
|  |  |  |  |  |  | | | | | |  |  | |  | | | | | |  | | | | |  | |  | |  | |  | | | | | |  | |  | | |  | | |  | | | | | | |  | | | |  |  | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  | | | |  |  | |
|  | **Total Budget:** | | | | | | | | | | | | |  | | | | | |  | | | | |  | |  | |  | |  | | | | | |  | |  | | |  | | |  | | | | | | |  | | | |  |  | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  | | | |  |  | |
|  |  |  |  |  |  | | | | | |  |  | |  | | | | | |  | | | | |  | |  | |  | |  | | | | | |  | |  | | |  | | |  | | | | | | |  | | | |  |  | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  | | | |  |  | |
|  | **Grant Number** | | | | | | | | | | | | | **Total Budget** | | | | | | | | | | | | | | | | | | | | | | | | |  | | | **Most Impacted and Distressed Budget** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  | | | |  |  | |
|  |  |  |  |  |  | | | | | |  |  | |  | | | | | |  | | | | |  | |  | |  | |  | | | | | |  | |  | | |  | | |  | | | | | | |  | | | |  |  | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  | | | |  |  | |
|  | B-20-RH-21-0001 | | | | | | | | | | | | | $ 0.00 | | | | | | | | | | | | | | | | | | | | | | | | |  | | | $ 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  | | | |  |  | |
|  |  |  |  |  |  | | | | | |  |  | |  | | | | | |  | | | | |  | |  | |  | |  | | | | | |  | |  | | |  | | |  | | | | | | |  | | | |  |  | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  | | | |  |  | |
|  | B-21-RH-21-0001 | | | | | | | | | | | | | $ 540.00 | | | | | | | | | | | | | | | | | | | | | | | | |  | | | $ 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  | | | |  |  | |
|  |  |  |  |  |  | | | | | |  |  | |  | | | | | |  | | | | |  | |  | |  | |  | | | | | |  | |  | | |  | | |  | | | | | | |  | | | |  |  | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  | | | |  |  | |
|  | Total: | | | | | | | | | | | | | **$ 540.00** | | | | | | | | | | | | | | | | | | | | | | | | |  | | | **$ 0.00** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  | | | |  |  | |
|  |  |  |  |  |  | | | | | |  |  | |  | | | | | |  | | | | |  | |  | |  | |  | | | | | |  | |  | | |  | | |  | | | | | | |  | | | |  |  | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  | | | |  |  | |
|  | Other Funds: | | | | | | | | | | | | | $ 0.00 | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  | | | |  |  | |
|  |  |  |  |  |  | | | | | |  |  | |  | | | | | |  | | | | |  | |  | |  | |  | | | | | |  | |  | | |  | | |  | | | | | | |  | | | |  |  | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  | | | |  |  | |
|  | Total: | | | | | | | | | | | | | $ 540.00 | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  | | | |  |  | |
|  |  |  |  |  |  | | | | | |  |  | |  | | | | | |  | | | | |  | |  | |  | |  | | | | | |  | |  | | |  | | |  | | | | | | |  | | | |  |  | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  | | | |  |  | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  |  | |
|  |  |  |  |  |  | | | | | |  |  | |  | | | | | |  | | | | |  | |  | |  | |  | | | | | |  | |  | | |  | | |  | | | | | | |  | | | |  |  | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  | | | |  |  | |
|  | **Benefit Report Type:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | |  |  | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  | | | |  |  | |
|  | NA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | |  |  | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  | | | |  |  | |
|  |  |  |  |  |  | | | | | |  |  | |  | | | | | |  | | | | |  | |  | |  | |  | | | | | |  | |  | | |  | | |  | | | | | | |  | | | |  |  | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  | | | |  |  | |
|  |  | **Ancillary Activities** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | |  | | |  | | | | | | |  | | | |  |  | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  | | | |  |  | |
|  | **None** | | | |  | | | | | |  |  | |  | | | | | |  | | | | |  | |  | |  | |  | | | | | |  | |  | | |  | | |  | | | | | | |  | | | |  |  | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  | | | |  |  | |
|  |  |  |  |  |  | | | | | |  |  | |  | | | | | |  | | | | |  | |  | |  | |  | | | | | |  | |  | | |  | | |  | | | | | | |  | | | |  |  | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  | | | |  |  | |
|  |  |  |  |  |  | | | | | |  |  | |  | | | | | |  | | | | |  | |  | |  | | 8 | | | | | | | | | | | | | | | | | | | | |  | | | |  |  | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  | | | |  |  | |
|  |  |  |  |  |  | | | | | |  |  | |  | | | | | |  | | | | |  | |  | |  | |  | | | | | |  | |  | | |  | | |  | | | | | | |  | | | |  |  | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  | | | |  |  | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  |  | |
|  |  |  |  |  |  | | | | | |  |  | |  | | | | | |  | | | | |  | |  | |  | |  | | | | | |  | |  | | |  | | |  | | | | | | |  | | | |  |  | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  | | | |  |  | |
|  |  | |  |  |  | | | | | |  |  | |  | | | | | |  | | | | |  | |  | |  | |  | | | | | |  | |  | | |  | | |  | | | | | | |  | | | |  |  | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  | | | |  |  | |
|  |  |  |  |  |  | | | | | |  |  | |  | | | | | |  | | | | |  | |  | |  | |  | | | | | |  | |  | | |  | | |  | | | | | | |  | | | |  |  | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  | | | |  |  | |
|  |  | |  |  | | | |  | | | | | | |  | |  | |  | | |  |  | | | | | |  | |  | | | | |  | | | | | | |  | | | | |  | | | |  | | | | | | |  | | | | | | | |  | |  | | |  | | | |  | | | | |  | |  |  |
|  | **Proposed budgets for organizations carrying out Activity:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | |  |  |
|  |  | |  |  | | | |  | | | | | | |  | |  | |  | | |  |  | | | | | |  | |  | | | | |  | | | | | | |  | | | | |  | | | |  | | | | | | |  | | | | | | | |  | |  | | |  | | | |  | | | | |  | |  |  |
|  | **Responsible Organization** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Organization Type** | | | | | | | | **Proposed Budget** | | | | | | | | | | | | | | | | | |
|  |  | |  |  | | | |  | | | | | | |  | |  | |  | | |  |  | | | | | |  | |  | | | | |  | | | | | | |  | | | | |  | | | |  | | | | | | |  | | | | | | | |  | |  | | |  | | | |  | | | | |  | |  |  |
|  | Commonwealth of KY-Dept. for Local Government | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | State Agency | | | | | | | | $ 540.00 | | | | | | | | | | | | | | | | | |
|  |  | |  |  | | | |  | | | | | | |  | |  | |  | | |  |  | | | | | |  | |  | | | | |  | | | | | | |  | | | | |  | | | |  | | | | | | |  | | | | | | | |  | |  | | |  | | | |  | | | | |  | |  |  |
|  | **Location Description:** | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | |  | | | | | | |  | | | | |  | | | |  | | | | | | |  | | | | | | | |  | |  | | |  | | | |  | | | | |  | |  |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  |  |
|  |  | |  |  | | | |  | | | | | | |  | |  | |  | | |  |  | | | | | |  | |  | | | | |  | | | | | | |  | | | | |  | | | |  | | | | | | |  | | | | | | | |  | |  | | |  | | | |  | | | | |  | |  |  |
|  | **Activity Description:** | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | |  | | | | | | |  | | | | |  | | | |  | | | | | | |  | | | | | | | |  | |  | | |  | | | |  | | | | |  | |  |  |
|  | Administration 2021 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  |  |
|  |  | | | | | | |  | | | | | | |  | |  | |  | | |  |  | | | | | |  | |  | | | | |  | | | | | | |  | | | | |  | | | |  | | | | | | |  | | | | | | | |  | |  | | |  | | | |  | | | | |  | |  |  |
|  |  | |  |  | | | |  | | | | | | |  | |  | |  | | |  |  | | | | | |  | |  | | | | |  | | | | | | |  | | | | |  | | | |  | | | | | | |  | | | | | | | |  | |  | | |  | | | |  | | | | |  | |  |  |
|  | **Environmental Assessment:** | | | | | | | | | | | | | | | | | | | | |  |  | | | | | |  | |  | | | | |  | | | | | | |  | | | | |  | | | |  | | | | | | |  | | | | | | | |  | |  | | |  | | | |  | | | | |  | |  |  |
|  |  | EXEMPT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | |  | |  |  |
|  |  | |  |  | | | |  | | | | | | |  | |  | |  | | |  |  | | | | | |  | |  | | | | |  | | | | | | |  | | | | |  | | | |  | | | | | | |  | | | | | | | |  | |  | | |  | | | |  | | | | |  | |  |  |
|  | **Environmental Reviews:** | | | | | | | | | | | | | | | | | |  | | | None | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | |  | | | | | | |  | | | | | | | |  | |  | | |  | | | |  | | | | |  | |  |  |
|  |  | |  |  | | | |  | | | | | | |  | |  | |  | | |  |  | | | | | |  | |  | | | | |  | | | | | | |  | | | | |  | | | |  | | | | | | |  | | | | | | | |  | |  | | |  | | | |  | | | | |  | |  |  |
|  | **Activity Attributes:** | | | | | | | | | | | | | |  | | None | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | | | |  | | | | | | | |  | |  | | |  | | | |  | | | | |  | |  |  |
|  |  | |  |  | | | |  | | | | | | |  | |  | |  | | |  |  | | | | | |  | |  | | | | |  | | | | | | |  | | | | |  | | | |  | | | | | | |  | | | | | | | |  | |  | | |  | | | |  | | | | |  | |  |  |
|  | **Activity Supporting Documents:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | |  | | | |  | | | | | | |  | | | | | | | |  | |  | | |  | | | |  | | | | |  | |  |  |
|  | None | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | |  | | | | |  | |  |  |
|  |  | |  |  | | | |  | | | | | | |  | |  | |  | | |  |  | | | | | |  | |  | | | | |  | | |  | | | |  | | | | |  | |  |  |
|  |  | |  |  | | | |  | | | | | | |  | |  | |  | | |  |  | | | | | |  | |  | | | | |  | | | | | | |  | | | | |  | | | |  | | | | | | |  | | | | | | | |  | |  | | |  | | | |  | | | | |  | |  |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  |  |
|  |  | |  |  | | | |  | | | | | | |  | |  | |  | | |  |  | | | | | |  | |  | | | | |  | | | | | | |  | | | | |  | | | |  | | | | | | |  | | | | | | | |  | |  | | |  | | | |  | | | | |  | |  |  |
|  |  | |  |  | | | |  | | | | | | |  | |  | |  | | |  |  | | | | | |  | | 9 | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | |  | |  | | |  | | | |  | | | | |  | |  |  |
