

Before Starting the CoC Application

The CoC Consolidated Application consists of three parts, the CoC Application, the CoC Priority Listing, and all the CoC's project applications that were either approved and ranked, or rejected. All three must be submitted for the CoC Consolidated Application to be considered complete.

The Collaborative Applicant is responsible for reviewing the following:

1. The FY 2018 CoC Program Competition Notice of Funding Available (NOFA) for specific application and program requirements.
2. The FY 2018 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
3. All information provided to ensure it is correct and current.
4. Responses provided by project applicants in their Project Applications.
5. The application to ensure all documentation, including attachment are provided.
6. Questions marked with an asterisk (*), which are mandatory and require a response.

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1A-1. CoC Name and Number: MA-505 - New Bedford CoC

1A-2. Collaborative Applicant Name: City of New Bedford

1A-3. CoC Designation: CA

1A-4. HMIS Lead: City of New Bedford

1B. Continuum of Care (CoC) Engagement

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1B-1. CoC Meeting Participants. For the period from May 1, 2017 to April 30, 2018, using the list below, applicant must: (1) select organizations and persons that participate in CoC meetings; and (2) indicate whether the organizations and persons vote, including selecting CoC Board members.

Organization/Person Categories	Participates in CoC Meetings	Votes, including selecting CoC Board Members
Local Government Staff/Officials	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes
Law Enforcement	Yes	Yes
Local Jail(s)	No	No
Hospital(s)	Yes	Yes
EMS/Crisis Response Team(s)	Yes	No
Mental Health Service Organizations	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes
Affordable Housing Developer(s)	Yes	Yes
Disability Service Organizations	Yes	Yes
Disability Advocates	Yes	Yes
Public Housing Authorities	Yes	Yes
CoC Funded Youth Homeless Organizations	Not Applicable	No
Non-CoC Funded Youth Homeless Organizations	Yes	Yes
Youth Advocates	Yes	Yes
School Administrators/Homeless Liaisons	Yes	Yes
CoC Funded Victim Service Providers	Yes	Yes
Non-CoC Funded Victim Service Providers	Yes	Yes
Domestic Violence Advocates	Yes	Yes
Street Outreach Team(s)	Yes	Yes
Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates	Yes	Yes
LGBT Service Organizations	Yes	Yes
Agencies that serve survivors of human trafficking	Yes	Yes
Other homeless subpopulation advocates	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes
Mental Illness Advocates	Yes	Yes
Substance Abuse Advocates	Yes	Yes

Other:(limit 50 characters)		
FAITH COMMUNITY, MOBILE STREET OUTREACH	Yes	Yes
BUSINESS COMMUNITY	Yes	Yes
ELDERLY (COASTLINE ELDERLY SERVICES)	Yes	Yes

1B-1a. Applicants must describe the specific strategy the CoC uses to solicit and consider opinions from organizations and/or persons that have an interest in preventing or ending homelessness. (limit 2,000 characters)

The small size of the New Bedford CoC and its correlating geographic area lends itself to tight connections within the community, establishing a keen familiarity between those invested in, and/or engaged with, preventing and ending homelessness. Nevertheless, the CoC strategically reaches into the community on an ongoing basis to ensure, nurture, strengthen and broaden those relationships and the participation of all in prevention and the ending of homelessness. In soliciting/considering opinions from organizations and/or persons having such an interest, the CoC undertakes multiple outreach tacks that include, but aren't limited to: targeted outreach to subpopulations not being represented on a regular basis at CoC meetings such as LGBTQ allies and the NB Youth Alliance; periodic, targeted meetings with the editorial board from the local paper; ongoing website invitation to participate in CoC meetings; social media presence including Twitter and Facebook postings inviting participation; annual New Bedford Connect event bringing together multiple resources/orgs not part of the formal CoC process; website presence at www.riseupforhomes.com and www.nbhspn.com providing a way for people to reach out and communicate with the CoC; trainings conducted for orgs who haven't been traditionally involved w/the CoC; training for volunteers new to homelessness systems/care providing support to the city's winter overflow shelter; training related to Coordinated Entry/Assessment; and an open forum on the CoC's agenda every month to solicit community input. Membership in the HSPN (CoC) is open and all are encouraged to participate.

**1B-2.Open Invitation for New Members. Applicants must describe:
(1) the invitation process;
(2) how the CoC communicates the invitation process to solicit new members;
(3) how often the CoC solicits new members; and
(4) any special outreach the CoC conducted to ensure persons experiencing homelessness or formerly homeless persons are encouraged to join the CoC.
(limit 2,000 characters)**

Membership in the New Bedford CoC (through the Homeless Service Provider's Network—HSPN) is free and open to all without exception. The CoC's strategy has been, and continues to be, the broadening of its reach and an increase in its diversity. (1) The invitation process is an extremely easy one in order to minimize any barriers to membership and to encourage new and renewed participation in the CoC. A single page membership application that identifies the mission of the HSPN, the work that it undertakes, the CoC's goal of

preventing and ending homelessness and a “pledge” to participate in the CoC is made available in a variety of locations and formats. All that is required is contact information (so that we can identify who is “at the table” and provide updates and information going forward) and a signature. The form is then provided either electronically, by mail or in person to the CoC’s administering entity, the City of New Bedford’s Department of Planning, Housing & Community Development (DPHCD). The DPHCD then ensures member information is recorded in its CoC data base and that email addresses are added to the CoC listserve. There is no member/applicant cost whatsoever. (2) The invitation process is communicated through an annual email blast sent via several different community listserve groups identifying the HSPN, its work, its website and the goal of ending homelessness. The estimated reach of the email blast is a minimum of 1,000 recipients. Additional invitations are made through social media. (3) The CoC solicits new members annually and follows a calendar year for a membership term. (4) CoC members are asked to bring someone new to CoC meetings to ensure inclusion of a broad and diverse membership. Similarly, direct outreach is made to agency representatives, housing advocates, homeless advocates, etc. requesting their assistance in inviting folks they serve to connect with the CoC to ensure those with lived experience are well represented.