|  |  | |  |  | | | |  | | | | | | |  | |  | |  | | |  |  | | | | | |  | |  | | | | |  | | | | | | |  | | | | |  | | | |  | | | | | | |  | | | | | | | |  | |  | | |  | | | |  | | | | |  | |  |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  |  | |  |  | | | |  | | | | | | |  | |  | |  | | |  |  | | | | | |  | |  | | | | |  | | | | | | |  | | | | |  | | | |  | | | | | | |  | | | | | | | |  | |  | | |  | | | |  | | | | |  | |  |  |
|  |  | |  |  | | | |  | | | | | | |  | |  | |  | | |  |  | | | | | |  | |  | | | | |  | | | | | | |  | | | | |  | | | |  | | | | | | |  | | | | | | | |  | |  | | |  | | | |  | | | | |  | |  |  |
|  |  | |  |  | | | |  | | | | | | |  | |  | |  | | |  |  | | | | | |  | |  | | | | |  | | | | | | |  | | | | |  | | | |  | | | | | | |  | | | | | | | |  | |  | | |  | | | |  | | | | |  | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  | **Grantee Activity Number:** | | | | | | | | | | | | | | | | | | | | | | | | |  | | **RH-001-01 Pathways** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  | **Activity Title:** | | | | | | | | | | | | | | | | | | | | | | | | |  | | **Acquisition** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  | **Activity Type:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Activity Status:** | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  | | | |  |  |
|  | RHP - Acquisition of Real Property | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Planned | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  | | | |  |  |
|  | **Project Number:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | **Project Title:** | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  | | | |  |  |
|  | RH-001 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | Recovery Housing Program - KY | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  | | | |  |  |
|  | **Projected Start Date:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Projected End Date:** | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  | | | |  |  |
|  | 01/17/2022 | | | | | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  | 09/01/2027 | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  | **Project Draw Block by HUD:** | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | | **Project Draw Block Date by HUD:** | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  | | | |  |  |
|  | Not Blocked | | | | | | | | | | | | | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  |  |
|  | **Activity Draw Block by HUD:** | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | | **Activity Draw Block Date by HUD:** | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  |  |
|  | Not Blocked | | | | | | | | | | | | | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  | **Block Drawdown By Grantee:** | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  | Not Blocked | | | | | | | | | | | | | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  | **National Objective:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  | LMC: Low Mod Limited Clientele | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  | **Total Budget:** | | | | | | | | | | | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  | **Grant Number** | | | | | | | | | | | | **Total Budget** | | | | | | | | | | | | | | | | | | | | | | | | |  | | **Most Impacted and Distressed Budget** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  | B-20-RH-21-0001 | | | | | | | | | | | | $ 885,000.00 | | | | | | | | | | | | | | | | | | | | | | | | |  | | $ 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  | B-21-RH-21-0001 | | | | | | | | | | | | $ 40,000.00 | | | | | | | | | | | | | | | | | | | | | | | | |  | | $ 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  | Total: | | | | | | | | | | | | **$ 925,000.00** | | | | | | | | | | | | | | | | | | | | | | | | |  | | **$ 0.00** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  | Other Funds: | | | | | | | | | | | | $ 0.00 | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  | Total: | | | | | | | | | | | | $ 925,000.00 | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  | **Benefit Report Type:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  | Direct (Person) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  |  | **Ancillary Activities** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  | **None** | | | |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  | **Proposed Beneficiaries** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Total** | | | | | | | | | |  |  | | **Mod** | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  | **Low** | | | **Low/Mod%** | | | | | | | | | | | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  | | | | | | | | | |  |  |
|  | # of Persons | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 14 | | | | | | | | | | 14 | | |  | | | | | | | | | | 100.00 | | | | | | | | | | | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  | **Proposed Accomplishments** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Total** | | |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  | # of Singlefamily Units | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  | # of Multifamily Units | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 11 | | |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  | # of Housing Units | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 11 | | |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | | 10 | | | | | | | | | | | | | | | | | | | | |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  |  | |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  | Facility or Group Home | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  | Increased residential capacity as # of beds | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 11 | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  | # of persons that transitioned to permanent housing | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 7 | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  | # of persons with additional disability | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  | **Proposed budgets for organizations carrying out Activity:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | |  |  |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  | **Responsible Organization** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Organization Type** | | | | | | | | **Proposed Budget** | | | | | | | | | | | | | | | | | |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  | Pathways, Inc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Non-Profit | | | | | | | | $ 925,000.00 | | | | | | | | | | | | | | | | | |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  | **Location Description:** | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  | Vacant commercial structure, 6417 US Route 60, Ashland, KY. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  |  |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  | **Activity Description:** | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  | Pathways, Inc. proposes to purchase a vacant commercial structure at 6417 US Route 60, Ashland, Kentucky to develop and operate a 25 bed transitional housing facility to serve women, including pregnant and early parenting women, seeking to recover from substance use disorder (SUD). This facility, to be known as The Journey, will relocate 14 beds from two existing treatment facilities in danger of closure and create 11 new beds, an increase of 79% in the number of beds serving this client group. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  |  |
|  |  | | | | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  | **Environmental Assessment:** | | | | | | | | | | | | | | | | | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  |  | UNDERWAY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | | |  | |  |  |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  | **Environmental Reviews:** | | | | | | | | | | | | | | | |  | | | | None | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  | **Activity Attributes:** | | | | | | | | | | | | |  | | None | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  | **Activity Supporting Documents:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  | None | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | |  | | | | | |  | |  |  |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | |  | | |  | | | | | |  | |  |  |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  |  |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | | 11 | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | | |  | | | |  |  | |  | | |  | | | | | | | | | | | | | | | | |  |  |  |  |  |  | | | |  |  |
|  | **Grantee Activity Number:** | | | | | | | | | | | | | | | | | | | | | | | | |  | | **RH-001-02 Audubon** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | | |  | | | |  |  | |  | | |  | | | | | | | | | | | | | | | | |  |  |  |  |  |  | | | |  |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | | |  | | | |  |  | |  | | |  | | | | | | | | | | | | | | | | |  |  |  |  |  |  | | | |  |  |
|  | **Activity Title:** | | | | | | | | | | | | | | | | | | | | | | | | |  | | **Rental Assistance** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | | |  | | | |  |  | |  | | |  | | | | | | | | | | | | | | | | |  |  |  |  |  |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | | |  | | | |  |  | |  | | |  | | | | | | | | | | | | | | | | |  |  |  |  |  |  | | | |  |  |
|  | **Activity Type:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Activity Status:** | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  | | | |  |  |
|  | RHP - Lease, Rent, and Utilities | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Planned | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  | | | |  |  |
|  | **Project Number:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | **Project Title:** | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  | | | |  |  |
|  | RH-001 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | Recovery Housing Program - KY | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  | | | |  |  |
|  | **Projected Start Date:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Projected End Date:** | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  | | | |  |  |
|  | 01/17/2022 | | | | | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | | |  | | | |  | 09/01/2027 | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | | |  | | | |  |  | |  | | |  | | | | | | | | | | | | | | | | |  |  |  |  |  |  | | | |  |  |
|  | **Project Draw Block by HUD:** | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | | |  | | | | **Project Draw Block Date by HUD:** | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  | | | |  |  |
|  | Not Blocked | | | | | | | | | | | | | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | | |  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  |  |
|  | **Activity Draw Block by HUD:** | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | | |  | | | | **Activity Draw Block Date by HUD:** | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  |  |
|  | Not Blocked | | | | | | | | | | | | | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | | |  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | | |  | | | |  |  | |  | | |  | | | | | | | | | | | | | | | | |  |  |  |  |  |  | | | |  |  |
|  | **Block Drawdown By Grantee:** | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | | |  | | | |  |  | |  | | |  | | | | | | | | | | | | | | | | |  |  |  |  |  |  | | | |  |  |
|  | Not Blocked | | | | | | | | | | | | | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | | |  | | | |  |  | |  | | |  | | | | | | | | | | | | | | | | |  |  |  |  |  |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | | |  | | | |  |  | |  | | |  | | | | | | | | | | | | | | | | |  |  |  |  |  |  | | | |  |  |
|  | **National Objective:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | |  |  | |  | | |  | | | | | | | | | | | | | | | | |  |  |  |  |  |  | | | |  |  |
|  | LMC: Low Mod Limited Clientele | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | |  |  | |  | | |  | | | | | | | | | | | | | | | | |  |  |  |  |  |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | | |  | | | |  |  | |  | | |  | | | | | | | | | | | | | | | | |  |  |  |  |  |  | | | |  |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | | |  | | | |  |  | |  | | |  | | | | | | | | | | | | | | | | |  |  |  |  |  |  | | | |  |  |
|  | **Total Budget:** | | | | | | | | | | | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | | |  | | | |  |  | |  | | |  | | | | | | | | | | | | | | | | |  |  |  |  |  |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | | |  | | | |  |  | |  | | |  | | | | | | | | | | | | | | | | |  |  |  |  |  |  | | | |  |  |
|  | **Grant Number** | | | | | | | | | | | | **Total Budget** | | | | | | | | | | | | | | | | | | | | | | | | |  | | **Most Impacted and Distressed Budget** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | | |  | | | |  |  | |  | | |  | | | | | | | | | | | | | | | | |  |  |  |  |  |  | | | |  |  |
|  | B-20-RH-21-0001 | | | | | | | | | | | | $ 55,053.00 | | | | | | | | | | | | | | | | | | | | | | | | |  | | $ 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | | |  | | | |  |  | |  | | |  | | | | | | | | | | | | | | | | |  |  |  |  |  |  | | | |  |  |
|  | B-21-RH-21-0001 | | | | | | | | | | | | $ 0.00 | | | | | | | | | | | | | | | | | | | | | | | | |  | | $ 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | | |  | | | |  |  | |  | | |  | | | | | | | | | | | | | | | | |  |  |  |  |  |  | | | |  |  |
|  | Total: | | | | | | | | | | | | **$ 55,053.00** | | | | | | | | | | | | | | | | | | | | | | | | |  | | **$ 0.00** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | | |  | | | |  |  | |  | | |  | | | | | | | | | | | | | | | | |  |  |  |  |  |  | | | |  |  |
|  | Other Funds: | | | | | | | | | | | | $ 0.00 | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | | |  | | | |  |  | |  | | |  | | | | | | | | | | | | | | | | |  |  |  |  |  |  | | | |  |  |
|  | Total: | | | | | | | | | | | | $ 55,053.00 | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | | |  | | | |  |  | |  | | |  | | | | | | | | | | | | | | | | |  |  |  |  |  |  | | | |  |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | | |  | | | |  |  | |  | | |  | | | | | | | | | | | | | | | | |  |  |  |  |  |  | | | |  |  |
|  | **Benefit Report Type:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | |  |  | |  | | |  | | | | | | | | | | | | | | | | |  |  |  |  |  |  | | | |  |  |
|  | NA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | |  |  | |  | | |  | | | | | | | | | | | | | | | | |  |  |  |  |  |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | | |  | | | |  |  | |  | | |  | | | | | | | | | | | | | | | | |  |  |  |  |  |  | | | |  |  |
|  |  | **Ancillary Activities** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | |  | | | |  | | | | | | |  | | | |  |  | |  | | |  | | | | | | | | | | | | | | | | |  |  |  |  |  |  | | | |  |  |
|  | **None** | | | |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | | |  | | | |  |  | |  | | |  | | | | | | | | | | | | | | | | |  |  |  |  |  |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | | |  | | | |  |  | |  | | |  | | | | | | | | | | | | | | | | |  |  |  |  |  |  | | | |  |  |
|  | **Proposed Accomplishments** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Total** | | |  | | | | | | | | | | | | | | | | |  |  |  |  |  |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | | |  | | | |  |  | |  | | |  | | | | | | | | | | | | | | | | |  |  |  |  |  |  | | | |  |  |
|  | Facility or Group Home | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | | | | | | | | | | | | | |  |  |  |  |  |  | | | |  |  |
|  | Increased residential capacity as # of beds | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 25 | | |  | | | | | | | | | | | | | | | | |  |  |  |  |  |  | | | |  |  |
|  | # of persons that transitioned to permanent housing | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 25 | | |  | | | | | | | | | | | | | | | | |  |  |  |  |  |  | | | |  |  |
|  | # of persons with additional disability | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | | | | | | | | | | | | | |  |  |  |  |  |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | | |  | | | |  |  | |  | | |  | | | | | | | | | | | | | | | | |  |  |  |  |  |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | | 12 | | | | | | | | | | | | | | | | | | | | |  | | | |  |  | |  | | |  | | | | | | | | | | | | | | | | |  |  |  |  |  |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | | |  | | | |  |  | |  | | |  | | | | | | | | | | | | | | | | |  |  |  |  |  |  | | | |  |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | | |  | | | |  |  | |  | | |  | | | | | | | | | | | | | | | | |  |  |  |  |  |  | | | |  |  |
|  |  | |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | | |  | | | |  |  | |  | | |  | | | | | | | | | | | | | | | | |  |  |  |  |  |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | | |  | | | |  |  | |  | | |  | | | | | | | | | | | | | | | | |  |  |  |  |  |  | | | |  |  |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | | | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  | **Proposed budgets for organizations carrying out Activity:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | |  |  |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | | | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  | **Responsible Organization** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Organization Type** | | | | | | | | **Proposed Budget** | | | | | | | | | | | | | | | | | |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | | | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  | Audubon Area Community | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Non-Profit | | | | | | | | $ 55,053.00 | | | | | | | | | | | | | | | | | |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | | | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  | **Location Description:** | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | | | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  | Audubon Area Community Recovery Housing Facility located in Owensboro, KY. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  |  |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | | | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  | **Activity Description:** | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | | | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  | Rental asistance for clients leaving the Owensboro Regional Recovery Center, a substance abuse recovery center In Owensville, KY and entering an Audubon Community recovery housing facility in Owensville, Kentucky. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  |  |
|  |  | | | | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | | | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | | | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  | **Environmental Assessment:** | | | | | | | | | | | | | | | | | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | | | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  |  | EXEMPT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | | |  | |  |  |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | | | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  | **Environmental Reviews:** | | | | | | | | | | | | | | | |  | | | | None | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | | | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | | | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  | **Activity Attributes:** | | | | | | | | | | | | |  | | None | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | |  | | | | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | | | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  | **Activity Supporting Documents:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | | | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  | None | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | |  | | | | | |  | |  |  |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | |  | | |  | | | | | |  | |  |  |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | | | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  |  |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | | | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | | 13 | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | | | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | | | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | | | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | | | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  | **Grantee Activity Number:** | | | | | | | | | | | | | | | | | | | | | | | | |  | | **RH-001-03** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  | **Activity Title:** | | | | | | | | | | | | | | | | | | | | | | | | |  | | **Rental Assistance** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  | **Activity Type:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Activity Status:** | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  | | | |  |  |