1B-3.Public Notification for Proposals from Organizations Not Previously Funded. Applicants must describe how the CoC notified the public that it will accept and consider proposals from organizations that have not previously received CoC Program funding, even if the CoC is not applying for new projects in FY 2018, and the response must include the date(s) the CoC publicly announced it was open to proposals. (limit 2,000 characters)

Public notification for proposals from orgs not previously funded is of paramount importance in the CoC’s RFP process. First, with the assistance of the City’s DPHCD, the CoC publicly presented options for technical assistance for new agencies prior to the announcement of funding in order to develop new and/or consider the expansion of existing projects. An example of such technical assistance during this current round was with the CoC’s only provider of housing and services for those fleeing domestic violence who expressed an interest in a new project. One-on-one technical assistance was offered both prior to the issuance of the CoC’s RFP as well as after it was issued. Secondly, notification as to the availability of an RFP for new (and renewal) projects was made on Friday, June 29, 2018 via multiple email blasts that went out to an estimated 1,000 people/organizations. Posting of competition info (including that the CoC would accept proposals, the RFP, itself, etc.) were placed on two websites—both the city’s website at <http://www.newbedford-ma.gov/planning-housing-community-development/> and the CoC’s website at www.nbhspn.com. Third, the CoC announced it would be accepting and considering proposals from organizations that previously haven’t received funding in any CoC Competition via the issued RFP during both the June and July 2018 public continuum meetings. Fourth, new this year was an Applicant Conference held July 9, 2018 where anyone interested in applying for a new (or renewal) project was invited to learn more about the application process, the RFP, and the application. Finally, during the City of New Bedford’s two Annual Action Plan public meetings in January 2018, the prospect of submitting a proposal for a new project and the opportunity for someone who had not previously been

awarded funding were both discussed, and a public invitation to participate in the CoC and consider a funding opportunity later in the year was extended.

1C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1C-1. CoCs Coordination, Planning, and Operation of Projects. Applicants must use the chart below to identify the federal, state, local, private, and other organizations that serve individuals, families, unaccompanied youth, persons who are fleeing domestic violence who are experiencing homelessness, or those at risk of homelessness that are included in the CoCs coordination, planning, and operation of projects.

Entities or Organizations the CoC coordinates planning and operation of projects	Coordinates with Planning and Operation of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Not Applicable
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Yes
Head Start Program	Yes
Funding Collaboratives	Yes
Private Foundations	Yes
Housing and services programs funded through U.S. Department of Justice (DOJ) Funded Housing and Service Programs	Yes
Housing and services programs funded through U.S. Health and Human Services (HHS) Funded Housing and Service Programs	Yes
Housing and service programs funded through other Federal resources	Yes
Housing and services programs funded through State Government	Yes
Housing and services programs funded through Local Government	Yes
Housing and service programs funded through private entities, including foundations	Yes
Other:(limit 50 characters)	
FEDERAL COMBINED AND UNITED WAY	Yes
FAITH COMMUNITY	Yes

1C-2. CoC Consultation with ESG Program Recipients. Applicants must describe how the CoC:

- (1) consulted with ESG Program recipients in planning and allocating ESG funds; and**
 - (2) participated in the evaluating and reporting performance of ESG Program recipients and subrecipients.**
- (limit 2,000 characters)**

(1) The first way in which the CoC connects with ESG program recipients (technically subrecipients because the city is the recipient) in the planning and allocation of ESG funds stems from the CoC’s administrative arm (City of New Bedford’s Department of Planning, Housing & Community Development or

DPHCD) whose staff is also responsible for administering the ESG program for the City (constituting all of the CoC's geographic area). In addition to this administrative liaison, ESG program recipients are, themselves, all actively engaged in the planning and allocation of ESG funds. By virtue of being a small continuum, each program agency receiving funds also sits as a member of the CoC and the majority of ESG program directors have been elected to the CoC Executive Board. The CoC's Executive Board recently drafted a Strategic Plan which was reviewed and approved of by the CoC membership. The Strategic Plan includes specific considerations related to the allocation of ESG funding including initiatives focused on homeless prevention, rapid rehousing, street outreach and shelter system and it is now being implemented. In this way there is a clear connection between the CoC, ESG program recipients and the continuum's planning and allocation of ESG funds.

(2) The CoC participates in evaluating and performance reporting/reviews of ESG recipients/subrecipients through its own Performance Review Committee (PRC, members of which are not part of organizations receiving any CoC or ESG funding). All ESG decisions are reviewed and approved by the CoC's PRC and all ESG programs are monitored on an ongoing basis by the DPHCD. The efficacy of these programs, particularly evidenced through data reports shared with and presented to the CoC during member meetings, has been valuable in helping everyone understand the value of performance not only to ESG programs, themselves, but to the entire CoC system as a whole.

1C-2a. Providing PIT and HIC Data to Consolidated Plan Jurisdictions. Did the CoC provide Point-in-Time (PIT) and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions within its geographic area? Yes to both

1C-2b. Providing Other Data to Consolidated Plan Jurisdictions. Did the CoC provide local homelessness information other than PIT and HIC data to the jurisdiction(s) Consolidated Plan(s)? Yes

1C-3. Addressing the Safety Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors. Applicants must describe:

(1) the CoC's protocols, including the existence of the CoC's emergency transfer plan, that prioritizes safety and trauma-informed, victim-centered services to prioritize safety; and

**(2) how the CoC maximizes client choice for housing and services while ensuring safety and confidentiality.
(limit 2,000 characters)**

(1) The New Bedford Continuum's protocols focus on ensuring everyone seeking services for Domestic Violence, Dating Violence, Sexual Assault, Trafficking and Stalking Survivors receives immediate assistance to ensure safety during their crisis. The CoC's emergency transfer plan involves frequent communication between the Coordinated Entry program staff and the CoC's

(only) Domestic Violence shelter allowing and ensuring a smooth transition for someone seeking services. All Coordinated Entry program staff have received training in prioritizing safety and providing trauma-informed and victim-centered services in order to ensure best practices and compassionate, clear and safety-driven outcomes. As part of the emergency transfer plan, all survivors (of Domestic Violence, Dating Violence, Trafficking, Sexual Assault, and Stalking) are directed to make contact with the local Domestic Violence provider and Coordinated Entry staff facilitates that contact when it is safe and necessary. In addition, the continuum has access to legal services to assist those who are undocumented when needing specialized assistance in these areas. Undocumented survivors can be scheduled to meet with an attorney specializing in immigration issues to assist with filing as a victim of crime for status in the country. (2) While, it is often necessary to place a household in an undisclosed location due to safety concerns, the Continuum strives to ensure the household have a choice in how they wish to ensure their safety. They are not turned away from shelters due to their status; instead if there is no space in the domestic violence shelters, the local shelter works to ensure the victim creates a safety plan with the shelter to remain while needed.

1C-3a. Applicants must describe how the CoC coordinates with victim services providers to provide annual training to CoC area projects and Coordinated Entry staff that addresses best practices in serving survivors of domestic violence, dating violence, sexual assault, and stalking. (limit 2,000 characters)

The local provider of domestic violence services provides an annual training about available community resources during a regular member CoC meeting so non-victim service providers are updated on all relevant Fed/State/Local laws and offers an annual best-practices training on domestic violence, dating violence, stalking and sexual assault for CoC providers (outside of regular CoC meetings). Individual CoC housing and/or supportive service providers conduct annual agency-specific trainings (in-service trainings) to provide robust, periodic training around serving survivors, etc. The CoCs Coordinated Entry staff are mandated to participate in the annual trainings offered and are provided ongoing technical assistance and supervision that addresses survivor protocols through the coordinated entry/assessment process. Procedure/protocols for working with survivors of domestic violence, dating violence, stalking, trafficking, and sexual assault are all a part of the CoC's triage/intake process used in the New Bedford CoC's Coordinated Entry system.