|  | RHP - Lease, Rent, and Utilities | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Planned | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  | | | |  |  |
|  | **Project Number:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | **Project Title:** | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  | | | |  |  |
|  | RH-001 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | Recovery Housing Program - KY | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  | | | |  |  |
|  | **Projected Start Date:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Projected End Date:** | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  | | | |  |  |
|  | 01/17/2022 | | | | | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  | 09/01/2027 | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  | **Project Draw Block by HUD:** | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | | **Project Draw Block Date by HUD:** | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  | | | |  |  |
|  | Not Blocked | | | | | | | | | | | | | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  |  |
|  | **Activity Draw Block by HUD:** | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | | **Activity Draw Block Date by HUD:** | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  |  |
|  | Not Blocked | | | | | | | | | | | | | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  | **Block Drawdown By Grantee:** | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  | Not Blocked | | | | | | | | | | | | | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  | **National Objective:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  | LMC: Low Mod Limited Clientele | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  | **Total Budget:** | | | | | | | | | | | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  | **Grant Number** | | | | | | | | | | | | **Total Budget** | | | | | | | | | | | | | | | | | | | | | | | | |  | | **Most Impacted and Distressed Budget** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  | B-20-RH-21-0001 | | | | | | | | | | | | $ 0.00 | | | | | | | | | | | | | | | | | | | | | | | | |  | | $ 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  | B-21-RH-21-0001 | | | | | | | | | | | | $ 304,000.00 | | | | | | | | | | | | | | | | | | | | | | | | |  | | $ 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  | Total: | | | | | | | | | | | | **$ 304,000.00** | | | | | | | | | | | | | | | | | | | | | | | | |  | | **$ 0.00** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  | Other Funds: | | | | | | | | | | | | $ 0.00 | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  | Total: | | | | | | | | | | | | $ 304,000.00 | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  | **Benefit Report Type:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  | Direct (Person) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  |  | **Ancillary Activities** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  | **None** | | | |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  | **Proposed Beneficiaries** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Total** | | | | | | | | | |  |  | | **Mod** | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  | **Low** | | | **Low/Mod%** | | | | | | | | | | | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  | | | | | | | | | |  |  |
|  | # of Persons | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 75 | | | | | | | | | | 75 | | |  | | | | | | | | | | 100.00 | | | | | | | | | | | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  | **Proposed Accomplishments** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Total** | | |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  | # of Singlefamily Units | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  | # of Multifamily Units | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 25 | | |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  | # of Housing Units | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 25 | | |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | | 14 | | | | | | | | | | | | | | | | | | | | |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  |  | |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  | Facility or Group Home | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  | Increased residential capacity as # of beds | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 25 | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  | # of persons that transitioned to permanent housing | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 25 | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  | # of persons with additional disability | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  | **Proposed budgets for organizations carrying out Activity:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | |  |  |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  | **Responsible Organization** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Organization Type** | | | | | | | | **Proposed Budget** | | | | | | | | | | | | | | | | | |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  | Isaiah House | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Non-Profit | | | | | | | | $ 304,000.00 | | | | | | | | | | | | | | | | | |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  | **Location Description:** | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  |  |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  | **Activity Description:** | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  | Isaiah House will provide rental assistance to 24 properties in Mercer County and Washington County  to clients leaving a substance abuse recovery center and entering a recovery Housing Program in Kentucky. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  |  |
|  |  | | | | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  | **Environmental Assessment:** | | | | | | | | | | | | | | | | | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  |  | EXEMPT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | | |  | |  |  |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  | **Environmental Reviews:** | | | | | | | | | | | | | | | |  | | | | None | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  | **Activity Attributes:** | | | | | | | | | | | | |  | | None | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  | **Activity Supporting Documents:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  | None | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | |  | | | | | |  | |  |  |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | |  | | |  | | | | | |  | |  |  |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  |  |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | | 15 | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  | **Grantee Activity Number:** | | | | | | | | | | | | | | | | | | | | | | | | |  | | **RH-001-04** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  | **Activity Title:** | | | | | | | | | | | | | | | | | | | | | | | | |  | | **Rehab Multi Unit Residential** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  | **Activity Type:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Activity Status:** | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  | | | |  |  |
|  | RHP - Rehab. and Reconstruction of Multi-Unit Residential | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Planned | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  | | | |  |  |
|  | **Project Number:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | **Project Title:** | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  | | | |  |  |
|  | RH-001 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | Recovery Housing Program - KY | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  | | | |  |  |
|  | **Projected Start Date:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Projected End Date:** | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  | | | |  |  |
|  | 01/17/2022 | | | | | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  | 09/01/2027 | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  | **Project Draw Block by HUD:** | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | | **Project Draw Block Date by HUD:** | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  | | | |  |  |
|  | Not Blocked | | | | | | | | | | | | | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  |  |
|  | **Activity Draw Block by HUD:** | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | | **Activity Draw Block Date by HUD:** | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  |  |
|  | Not Blocked | | | | | | | | | | | | | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  | **Block Drawdown By Grantee:** | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  | Not Blocked | | | | | | | | | | | | | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  | **National Objective:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  | LMC: Low Mod Limited Clientele | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  | **Total Budget:** | | | | | | | | | | | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  | **Grant Number** | | | | | | | | | | | | **Total Budget** | | | | | | | | | | | | | | | | | | | | | | | | |  | | **Most Impacted and Distressed Budget** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  | B-20-RH-21-0001 | | | | | | | | | | | | $ 135,947.00 | | | | | | | | | | | | | | | | | | | | | | | | |  | | $ 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  | B-21-RH-21-0001 | | | | | | | | | | | | $ 364,053.00 | | | | | | | | | | | | | | | | | | | | | | | | |  | | $ 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  | Total: | | | | | | | | | | | | **$ 500,000.00** | | | | | | | | | | | | | | | | | | | | | | | | |  | | **$ 0.00** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  | Other Funds: | | | | | | | | | | | | $ 0.00 | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  | Total: | | | | | | | | | | | | $ 500,000.00 | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  | **Benefit Report Type:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  | Direct (Person) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  |  | **Ancillary Activities** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  | **None** | | | |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  | **Proposed Beneficiaries** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Total** | | | | | | | | | |  |  | | **Mod** | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  | **Low** | | | **Low/Mod%** | | | | | | | | | | | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  | | | | | | | | | |  |  |