1C-3b. Applicants must describe the data the CoC uses to assess the scope of community needs related to domestic violence, dating violence, sexual assault, and stalking, including data from a comparable database. (limit 2,000 characters)

The New Bedford CoC relies on data from a variety of sources in assessing the scope of community needs that exist relating to domestic violence, dating violence, sexual assault and stalking.

- Data collected in aggregated format (from SafeLink network). This data is incorporated into CoC data collection to ensure comprehensive and ongoing representation of the domestic violence survivor cohort so as to ensure strategically-placed initiatives can be developed.

- Data collected from CDBG funded DV advocate with the NB Police Dept.
- Anecdotal data from three different types of groups: Providers of domestic violence services, police and court; folks that work within multiple systems on behalf of their clients who identify as part of this cohort; other human service providers, those trained to work with survivors in general but not at the more intense level typically associated with providers of domestic violence services; other persons not falling into these previous groups; those who may find themselves in a position of being confided in or turned to for advice/referrals (such as might be the case with a human resources staff member or university staff member).
- Data from community gatherings, public forums, outreach through surveys, etc.
- Data collected by Community Services through the City
- Coordinated Entry data
- PIT/HIC Count annual data collections
- LGBTQ Allies' data

The Planning Grant project application in this FY18 round includes a request for an Assets and Needs Report that includes analysis and recommendations for understanding existing housing and service levels and community needs around domestic violence, trafficking, dating violence, sexual assault and stalking in the New Bedford CoC.

**1C-4. DV Bonus Projects. Is your CoC Yes
 applying for DV Bonus Projects?**

1C-4a. From the list, applicants must indicate the type(s) of DV Bonus project(s) that project applicants are applying for which the CoC is including in its Priority Listing.

SSO Coordinated Entry	<input type="checkbox"/>
RRH	<input checked="" type="checkbox"/>
Joint TH/RRH	<input type="checkbox"/>

1C-4b. Applicants must describe:

- (1) how many domestic violence survivors the CoC is currently serving in the CoC's geographic area;
- (2) the data source the CoC used for the calculations; and
- (3) how the CoC collected the data.
 (limit 2,000 characters)

1)The New Bedford CoC is currently serving 165 survivors of domestic violence out of a total 701 persons (currently defined as being the past 180 days). These are self-identified persons in both family and single households. The adult-only total is 107 persons. Of the total 165 survivors, 165 or 100% are receiving housing and/or supportive service assistance. In addition, in FY17 the DV Advocate with the New Bedford Police Department served 2,633 people identifying as victims/survivors of domestic violence. While this is a full year's statistic, it is reasonable to assume that at least 1,300 people would have been served within the last 180 days. (Currently there is no data as to the

percentage of those individuals in need of housing/services; recognizing this the CoC will work with the NBPD to enhance their data so that the CoC might have a clearer understanding as to numbers.

2)Outside of the aforementioned police data, the data source used by the New Bedford CoC to arrive at this number is its HMIS data for active clients in Emergency Shelter, RRH and PSH programs. As part of the CoC's coordinated entry system, all clients complete a screening assessment which includes questions to assess if clients are currently fleeing/attempting to flee domestic violence, dating violence, etc. This data, in combination with the data collected through HMIS is used to assess the scope and needs related to domestic violence for the CoC.

3)The CoC collected the data by analyzing clients in the HMIS who offered an affirmative response to the program specific data elements of "domestic violence victim/survivor" and "currently fleeing."

1C-4c. Applicants must describe:

- (1) how many domestic violence survivors need housing or services in the CoC's geographic area;**
 - (2) data source the CoC used for the calculations; and**
 - (3) how the CoC collected the data.**
- (limit 2,000 characters)**

1)As of September 1, 2018, the New Bedford CoC's HMIS data revealed that there were a total of 701 persons present in the CoC's system who comprised a total of 520 households. Of those, 122 households (23%) were households with identified DV characteristics. Of the identified 122 DV households, 114 (93%) were in need of housing assistance. These 114 households needing and receiving housing assistance constitute 22% of the total number of PSH funded households across the CoC on that date.

2)Data used to calculate these figures was obtained from New Bedford's HMIS data for all active clients in Emergency Shelter, RRH, Transitional Housing and PSH. As part of the CoC's coordinated entry system, all clients complete a screening assessment which includes questions to assess if clients are currently fleeing/attempting to flee domestic violence, dating violence, etc. This data, in combination with the data collected in CMIS, can be (or is being) used to assess the scope and needs related to domestic violence.

3)The CoC collected the data by analyzing clients in the HMIS with an affirmative response to the Program Specific Data Elements of "domestic violence victim/survivor" and "currently fleeing."

1C-4d. Based on questions 1C-4b. and 1C-4c., applicant must:

- (1) describe the unmet need for housing and services for DV survivors, or if the CoC is applying for an SSO-CE project, describe how the current Coordinated Entry is inadequate to address the needs of DV survivors;**
 - (2) quantify the unmet need for housing and services for DV survivors;**
 - (3) describe the data source the CoC used to quantify the unmet need for housing and services for DV survivors; and**
 - (4) describe how the CoC determined the unmet need for housing and services for DV survivors.**
- (limit 3,000 characters)**

1)As is true for the Commonwealth of MA as a whole, the New Bedford CoC

recognizes that there are a significant number of households who are unable to access safe emergency shelter when fleeing domestic violence. Shelter beds remain full and those attempting to access are unable to do so, which may create a dangerous situation for someone attempting to flee. The CoC's Coordinated Entry System regularly logs in individuals/households fleeing situations of domestic violence and finds no bed openings available in the only dedicated domestic violence shelter in the CoC creating extraordinarily challenging circumstances. When fleeing domestic violence often the household must reestablish their entire household including financial security. Additional resources are needed to rapidly rehouse those fleeing DV including resources to help them work through the trauma of the domestic violence while not repeating the patterns of becoming a victim of domestic violence. Resources including additional therapy, case management and supportive services for all members of the household are particularly instrumental. What remains at issue, however, is the lack of such housing and supportive resources within the CoC despite the persistent need evidenced through coordinated entry intake and direct contacts made to the only DV provider shelter in the CoC.

2)An example of the unmet need is that the NB CoC had zero openings for RRH or PH units on September 1st (see questions 1C-4c and 1C-4d). Despite the clear need of 114 people in need of housing/services, none was available. A further example is that there were also no such openings throughout August of 2018 when 10 calls came in to the coordinated entry system identifying as fleeing situations of domestic violence (assistance with safety planning was offered but no housing was available within the NB CoC.) The Women's Center emergency shelter remains full at least 98% of the time forcing households to move out of the area for shelter placement even when it is safe for them to remain in their home town.

3)For the purposes of this question, the CoC relied on data extracted from its HMIS as well as its Coordinated Entry system.