|  | # of Persons | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 22 | | | | | | | | | | 22 | | |  | | | | | | | | | | 100.00 | | | | | | | | | | | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  | **Proposed Accomplishments** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Total** | | |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  | # of Multifamily Units | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 22 | | |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  | # of Housing Units | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 22 | | |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  | Facility or Group Home | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | | 16 | | | | | | | | | | | | | | | | | | | | |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  |  | |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  | Increased residential capacity as # of beds | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 22 | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  | # of persons that transitioned to permanent housing | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 10 | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  | # of persons with additional disability | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  | **Proposed budgets for organizations carrying out Activity:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | |  |  |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  | **Responsible Organization** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Organization Type** | | | | | | | | **Proposed Budget** | | | | | | | | | | | | | | | | | |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  | Mountain Comprehensive Health Corp | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Non-Profit | | | | | | | | $ 500,000.00 | | | | | | | | | | | | | | | | | |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  | **Location Description:** | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  | The property, in its entirety, is owned by MCHC. It is located at 38 College Drive in downtown Whitesburg, KY and sits in the business corridor, within easy walking distance to the Southeast Community and Technical College on the Whitesburg Campus.   A portion of the property has already been renovated to create a community kitchen (CANE Kitchen)as an event center for local farmers to gather and market their products to help generate revenue for the local economy and much more. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  |  |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  | **Activity Description:** | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  | Convert 14,000 feet of old clConvert 14,000 feet of old classrooms into 22 effeciency apartments for recovery housing in Whitesburg, KY.assrooms into 22 effeciency apartments for recovery housing in Whitesburg, KY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  |  |
|  |  | | | | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  | **Environmental Assessment:** | | | | | | | | | | | | | | | | | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  |  | UNDERWAY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | | |  | |  |  |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  | **Environmental Reviews:** | | | | | | | | | | | | | | | |  | | | | None | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  | **Activity Attributes:** | | | | | | | | | | | | |  | | None | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  | **Activity Supporting Documents:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  | None | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | |  | | | | | |  | |  |  |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | |  | | |  | | | | | |  | |  |  |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  |  |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | | 17 | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  | **Grantee Activity Number:** | | | | | | | | | | | | | | | | | | | | | | | | |  | | **RH-001-05** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  | **Activity Title:** | | | | | | | | | | | | | | | | | | | | | | | | |  | | **Rehab Multi Unit Residential** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  | **Activity Type:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Activity Status:** | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  | | | |  |  |
|  | RHP - Rehab. and Reconstruction of Multi-Unit Residential | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Planned | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  | | | |  |  |
|  | **Project Number:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | **Project Title:** | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  | | | |  |  |
|  | RH-001 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | Recovery Housing Program - KY | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  | | | |  |  |
|  | **Projected Start Date:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Projected End Date:** | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  | | | |  |  |
|  | 01/17/2022 | | | | | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  | 09/01/2027 | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  | **Project Draw Block by HUD:** | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | | **Project Draw Block Date by HUD:** | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  | | | |  |  |
|  | Not Blocked | | | | | | | | | | | | | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  |  |
|  | **Activity Draw Block by HUD:** | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | | **Activity Draw Block Date by HUD:** | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  |  |
|  | Not Blocked | | | | | | | | | | | | | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  | **Block Drawdown By Grantee:** | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  | Not Blocked | | | | | | | | | | | | | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  | **National Objective:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  | LMC: Low Mod Limited Clientele | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  | **Total Budget:** | | | | | | | | | | | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  | **Grant Number** | | | | | | | | | | | | **Total Budget** | | | | | | | | | | | | | | | | | | | | | | | | |  | | **Most Impacted and Distressed Budget** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  | B-20-RH-21-0001 | | | | | | | | | | | | $ 0.00 | | | | | | | | | | | | | | | | | | | | | | | | |  | | $ 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  | B-21-RH-21-0001 | | | | | | | | | | | | $ 94,809.00 | | | | | | | | | | | | | | | | | | | | | | | | |  | | $ 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  | Total: | | | | | | | | | | | | **$ 94,809.00** | | | | | | | | | | | | | | | | | | | | | | | | |  | | **$ 0.00** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  | Other Funds: | | | | | | | | | | | | $ 0.00 | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  | Total: | | | | | | | | | | | | $ 94,809.00 | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  | **Benefit Report Type:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  | Direct (Person) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  |  | **Ancillary Activities** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  | **None** | | | |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  | **Proposed Beneficiaries** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Total** | | | | | | | | | |  |  | | **Mod** | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  | **Low** | | | **Low/Mod%** | | | | | | | | | | | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  | | | | | | | | | |  |  |
|  | # of Persons | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 9 | | | | | | | | | | 9 | | |  | | | | | | | | | | 100.00 | | | | | | | | | | | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  | **Proposed Accomplishments** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Total** | | |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  | # of Multifamily Units | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 9 | | |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  | # of Housing Units | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 9 | | |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  | Facility or Group Home | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | | 18 | | | | | | | | | | | | | | | | | | | | |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  |  | |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  | Increased residential capacity as # of beds | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 9 | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  | # of persons that transitioned to permanent housing | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 6 | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  | # of persons with additional disability | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  | **Proposed budgets for organizations carrying out Activity:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | |  |  |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  | **Responsible Organization** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Organization Type** | | | | | | | | **Proposed Budget** | | | | | | | | | | | | | | | | | |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  | Franklin County Women and Family Shelter Recovery Housing | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Non-Profit | | | | | | | | $ 94,809.00 | | | | | | | | | | | | | | | | | |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  | **Location Description:** | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  | FCWS will renovate two buildings at 300 Murry Street and 303 East 3rd street in Frankfort, KY. This will increase the number of available housing beds for women and family by nine. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  |  |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  | **Activity Description:** | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  | FCWS will renovate two buildings at 300 Murry Street and 303 East 3rd street in Frankfort, KY. This will increase the number of available housing beds for women and family by nine. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  |  |
|  |  | | | | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  | **Environmental Assessment:** | | | | | | | | | | | | | | | | | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  |  | UNDERWAY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | | |  | |  |  |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  | **Environmental Reviews:** | | | | | | | | | | | | | | | |  | | | | None | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  | **Activity Attributes:** | | | | | | | | | | | | |  | | None | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  | **Activity Supporting Documents:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  | None | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | |  | | | | | |  | |  |  |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | |  | | |  | | | | | |  | |  |  |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  |  |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | | 19 | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  | **Grantee Activity Number:** | | | | | | | | | | | | | | | | | | | | | | | | |  | | **RH-001-06** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  | **Activity Title:** | | | | | | | | | | | | | | | | | | | | | | | | |  | | **Rental Assistance** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  | **Activity Type:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Activity Status:** | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  | | | |  |  |
|  | RHP - Lease, Rent, and Utilities | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Planned | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  | | | |  |  |
|  | **Project Number:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | **Project Title:** | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  | | | |  |  |
|  | RH-001 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | Recovery Housing Program - KY | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  | | | |  |  |
|  | **Projected Start Date:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Projected End Date:** | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  | | | |  |  |
|  | 01/17/2022 | | | | | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  | 01/17/2027 | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  | **Project Draw Block by HUD:** | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | | **Project Draw Block Date by HUD:** | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  | | | |  |  |
|  | Not Blocked | | | | | | | | | | | | | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  |  |
|  | **Activity Draw Block by HUD:** | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | | **Activity Draw Block Date by HUD:** | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  |  |
|  | Not Blocked | | | | | | | | | | | | | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  | **Block Drawdown By Grantee:** | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  | Not Blocked | | | | | | | | | | | | | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  | **National Objective:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  | LMC: Low Mod Limited Clientele | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  | **Total Budget:** | | | | | | | | | | | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  | **Grant Number** | | | | | | | | | | | | **Total Budget** | | | | | | | | | | | | | | | | | | | | | | | | |  | | **Most Impacted and Distressed Budget** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  | B-20-RH-21-0001 | | | | | | | | | | | | $ 0.00 | | | | | | | | | | | | | | | | | | | | | | | | |  | | $ 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  | B-21-RH-21-0001 | | | | | | | | | | | | $ 119,191.00 | | | | | | | | | | | | | | | | | | | | | | | | |  | | $ 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  | Total: | | | | | | | | | | | | **$ 119,191.00** | | | | | | | | | | | | | | | | | | | | | | | | |  | | **$ 0.00** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  | Other Funds: | | | | | | | | | | | | $ 0.00 | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  | Total: | | | | | | | | | | | | $ 119,191.00 | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  | **Benefit Report Type:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  | Direct (Person) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  |  | **Ancillary Activities** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  | **None** | | | |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  | **Proposed Beneficiaries** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Total** | | | | | | | | | |  |  | | **Mod** | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  | **Low** | | | **Low/Mod%** | | | | | | | | | | | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  | | | | | | | | | |  |  |
|  | # of Persons | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 13 | | | | | | | | | | 13 | | |  | | | | | | | | | | 100.00 | | | | | | | | | | | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  | **Proposed Accomplishments** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Total** | | |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  | # of Singlefamily Units | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  | # of Multifamily Units | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 13 | | |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  | # of Housing Units | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 13 | | |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | | 20 | | | | | | | | | | | | | | | | | | | | |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  |  | |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  | Facility or Group Home | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  | Increased residential capacity as # of beds | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 13 | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  | # of persons that transitioned to permanent housing | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 7 | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  | # of persons with additional disability | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  | **Proposed budgets for organizations carrying out Activity:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | |  |  |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  | **Responsible Organization** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Organization Type** | | | | | | | | **Proposed Budget** | | | | | | | | | | | | | | | | | |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  | Franklin County Women and Family Shelter Recovery Housing | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Non-Profit | | | | | | | | $ 119,191.00 | | | | | | | | | | | | | | | | | |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  | **Location Description:** | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  |  |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  | **Activity Description:** | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  | FCWS will provide rental assistance to 13 new clients entering their expanded due to new renovations, recovery housing program. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  |  |
|  |  | | | | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  | **Environmental Assessment:** | | | | | | | | | | | | | | | | | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  |  | EXEMPT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | | |  | |  |  |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  | **Environmental Reviews:** | | | | | | | | | | | | | | | |  | | | | None | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  | **Activity Attributes:** | | | | | | | | | | | | |  | | None | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  | **Activity Supporting Documents:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  | None | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | |  | | | | | |  | |  |  |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | |  | | |  | | | | | |  | |  |  |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  |  |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | | 21 | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  | **Grantee Activity Number:** | | | | | | | | | | | | | | | | | | | | | | | | |  | | **RH-001-07** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  | **Activity Title:** | | | | | | | | | | | | | | | | | | | | | | | | |  | | **Rehab Multi Unit Residential** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  | **Activity Type:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Activity Status:** | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  | | | |  |  |
|  | RHP - Rehab. and Reconstruction of Multi-Unit Residential | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Planned | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  | | | |  |  |
|  | **Project Number:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | **Project Title:** | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  | | | |  |  |