1C-4e. Applicants must describe how the DV Bonus project(s) being applied for will address the unmet needs of domestic violence survivors. (limit 2,000 characters)

The NB CoC recognizes housing and safety as primary concerns for individuals/heads of households fleeing or attempting to flee domestic violence. Only in the wake of an established stability and a sense of security for survivors (both adults and children) can the healing of domestic violence begin. Such a safe environment is created when survivors are given safe, decent housing and the supportive services needed to address/heal the trauma of domestic violence. Unfortunately while there are 294 permanent housing beds in 130 housing units and another 280 beds within 116 RRH units in the NB Continuum of Care (574 beds within 246 units total) there are NO PH beds of either type specifically offered for survivors of DV within the CoC. Additionally, the only certified provider of DV services has NO PH or RRH beds/units.

The proposed DV Bonus project will help increase the number of people who can attain a sense of security by assisting them achieve safe housing and the support that will help them move toward independent PH away from their abuser. The DV Bonus project will help survivors overcome barriers being currently faced (by virtue of a lack of funding) for rental deposits, first month rent, etc. and will also help mitigate/overcome barriers survivors often face coming out of situations where their abusers have wielded control over them

financially, work-wise and even educationally. The DV Bonus project will leverage funding for housing/supportive services by continuing its close relationships and partnerships with other CoC agencies as well as those at a regional and statewide level.

Most significantly, the DV Bonus project will provide the resources/housing survivors need to safely stabilize and move forward in their lives without returning to an abusive situation. Frankly put, the DV Bonus will save lives through these interventions, initiatives and safe alternatives for survivors of domestic violence and their children.

1C-4f. Applicants must address the capacity of each project applicant applying for DV bonus projects to implement a DV Bonus project by describing:

- (1) rate of housing placement of DV survivors;**
 - (2) rate of housing retention of DV survivors;**
 - (3) improvements in safety of DV survivors; and**
 - (4) how the project applicant addresses multiple barriers faced by DV survivors.**
- (limit 4,000 characters)**

1) The rate of housing placement has not been recorded by all project subrecipients, but the CoC's Coordinated Entry system reports that 6% of placements made through Coordinated Entry since September 1, 2018 have been households exiting/fleeting situations of domestic violence. Additional efforts are currently underway through the CoC lead (City's Department of Planning Housing & Community Development--DPHCD), the CoC's Coordinated Entry system and the CoC's HMIS system (which is currently in the data migration phase as it changes over to its new vendor, CaseWorthy) to collect and examine data specific to DV populations as this has not been systemically or regularly undertaken in the past. The DPHCD is also looking to access data in aggregate format from the state's SafeLink system in a format that can be folded in to the new HMIS system.

2) The NB CoC's system performance measures show that the rate of housing retention (increasing the percentage of persons who exit to or retain permanent housing from emergency shelter, transitional housing and rapid rehousing) in 2017 hovered around 49% while those exiting to or retaining permanent housing enjoyed a high success rate. Although DV survivor metrics were not captured in a compatible format it is reasonable to assume that at least those who were retaining permanent housing were largely enjoying success. It is important to recall, however, that there are no specific DV PH or RRH programs within this CoC so any survivors were part of other programs. Housing retention increases significantly when CoC funding and case management is available to help households maintain safe, independent housing.

3) The one existing DV provider (The Women's Center who is putting forth the DV Bonus Project in this round) provides a secure location/s for survivors that include security protocols, alarm systems, and surveillance. A lack of long term housing following emergency shelter leaves clients vulnerable to continued abuse. When advocating with a survivor, shelter staff ask clients to respond if they feel safer after working with an advocate and if they feel more informed about how to access the resources they need. Consistently, survivors respond affirmatively to both questions almost unanimously. Safety significantly increased when survivors were no longer in a situation which forced them to

choose between being homeless and being safe.
 4) The DV Bonus Project applicant has found that largely survivors of domestic violence respond to multiple and complex needs through comprehensive, voluntary services that they can access as they deem appropriate and suitable to their circumstances. Existing DV shelter programs and services offer survivors the means to acquire necessary life skills, relationship building, counseling, support groups and an array of support services while connecting them with additional community resources to continue the process to independence. In many cases the survivors don't have a viable support network.
 Unfortunately, if survivors choose to remove themselves from the abusive situation they need to become financially independent, but may have never finished school, held a job, or planned and lived on a budget. The DV Bonus Project applicant has years of nuanced skills in collaborating throughout the community with programs and partners that can deliver a wide menu of programming and resources to each survivor in a way that meaningfully addresses their own concerns and desires thereby ensuring the tools they need to move toward a secure and safe future.

1C-5. PHAs within CoC. Applicants must use the chart to provide information about each Public Housing Agency (PHA) in the CoC's geographic areas:

- (1) Identify the percentage of new admissions to the Public Housing or Housing Choice Voucher (HCV) Programs in the PHA who were experiencing homelessness at the time of admission;**
- (2) Indicate whether the PHA has a homeless admission preference in its Public Housing and/or HCV Program; and**
- (3) Indicate whether the CoC has a move on strategy. The information should be for Federal Fiscal Year 2017.**

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program during FY 2017 who were experiencing homelessness at entry	PHA has General or Limited Homeless Preference	PHA has a Preference for current PSH program participants no longer needing intensive supportive services, e.g. move on?
NEW BEDFORD HOUSING AUTHORITY	79.60%	Yes-Public Housing	No
MA DHCD	17.00%	Yes-HCV	No
DARTMOUTH HOUSING AUTHORITY	1.00%	Yes-HCV	No
FALL RIVER HOUSING AUTHORITY	0.00%	Yes-HCV	No

If you select "Yes--Public Housing," "Yes--HCV," or "Yes--Both" for "PHA has general or limited homeless preference," you must attach documentation of the preference from the PHA in order to receive credit.

1C-5a. For each PHA where there is not a homeless admission preference in their written policy, applicants must identify the steps the CoC has taken to encourage the PHA to adopt such a policy. (limit 2,000 characters)

N/A. Each of the PHAs with housing in New Bedford have homeless

preferences within their policies.

1C-5b. Move On Strategy with Affordable Housing Providers. Does the CoC have a Move On strategy with affordable housing providers in its jurisdiction (e.g., multifamily assisted housing owners, PHAs, Low Income Tax Credit (LIHTC) developments, or local low-income housing programs)? No

1C-6. Addressing the Needs of Lesbian, Gay, Bisexual, Transgender (LGBT). Applicants must describe the actions the CoC has taken to address the needs of Lesbian, Gay, Bisexual, and Transgender individuals and their families experiencing homelessness. (limit 2,000 characters)

The CoC actively and intentionally worked to address the needs of Lesbian, Gay, Bixexual, Transgender and Questioning (LGBTQ) individuals within the continuum over the past year in its efforts to implement its CoC-wide anti-discrimination policy affecting all projects regardless of funding source. In so doing the New Bedford CoC undertook the following actions: (1) In adopting a revised version of its Governance Bylaws (that had already included specific language in Article VI prohibiting discrimination including lesbian, gay, bisexual and transgender individuals and their families), the continuum membership had an open discussion at one of its monthly meetings reiterating this provision and addressing outstanding questions, concerns and clarifications. (2) All CoC and ESG funded programs are required to include language prohibiting any form of discrimination against the LGBTQ community/individuals in their program operation materials. (3)All ESG/CoC administrators, intake staff and case managers within ESG/CoC programs have been provided with the January 2017 HUD federal webinar on February 23, 2017 on Equal Access/Gender Identity Rules Training. The webinar link was sent via email to all CoC/ESG providers and included additional resources provided on the HUD exchange. (4) All CoC/ESG providers must implement an anti-discrimination policy in accordance with the Equal Access/Gender Identify Final Rules. (5) Technical assistance to ensure successful implementation has been made available through the City's DPHCD (the entity whose responsibility it is to ensure monitoring for compliance with the anti-discrimination policy). (6) The President of the local LGBTQ organization—the SouthCoast LGBTQ Network—offered a presentation during PRIDE month to the HSPN membership at its regular monthly meeting and worked to demystify a number of elements raised during this important discussion.

1C-6a. Anti-Discrimination Policy and Training. Applicants must indicate if the CoC implemented a CoC-wide anti-discrimination policy and conducted CoC-wide anti-discrimination training on the Equal Access Final Rule and the Gender Identity Final Rule.

1. Did the CoC implement a CoC-wide anti-discrimination policy that applies to all projects regardless of funding source?	Yes
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2. Did the CoC conduct annual CoC-wide training with providers on how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity (Equal Access Final Rule)?	Yes
3. Did the CoC conduct annual CoC-wide training with providers on how to effectively implement Equal Access to Housing in HUD Programs in Accordance with an Individual's Gender Identity (Gender Identity Final Rule)?	Yes

1C-7. Criminalization of Homelessness. Applicants must select the specific strategies the CoC implemented to prevent the criminalization of homelessness in the CoC's geographic area. Select all that apply.

Engaged/educated local policymakers:	<input checked="" type="checkbox"/>
Engaged/educated law enforcement:	<input checked="" type="checkbox"/>
Engaged/educated local business leaders:	<input checked="" type="checkbox"/>
Implemented communitywide plans:	<input checked="" type="checkbox"/>
No strategies have been implemented:	<input type="checkbox"/>
Other:(limit 50 characters)	
ENGAGED COMP. COMMUNITY CRISIS TEAM	<input checked="" type="checkbox"/>
MENTAL HEALTH PROVDRS NETWORK W/POLICE	<input checked="" type="checkbox"/>
	<input type="checkbox"/>

1C-8. Centralized or Coordinated Assessment System. Applicants must:
(1) demonstrate the coordinated entry system covers the entire CoC geographic area;
(2) demonstrate the coordinated entry system reaches people who are least likely to apply homelessness assistance in the absence of special outreach;
(3) demonstrate the assessment process prioritizes people most in need of assistance and ensures they receive assistance in a timely manner; and
(4) attach CoC's standard assessment tool.
(limit 2,000 characters)

(1)The CALL (Coordinated Access to Local Links) is the NB Continuum of Care's coordinated entry/assessment system. The CALL covers the entire CoC geographic area which is the City of New Bedford. In addition, the CALL also covers the nearby City of Fall River's CoC as well as the adjoining balance of Bristol County CoC (Greater Bristol County Attleboro Taunton CoC).(2)The coordinated entry/assessment system reaches those who are least likely to apply for homelessness assistance and relies on targeted diversion strategies. This is evidenced by the system performance measures that reveal a reduction of first time homelessness for those entering emergency/transitional housing in the New Bedford CoC between 2016 and 2017—the first measure during which coordinated entry/access was in place within the CoC. This tells the CoC that

its efforts ensuring clear access to the system's 1-800-HOMELESS telephone number and its STREETSHEETS produced in multiple languages has had a positive impact in the efficacy of the system.(3)The CALL's assessment process begins with inquiries as to safety as relates to domestic violence, etc. and then looks to strategic diversion practices in order to prevent homelessness. If diversion doesn't work, the CALL's operation continues to reflect the CoC's "Order of priorities" as articulated in the continuum's written standards in accordance with HUD Notice CPD-16-11. MA is a right to shelter state and therefore all family emergency shelter needs go through the state, not the local CoC. However, as there is no waiting list for individual Emergency Shelter within the CoC, no wait list and no assessment is undertaken for admission for such shelter. However, there is a waiting list maintained for permanent housing within the CoC. As such, the CALL's assessment process is rooted in the SPDAT, both the SPDAT form for families and the SPDAT for single/individuals.(4)The CoC's standard assessment tools are included as Attachment #3a and 3b.

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1D-1. Discharge Planning–State and Local. Applicants must indicate whether the CoC has a discharge policy to ensure persons discharged from the systems of care listed are not discharged directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply (note that when "None:" is selected no other system of care should be selected).

Foster Care:	<input checked="" type="checkbox"/>
Health Care:	<input checked="" type="checkbox"/>
Mental Health Care:	<input checked="" type="checkbox"/>
Correctional Facilities:	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

1D-2. Discharge Planning Coordination. Applicants must indicate whether the CoC actively coordinates with the systems of care listed to ensure persons who have resided in them longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply (note that when "None:" is selected no other system of care should be selected).

Foster Care:	<input checked="" type="checkbox"/>
Health Care:	<input checked="" type="checkbox"/>
Mental Health Care:	<input checked="" type="checkbox"/>
Correctional Facilities:	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

1E. Continuum of Care (CoC) Project Review, Ranking, and Selection

Instructions

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1E-1. Project Ranking and Selection. Applicants must indicate whether the CoC used the following to rank and select project applications for the FY 2018 CoC Program Competition:

- (1) objective criteria;**
- (2) at least one factor related to achieving positive housing outcomes;**
- (3) a specific method for evaluating projects submitted by victim services providers; and**
- (4) attach evidence that supports the process selected.**

Used Objective Criteria for Review, Rating, Ranking and Section	Yes
Included at least one factor related to achieving positive housing outcomes	Yes
Included a specific method for evaluating projects submitted by victim service providers	No

1E-2. Severity of Needs and Vulnerabilities. Applicants must describe:

- (1) the specific severity of needs and vulnerabilities the CoC considered when reviewing, ranking, and rating projects; and**
- (2) how the CoC takes severity of needs and vulnerabilities into account during the review, rating, and ranking process.**

(limit 2,000 characters)

(1)The CoC’s evaluation and scoring criteria for permanent housing projects includes consideration of severity of needs and vulnerabilities. Specifically, the CoC prioritizes individuals and families who are chronically homeless with the longest histories of homelessness, disabilities and most severe service needs. Of these, survivors of domestic violence/sexual assault/trafficking and stalking, along with veterans, families and unaccompanied youth have the highest priority in this category. Those individuals and families with higher barriers to housing and higher service needs who are waiting to obtain another permanent housing subsidy are prioritized over others in considering rapid rehousing projects for those at risk of homelessness. (2) Application of these varying priority levels correlates to the awarding of higher points for PSH/RRH projects. The CoC has prioritized RRH for victims of domestic violence, youth and families by scoring these projects with the same point scale that the chronic homelessness/Housing First receive. The greatest emphasis in scoring renewal projects is on performance which is entirely data-driven. Performance accounts for 70% of a project’s review score. Compliance with coordinated entry and housing placement criteria are reviewed during onsite monitoring and are part of

a broad threshold criteria review when applications first come in. Monitoring results are added to the scoring criteria.