|  | RH-001 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | Recovery Housing Program - KY | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  | | | |  |  |
|  | **Projected Start Date:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Projected End Date:** | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  | | | |  |  |
|  | 01/17/2022 | | | | | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  | 09/01/2027 | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  | **Project Draw Block by HUD:** | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | | **Project Draw Block Date by HUD:** | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  | | | |  |  |
|  | Not Blocked | | | | | | | | | | | | | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  |  |
|  | **Activity Draw Block by HUD:** | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | | **Activity Draw Block Date by HUD:** | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  |  |
|  | Not Blocked | | | | | | | | | | | | | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  | **Block Drawdown By Grantee:** | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  | Not Blocked | | | | | | | | | | | | | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  | **National Objective:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  | LMC: Low Mod Limited Clientele | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  | **Total Budget:** | | | | | | | | | | | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  | **Grant Number** | | | | | | | | | | | | **Total Budget** | | | | | | | | | | | | | | | | | | | | | | | | |  | | **Most Impacted and Distressed Budget** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  | B-20-RH-21-0001 | | | | | | | | | | | | $ 0.00 | | | | | | | | | | | | | | | | | | | | | | | | |  | | $ 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  | B-21-RH-21-0001 | | | | | | | | | | | | $ 30,000.00 | | | | | | | | | | | | | | | | | | | | | | | | |  | | $ 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  | Total: | | | | | | | | | | | | **$ 30,000.00** | | | | | | | | | | | | | | | | | | | | | | | | |  | | **$ 0.00** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  | Other Funds: | | | | | | | | | | | | $ 0.00 | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  | Total: | | | | | | | | | | | | $ 30,000.00 | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  | **Benefit Report Type:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  | Direct (Person) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  |  | **Ancillary Activities** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  | **None** | | | |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  | **Proposed Beneficiaries** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Total** | | | | | | | | | |  |  | | **Mod** | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  | **Low** | | | **Low/Mod%** | | | | | | | | | | | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  | | | | | | | | | |  |  |
|  | # of Persons | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 6 | | | | | | | | | | 6 | | |  | | | | | | | | | | 100.00 | | | | | | | | | | | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  | **Proposed Accomplishments** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Total** | | |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  | # of Multifamily Units | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 6 | | |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  | # of Housing Units | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 6 | | |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  | Facility or Group Home | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | | 22 | | | | | | | | | | | | | | | | | | | | |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  |  | |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | |  |  | | | |  |  | |  | |  |  | |  | | | | | | | | | |  | | | | |  |  |  |  |  |  | | | |  |  |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  | Increased residential capacity as # of beds | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 6 | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  | # of persons that transitioned to permanent housing | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 4 | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  | # of persons with additional disability | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  | **Proposed budgets for organizations carrying out Activity:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | |  |  |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  | **Responsible Organization** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Organization Type** | | | | | | | | **Proposed Budget** | | | | | | | | | | | | | | | | | |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  | Isaiah House | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Non-Profit | | | | | | | | $ 30,000.00 | | | | | | | | | | | | | | | | | |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  | **Location Description:** | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  | Isaiah House plans to rehab a structure at 528 Alda Drive in Harrodsburg, KY creating six new recovery housing beds. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  |  |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  | **Activity Description:** | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  | Isaiah House plans to rehab a structure at 528 Alda Drive in Harrodsburg, KY creating six new recovery housing beds. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  |  |
|  |  | | | | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  | **Environmental Assessment:** | | | | | | | | | | | | | | | | | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  |  | UNDERWAY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | | |  | |  |  |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  | **Environmental Reviews:** | | | | | | | | | | | | | | | |  | | | | None | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  | **Activity Attributes:** | | | | | | | | | | | | |  | | None | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  | **Activity Supporting Documents:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  | None | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | |  | | | | | |  | |  |  |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | |  | | |  | | | | | |  | |  |  |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  |  |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | | 23 | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | |  | | |  | | |  | | | | | |  | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | | |  | | | |  |  | |  | | | | | | | |  | | | | | | | |  | | | |  |  |  |  |  |  | | | |  |  |
|  | **Grantee Activity Number:** | | | | | | | | | | | | | | | | | | | | | | | | |  | | **RH-001-08** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | | |  | | | |  |  | |  | | | | | | | |  | | | | | | | |  | | | |  |  |  |  |  |  | | | |  |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | | |  | | | |  |  | |  | | | | | | | |  | | | | | | | |  | | | |  |  |  |  |  |  | | | |  |  |
|  | **Activity Title:** | | | | | | | | | | | | | | | | | | | | | | | | |  | | **Administration** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | | |  | | | |  |  | |  | | | | | | | |  | | | | | | | |  | | | |  |  |  |  |  |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | | |  | | | |  |  | |  | | | | | | | |  | | | | | | | |  | | | |  |  |  |  |  |  | | | |  |  |
|  | **Activity Type:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Activity Status:** | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  | | | |  |  |
|  | Administration | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Planned | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  | | | |  |  |
|  | **Project Number:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | **Project Title:** | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  | | | |  |  |
|  | RH-001 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | Recovery Housing Program - KY | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  | | | |  |  |
|  | **Projected Start Date:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Projected End Date:** | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  | | | |  |  |
|  | 12/20/2021 | | | | | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | | |  | | | |  | 09/01/2027 | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | | |  | | | |  |  | |  | | | | | | | |  | | | | | | | |  | | | |  |  |  |  |  |  | | | |  |  |
|  | **Project Draw Block by HUD:** | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | | |  | | | | **Project Draw Block Date by HUD:** | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  | | | |  |  |
|  | Not Blocked | | | | | | | | | | | | | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | | |  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  |  |
|  | **Activity Draw Block by HUD:** | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | | |  | | | | **Activity Draw Block Date by HUD:** | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  |  |
|  | Not Blocked | | | | | | | | | | | | | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | | |  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | | |  | | | |  |  | |  | | | | | | | |  | | | | | | | |  | | | |  |  |  |  |  |  | | | |  |  |
|  | **Block Drawdown By Grantee:** | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | | |  | | | |  |  | |  | | | | | | | |  | | | | | | | |  | | | |  |  |  |  |  |  | | | |  |  |
|  | Not Blocked | | | | | | | | | | | | | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | | |  | | | |  |  | |  | | | | | | | |  | | | | | | | |  | | | |  |  |  |  |  |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | | |  | | | |  |  | |  | | | | | | | |  | | | | | | | |  | | | |  |  |  |  |  |  | | | |  |  |
|  | **National Objective:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | |  |  | |  | | | | | | | |  | | | | | | | |  | | | |  |  |  |  |  |  | | | |  |  |