- 1E-3. Public Postings. Applicants must indicate how the CoC made public:**
- (1) objective ranking and selection process the CoC used for all projects (new and renewal);**
 - (2) CoC Consolidated Application—including the CoC Application, Priority Listings, and all projects accepted and ranked or rejected, which HUD required CoCs to post to their websites, or partners websites, at least 2 days before the CoC Program Competition application submission deadline; and**
 - (3) attach documentation demonstrating the objective ranking, rating, and selections process and the final version of the completed CoC Consolidated Application, including the CoC Application with attachments, Priority Listing with reallocation forms and all project applications that were accepted and ranked, or rejected (new and renewal) was made publicly available, that legibly displays the date the CoC publicly posted the documents.**

Public Posting of Objective Ranking and Selection Process		Public Posting of CoC Consolidated Application including: CoC Application, Priority Listings, Project Listings	
CoC or other Website	<input type="checkbox"/>	CoC or other Website	<input type="checkbox"/>
Email	<input type="checkbox"/>	Email	<input type="checkbox"/>
Mail	<input type="checkbox"/>	Mail	<input type="checkbox"/>
Advertising in Local Newspaper(s)	<input type="checkbox"/>	Advertising in Local Newspaper(s)	<input type="checkbox"/>
Advertising on Radio or Television	<input type="checkbox"/>	Advertising on Radio or Television	<input type="checkbox"/>
Social Media (Twitter, Facebook, etc.)	<input type="checkbox"/>	Social Media (Twitter, Facebook, etc.)	<input type="checkbox"/>

1E-4. Reallocation. Applicants must indicate whether the CoC has cumulatively reallocated at least 20 percent of the CoC’s ARD between the FY 2014 and FY 2018 CoC Program Competitions.

Reallocation: No

1E-4a. If the answer is “No” to question 1E-4, applicants must describe how the CoC actively reviews performance of existing CoC Program-funded projects to determine the viability of reallocating to create new high performing projects. (limit 2,000 characters)

All renewal projects are reviewed by the New Bedford CoC's lead agency--the Department of Planning, Housing & Community Development (DPHCD) as well as the Performance Review Committee (PRC) of the Homeless Service Provider Network in order to determine how the project performed and determine if a project should be considered for reallocation. The HSPN develops annual performance standards for all programs and the review of performance through quarterly and annual performance reports is integral to the

evaluation process. The DPHCD staff monitors all programs (including CoC and ESG funded projects) through review of quarterly reports and comprehensive assessment of agency capacity and ability to implement and meet/exceed performance measure goals, objectives and budgeting metrics. The DPHCD provides technical assistance to the PRC to assist in the overall evaluation process.

The recommendation for reallocation is based on any one of the following HUD criteria and the overall score of the project evaluation:

- 1) Outstanding obligation to HUD that is in arrears or for which a payment schedule has not been agreed upon;
- 2) Audit finding(s) for which a response is overdue or unsatisfactory;
- 3) History of inadequate financial management accounting practices;
- 4) Evidence of untimely expenditures on prior award;
- 5) History of other major capacity issues that have significantly impacted the operation of the project and its performance;
- 6) Timeliness in reimbursing sub recipients for eligible costs. HUD will consider a project applicant as meeting this standard if it has drawn down grant funds at least once per month;
- 7) History of serving ineligible persons, expending funds on ineligible costs, or failing to expend funds within statutorily established timeframes; or
- 8) Programs did not consistently meet the CoC performance measures.

Reallocations may be voluntary or involuntary as further described in the attached Reallocation Plan.

1E-5. Local CoC Competition. Applicants must indicate whether the CoC:
(1) established a deadline for project applications that was no later than 30 days before the FY 2018 CoC Program Competition Application deadline—attachment required;
(2) rejected or reduced project application(s)—attachment required; and
(3) notify applicants that their project application(s) were being rejected or reduced, in writing, outside of e-snaps, at least 15 days before FY 2018 CoC Program Competition Application deadline—attachment required. :

(1) Did the CoC establish a deadline for project applications that was no later than 30 days before the FY 2018 CoC Program Competition Application deadline? Attachment required.	Yes
(2) If the CoC rejected or reduced project application(s), did the CoC notify applicants that their project application(s) were being rejected or reduced, in writing, outside of e-snaps, at least 15 days before FY 2018 CoC Program Competition Application deadline? Attachment required.	Did not reject or reduce any project
(3) Did the CoC notify applicants that their applications were accepted and ranked on the Priority Listing in writing outside of e-snaps, at least 15 before days of the FY 2018 CoC Program Competition Application deadline?	Yes

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2A-1. Roles and Responsibilities of the CoC and HMIS Lead. Does your CoC have in place a Governance Charter or other written documentation (e.g., MOU/MOA) that outlines the roles and responsibilities of the CoC and HMIS Lead? Attachment Required. Yes

2A-1a. Applicants must: Pages 1-7 of the HMIS Governance Charter (attached)
(1) provide the page number(s) where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document(s) referenced in 2A-1, and
(2) indicate the document type attached for question 2A-1 that includes roles and responsibilities of the CoC and HMIS Lead (e.g., Governance Charter, MOU/MOA).

2A-2. HMIS Policy and Procedures Manual. Does your CoC have a HMIS Policy and Procedures Manual? Attachment Required. Yes

2A-3. HMIS Vender. What is the name of the HMIS software vendor? Process of switching to CaseWorthy

2A-4. HMIS Implementation Coverage Area. Using the drop-down boxes, applicants must select the HMIS implementation Coverage area. Single CoC

2A-5. Bed Coverage Rate. Using 2018 HIC and HMIS data, applicants must report by project type:
(1) total number of beds in 2018 HIC;
(2) total beds dedicated for DV in the 2018 HIC; and

(3) total number of beds in HMIS.

Project Type	Total Beds in 2018 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ES) beds	276	28	228	91.94%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	123	14	109	100.00%
Rapid Re-Housing (RRH) beds	280	0	28	10.00%
Permanent Supportive Housing (PSH) beds	294	0	247	84.01%
Other Permanent Housing (OPH) beds	0	0	0	

2A-5a. To receive partial credit, if the bed coverage rate is 84.99 percent or lower for any of the project types in question 2A-5., applicants must provide clear steps on how the CoC intends to increase this percentage for each project type over the next 12 months. (limit 2,000 characters)

RRH: The radically different number presented for rapid rehousing beds identified in the CoC's 2018 HIC as compared with what is actually included in its HMIS system is related to the fact that 252 of the HIC's RRH beds are all under one program that contracts with the Commonwealth of MA. Those 252 RRH beds physically located within the New Bedford CoC are under a state system of housing and are required to enter into the state's HMIS system. Massachusetts is a right-to-shelter state with an active housing portfolio that contracts with agencies across the state. If the HIC only counted those RRH beds outside of the state system, the HIC would have identified 28 beds thus bringing the HMIS Bed Coverage Rate for this category to 100%. Unfortunately, because this is an issue experienced by all CoCs within Massachusetts, it isn't something that the New Bedford Continuum can remedy independent of state action. However, the CoC has been actively working with a new statewide HMIS group in exploring the handling of state shelter beds within this CoC as well as working with its new HMIS vendor, CaseWorthy, to ensure HMIS data for those RRH beds under the state shelter system can be incorporated into the NB CoC's HMIS soon. The CoC does continue to connect with the vendor providing the RRH beds through the state system and is confident its efforts in ensuring this data import of state funded beds within the local CoC manifests in the desired change.

PSH: The CoC will work to ensure all VASH-voucher beds are included within the HIC going forward as they were inadvertently left off the HIC in 2018 thus resulting in just under the 84.99% threshold.

2A-6. AHAR Shells Submission: How many 2017 Annual Housing Assessment Report (AHAR) tables shells did HUD accept? 7

2A-7. CoC Data Submission in HDX. Applicants must enter the date the CoC submitted the 2018 Housing Inventory Count (HIC) data into the Homelessness Data Exchange (HDX). 04/30/2018

(mm/dd/yyyy)

2B. Continuum of Care (CoC) Point-in-Time Count

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2B-1. PIT Count Date. Applicants must enter the date the CoC conducted its 2018 PIT count (mm/dd/yyyy). 01/24/2018

2B-2. HDX Submission Date. Applicants must enter the date the CoC submitted its PIT count data in HDX (mm/dd/yyyy). 04/30/2018

2C. Continuum of Care (CoC) Point-in-Time (PIT) Count: Methodologies

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**2C-1. Change in Sheltered PIT Count Implementation. Applicants must describe any change in the CoC’s sheltered PIT count implementation, including methodology and data quality changes from 2017 to 2018. Specifically, how those changes impacted the CoC’s sheltered PIT count results.
 (limit 2,000 characters)**

Although no major changes were made from last year’s sheltered PIT Count Implementation the 2018 sheltered PIT count was again impacted by the CoC’s pre-evaluation process that annually reviews each sheltered program to determine if it complies with the current HUD definition of a shelter program as outlined in the HIC/PIT methodology guidance (CPD Notice 17-08).

This year’s review of the HIC resulted in a determination that one TH program was no longer meeting the definition of a sheltered program while an ES cold weather shelter (a seasonal shelter) was newly included. These changes resulted in a slight increase between the 2017 PIT and the 2018 PIT. In so doing this key step improved the CoC’s overall understanding of each sheltered program and especially the CoC’s data quality.

The CoC continues to use both HMIS and paper surveys to complete its shelter PIT Count. However, this year only the DV and seasonal programs used the paper surveys. All other PIT programs are now reporting via HMIS. The CoC is encouraging the remaining seasonal shelter to use HMIS in future PIT Counts.

2C-2. Did your CoC change its provider coverage in the 2018 sheltered count? Yes

2C-2a. If “Yes” was selected in 2C-2, applicants must enter the number of beds that were added or removed in the 2018 sheltered PIT count.

Beds Added:	68
Beds Removed:	76
Total:	-8

2C-3. Presidentially Declared Disaster Changes to Sheltered PIT Count. Did your CoC add or remove emergency shelter, No

transitional housing, or Safe Haven inventory because of funding specific to a Presidentially declared disaster, resulting in a change to the CoC’s 2018 sheltered PIT count?

2C-3a. If “Yes” was selected for question 2C-3, applicants must enter the number of beds that were added or removed in 2018 because of a Presidentially declared disaster.

Beds Added:	0
Beds Removed:	0
Total:	0

2C-4. Changes in Unsheltered PIT Count Implementation. Did your CoC change its unsheltered PIT count implementation, including methodology and data quality changes from 2017 to 2018? If your CoC did not conduct and unsheltered PIT count in 2018, select Not Applicable. Yes

2C-4a. If “Yes” was selected for question 2C-4, applicants must:
(1) describe any change in the CoC’s unsheltered PIT count implementation, including methodology and data quality changes from 2017 to 2018; and
(2) specify how those changes impacted the CoC’s unsheltered PIT count results.
(limit 2,000 characters)

(1) The New Bedford CoC's Point In Time Committee worked to improve the methodology used in securing the most accurate unsheltered PIT Count in 2018. In so doing it employed two specific changes and reinforced some of its existing methodologies. First, a small resource fair that brought in a range of service providers and community participants (such as on-site medical treatment and free haircuts) was introduced at the PIT headquarters. Secondly, the CoC introduced the use of a mobile app in its 2018 PIT to help ensure a better, more accurate unsheltered count. The infusion of a greater number of people with lived experience joining in on the PIT Count throughout the CoC rounded out a series of improvements designed to both humanize the process and ensure easier, more accurate counting.

(2) In the post-count assessment, the CoC found that the changes that were implemented in 2018 did, in fact, enhance the likelihood of more folks coming in off of the streets to take advantage of the resource fair offered--thereby providing greater access to those less likely to be accessible to counters in the past. The fair also had the additional benefit of helping to build trust and relationships where previously none may have existed and thereby opening the door for future conversations and hopefully housing off the streets. The mobile app provided the means for those conducting the count to more easily contend with the chronic homeless definition and better serve/be present to those they were interviewing. Greater access = better numbers.

2C-5. Identifying Youth Experiencing Homelessness in 2018 PIT Count. Did your CoC implement specific measures to identify youth experiencing homelessness in its 2018 PIT count? Yes

2C-5a. If “Yes” was selected for question 2C-5., applicants must describe: (1) how stakeholders serving youth experiencing homelessness were engaged during the planning process; (2) how the CoC worked with stakeholders to select locations where youth experiencing homelessness are most likely to be identified; and (3) how the CoC involved youth experiencing homelessness in counting during the 2018 PIT count. (limit 2,000 characters)

(1) Stakeholders serving youth were involved from the very start of the PIT planning process and they participated both on the PIT Committee and in working with community partners during the planning to ensure access to resources/services/swag to incentivize youth participation and to help plan for the approach and geographical areas to get a good youth count.