|  | Not Applicable (for Planning/Administration or Unprogrammed Funds only) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | |  |  | |  | | | | | | | |  | | | | | | | |  | | | |  |  |  |  |  |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | | |  | | | |  |  | |  | | | | | | | |  | | | | | | | |  | | | |  |  |  |  |  |  | | | |  |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | | |  | | | |  |  | |  | | | | | | | |  | | | | | | | |  | | | |  |  |  |  |  |  | | | |  |  |
|  | **Total Budget:** | | | | | | | | | | | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | | |  | | | |  |  | |  | | | | | | | |  | | | | | | | |  | | | |  |  |  |  |  |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | | |  | | | |  |  | |  | | | | | | | |  | | | | | | | |  | | | |  |  |  |  |  |  | | | |  |  |
|  | **Grant Number** | | | | | | | | | | | | **Total Budget** | | | | | | | | | | | | | | | | | | | | | | | | |  | | **Most Impacted and Distressed Budget** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | | |  | | | |  |  | |  | | | | | | | |  | | | | | | | |  | | | |  |  |  |  |  |  | | | |  |  |
|  | B-20-RH-21-0001 | | | | | | | | | | | | $ 40,000.00 | | | | | | | | | | | | | | | | | | | | | | | | |  | | $ 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | | |  | | | |  |  | |  | | | | | | | |  | | | | | | | |  | | | |  |  |  |  |  |  | | | |  |  |
|  | B-21-RH-21-0001 | | | | | | | | | | | | $ 22,173.00 | | | | | | | | | | | | | | | | | | | | | | | | |  | | $ 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | | |  | | | |  |  | |  | | | | | | | |  | | | | | | | |  | | | |  |  |  |  |  |  | | | |  |  |
|  | Total: | | | | | | | | | | | | **$ 62,173.00** | | | | | | | | | | | | | | | | | | | | | | | | |  | | **$ 0.00** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | | |  | | | |  |  | |  | | | | | | | |  | | | | | | | |  | | | |  |  |  |  |  |  | | | |  |  |
|  | Other Funds: | | | | | | | | | | | | $ 0.00 | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | | |  | | | |  |  | |  | | | | | | | |  | | | | | | | |  | | | |  |  |  |  |  |  | | | |  |  |
|  | Total: | | | | | | | | | | | | $ 62,173.00 | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | | |  | | | |  |  | |  | | | | | | | |  | | | | | | | |  | | | |  |  |  |  |  |  | | | |  |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | | |  | | | |  |  | |  | | | | | | | |  | | | | | | | |  | | | |  |  |  |  |  |  | | | |  |  |
|  | **Benefit Report Type:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | |  |  | |  | | | | | | | |  | | | | | | | |  | | | |  |  |  |  |  |  | | | |  |  |
|  | NA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | |  |  | |  | | | | | | | |  | | | | | | | |  | | | |  |  |  |  |  |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | | |  | | | |  |  | |  | | | | | | | |  | | | | | | | |  | | | |  |  |  |  |  |  | | | |  |  |
|  |  | **Ancillary Activities** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | |  | | | |  | | | | | | |  | | | |  |  | |  | | | | | | | |  | | | | | | | |  | | | |  |  |  |  |  |  | | | |  |  |
|  | **None** | | | |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | | |  | | | |  |  | |  | | | | | | | |  | | | | | | | |  | | | |  |  |  |  |  |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | | |  | | | |  |  | |  | | | | | | | |  | | | | | | | |  | | | |  |  |  |  |  |  | | | |  |  |
|  | **Proposed budgets for organizations carrying out Activity:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  |  |  |  |  |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | | |  | | | |  |  | |  | | | | | | | |  | | | | | | | |  | | | |  |  |  |  |  |  | | | |  |  |
|  | **Responsible Organization** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Organization Type** | | | | | | | | **Proposed Budget** | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | | |  | | | |  |  | |  | | | | | | | |  | | | | | | | |  | | | |  |  |  |  |  |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | | 24 | | | | | | | | | | | | | | | | | | | | |  | | | |  |  | |  | | | | | | | |  | | | | | | | |  | | | |  |  |  |  |  |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | | |  | | | |  |  | |  | | | | | | | |  | | | | | | | |  | | | |  |  |  |  |  |  | | | |  |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | | |  | | | |  |  | |  | | | | | | | |  | | | | | | | |  | | | |  |  |  |  |  |  | | | |  |  |
|  |  | |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | | |  | | | |  |  | |  | | | | | | | |  | | | | | | | |  | | | |  |  |  |  |  |  | | | |  |  |
|  |  |  |  |  |  | | | | | |  | |  | | | | |  | | | | | |  | |  | |  | |  | | | | |  | | |  | |  | | | |  | | | | | | |  | | | |  |  | |  | | | | | | | |  | | | | | | | |  | | | |  |  |  |  |  |  | | | |  |  |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  |  | | | |  | | | | | | |  | | | | | | | |  | |  | | |  | | | | | |  | | |  | |  |  | | | | | | |  | |
|  | Commonwealth of KY-Dept. for Local Government | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | State Agency | | | | | | | | $ 62,173.00 | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  |  | | | |  | | | | | | |  | | | | | | | |  | |  | | |  | | | | | |  | | |  | |  |  | | | | | | |  | |
|  | **Location Description:** | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | |  | | | | | | |  | | | | |  |  | | | |  | | | | | | |  | | | | | | | |  | |  | | |  | | | | | |  | | |  | |  |  | | | | | | |  | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  |  | | | | | | |  | |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  |  | | | |  | | | | | | |  | | | | | | | |  | |  | | |  | | | | | |  | | |  | |  |  | | | | | | |  | |
|  | **Activity Description:** | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | |  | | | | | | |  | | | | |  |  | | | |  | | | | | | |  | | | | | | | |  | |  | | |  | | | | | |  | | |  | |  |  | | | | | | |  | |
|  | KY Department for Local Government staff time and expenses for RHP project administration. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  |  | | | | | | |  | |
|  |  | | | | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  |  | | | |  | | | | | | |  | | | | | | | |  | |  | | |  | | | | | |  | | |  | |  |  | | | | | | |  | |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  |  | | | |  | | | | | | |  | | | | | | | |  | |  | | |  | | | | | |  | | |  | |  |  | | | | | | |  | |
|  | **Environmental Assessment:** | | | | | | | | | | | | | | | | | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  |  | | | |  | | | | | | |  | | | | | | | |  | |  | | |  | | | | | |  | | |  | |  |  | | | | | | |  | |
|  |  | EXEMPT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | |  | |  |  | | | | | | |  | |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  |  | | | |  | | | | | | |  | | | | | | | |  | |  | | |  | | | | | |  | | |  | |  |  | | | | | | |  | |
|  | **Environmental Reviews:** | | | | | | | | | | | | | | | |  | | | | None | | | | | | | | | | | | | | | | | | | |  | | | | |  |  | | | |  | | | | | | |  | | | | | | | |  | |  | | |  | | | | | |  | | |  | |  |  | | | | | | |  | |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  |  | | | |  | | | | | | |  | | | | | | | |  | |  | | |  | | | | | |  | | |  | |  |  | | | | | | |  | |
|  | **Activity Attributes:** | | | | | | | | | | | | |  | | None | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | | | |  | | | | | | |  | | | | | | | |  | |  | | |  | | | | | |  | | |  | |  |  | | | | | | |  | |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  |  | | | |  | | | | | | |  | | | | | | | |  | |  | | |  | | | | | |  | | |  | |  |  | | | | | | |  | |
|  | **Activity Supporting Documents:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | |  |  | | | |  | | | | | | |  | | | | | | | |  | |  | | |  | | | | | |  | | |  | |  |  | | | | | | |  | |
|  | None | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | | |  | | |  | |  |  | | | | | | |  | |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | |  | | | | | |  | | |  | |  |  | | | | | | |  | |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  |  | | | |  | | | | | | |  | | | | | | | |  | |  | | |  | | | | | |  | | |  | |  |  | | | | | | |  | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  |  | | | | | | |  | |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  |  | | | |  | | | | | | |  | | | | | | | |  | |  | | |  | | | | | |  | | |  | |  |  | | | | | | |  | |
|  | **Action Plan History** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  |  | | | |  | | | | | | |  | | | | | | | |  | |  | | |  | | | | | |  | | |  | |  |  | | | | | | |  | |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  | **Date** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | |  |  | | | | | | |  | |
|  | RHP-KY AP#1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | |  |  | | | | | | |  | |
|  |  | | | |  | | | | | | |  | | | | | | | |  | |  | | |  | | | | | |  | | |  | |  |  | | | | | | |  | |
|  | 04/26/2022 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | |  |  | | | | | | |  | |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  |  | | |  | |  |  | | | | | | |  | |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  |  | | | |  | | | | | | |  | | | | | | | |  | |  | | |  | | | | | |  | | |  | |  |  | | | | | | |  | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  |  | | | |  | | | | | | |  | | | | | | | |  | |  | | |  | | | | | |  | | |  | |  |  | | | | | | |  | |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | | 25 | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | |  | |  | | |  | | | | | |  | | |  | |  |  | | | | | | |  | |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  |  | | | |  | | | | | | |  | | | | | | | |  | |  | | |  | | | | | |  | | |  | |  |  | | | | | | |  | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  |  | | | |  | | | | | | |  | | | | | | | |  | |  | | |  | | | | | |  | | |  | |  |  | | | | | | |  | |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  |  | | | |  | | | | | | |  | | | | | | | |  | |  | | |  | | | | | |  | | |  | |  |  | | | | | | |  | |
|  |  | |  |  | | | |  | | | | | |  | |  |  | | | |  |  | | | | | |  | |  | | | |  | | | | | | |  | | | | |  |  | | | |  | | | | | | |  | | | | | | | |  | |  | | |  | | | | | |  | | |  | |  |  | | | | | | |  | |