(2) The CoC's PIT Committee worked directly with family shelters, the New Bedford Public Schools and the two local universities in establishing its understanding of youth homelessness and the locations it should be sure to touch upon during the count.

(3) While some youth were directly involved in the PIT Count as part of the outreach count teams, others were engaged with the resource fair at the PIT headquarters.

MA also conducts a youth count of which the New Bedford CoC was a part. This statewide initiative in 2018 similarly saw the engagement of youth and those youth with lived experience to ensure excellence in the CoCs approach and execution of the count.

2C-6. 2018 PIT Implementation. Applicants must describe actions the CoC implemented in its 2018 PIT count to better count:

(1) individuals and families experiencing chronic homelessness;

(2) families with children experiencing homelessness; and

(3) Veterans experiencing homelessness.

(limit 2,000 characters)

(1) Two changes were made to improve methodology of counting individuals and families experiencing chronic homelessness. The first change was the introduction of a small resource (“homeless connect”) fair that included on-site availability of immediate services like haircuts and medical treatment, to food, immediate shelter and the ability to complete a coordinated entry intake for permanent housing in order to incentivize and serve those experiencing chronic homelessness. Secondly, in previous Point In Time counts it’s been a challenge to adequately count those experiencing chronic homelessness due to the complexity of the definition. The use of a new mobile app has improved data collection and helped surveyors properly identify and document chronically homeless individuals and families. (2)The New Bedford CoC continues to include a variety of services providers/stakeholders to directly engage homeless

(individu/fams) and especially vets in the planning and implementation process. To this end several unaccompanied youth with lived experience actively participated in the count to improve access and data, complimenting the efforts of the PIT Committee, itself, comprised of a variety of homeless providers with years of experience and established trust with both families and individuals. In order to improve data quality, the CoC uses a mobile app system instead of a paper survey. This app is user friendly, intuitive, increased number/quality of responses received and reduced the amount of time needed to complete a survey. The app also allowed the CoC to easily identify any duplicate entries as well as address any errors or missing information in a real time manner. In the past, there were numerous incomplete surveys that had to be disregarded. (3) In terms of counting vets, the CoC has a vet PIT team including vets with lived experience whose sole task was to perform outreach/count veterans.

3A. Continuum of Care (CoC) System Performance

Instructions

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

3A-1. First Time Homeless as Reported in HDX. In the box below, applicants must report the number of first-time homeless as reported in HDX.

Number of First Time Homeless as Reported in HDX.	1,000
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3A-1a. Applicants must:

- (1) describe how the CoC determined which risk factors the CoC uses to identify persons becoming homeless for the first time;**
- (2) describe the CoC’s strategy to address individuals and families at risk of becoming homeless; and**
- (3) provide the name of the organization or position title that is responsible for overseeing the CoC’s strategy to reduce the number of individuals and families experiencing homelessness for the first time. (limit 2,000 characters)**

(1) Risk factors are based on:
 ; The PIT revealed a prevalence of sub. abuse among individs/HoH in families experiencing homelessness for the first time, demonstrating the extent to which mental health issues/co-occurring disorders constitute the most significant risk factors for those becoming homeless for the first time.
 ; The DPHCD learned (through its work with/monitoring of CoC /ESG providers) those becoming homeless for the first time have significant health issues (mental health+substance abuse) while others become homeless as a result of barriers to housing (landlords not allowing those with poor credit or those with any criminal record/past evictions).
 ; The City’s ConPlan found 22% of the city’s households are severely cost-burdened.
 ; The CoC’s CES has also found that there’s an increasing # of elderly hshlds falling into arrears due to high med costs/ increasing rent/necessity to care for grandchildren as parents struggle with sub. abuse issues.

(2) The CoC’s strategy begins with a dynamic targeting of prevention efforts. Additional strategies include (a) a Homeless Emergency Assistance Response Team (HEART) providing ongoing outreach, immediate response/service/innovation re: encampments, (b) a Community Hospital (CHART) team of 16 health workers engaging/supporting 1,500 “high utilizers” of hospital emerg room services—most often those at risk of homelessness, (c) active participation on the Community Crisis Intervention Team, (d) continuing NB Connect, a successful resource event to provide housing, services, etc. (e) continued participation in a regional effort with two abutting CoCs working toward ending homelessness through by-name lists and (f) through a new HMIS vendor/exceptional data collection and significantly improved reporting that will ultimately help identify those at risk more efficiently and effectively.

(3) The DPHCD is responsible for overseeing the CoC’s strategy to reduce the

number of those becoming homeless for the first time.

3A-2. Length-of-Time Homeless as Reported in HDX. Applicants must:
(1) provide the average length of time individuals and persons in families remained homeless (i.e., the number);
(2) describe the CoC’s strategy to reduce the length-of-time individuals and persons in families remain homeless;
(3) describe how the CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and
(4) provide the name of the organization or position title that is responsible for overseeing the CoC’s strategy to reduce the length of time individuals and families remain homeless.
(limit 2,000 characters)

The average length of time individuals and persons in families remained homeless is 69 bed nights. This figure has decreased from the previous 75 reported in FY16, an 8% reduction in a one year period. (2) The CoC’s strategy to reduce the length of time individuals and families remain homeless is rooted in the goal of moving people who are experiencing homelessness into permanent housing as quickly as possible. Actions that the CoC is taking to achieve that goal includes pursuing strategies such as reallocation and permanent supportive housing bonus funds to expand permanent supportive housing and rapid rehousing, increasing the number of units in private housing dedicated to persons transitioning from homelessness (including consideration of potential for 811 PRA units, encouraging HUD multifamily housing owners to create a homeless preference and creating a youth subcommittee), creating a property owner engagement initiative (including the launch of a campaign to attract property owners, training staff on property owner engagement and retention, and looking at creating a property owner mitigation fund), maximizing housing first opportunities, (to include retraining providers in housing first), targeting resources to the most vulnerable (which has included a switch to a new HMIS provider for enhanced capabilities, creating a master by-name list series and launching a community wide initiative to end chronic homelessness) and using data to lead the CoC’s planning and programming priorities which will hopefully include a pilot for data collection at the local hospital. (3) The CoC identifies and houses individuals/persons in families with the longest lengths of time homeless through its HMIS system and coordinated entry efforts. (4) The DPHCD is responsible for overseeing the CoC’s strategy to reduce the length of time homeless for all.

3A-3. Successful Permanent Housing Placement and Retention as Reported in HDX. Applicants must:
(1) provide the percentage of individuals and persons in families in emergency shelter, safe havens, transitional housing, and rapid rehousing that exit to permanent housing destinations; and
(2) provide the percentage of individuals and persons in families in permanent housing projects, other than rapid rehousing, that retain their permanent housing or exit to permanent housing destinations.

	Percentage
Report the percentage of individuals and persons in families in emergency shelter, safe havens, transitional housing, and rapid re-housing that exit to permanent housing destinations as reported in HDX.	49%

Report the percentage of individuals and persons in families in permanent housing projects, other than rapid re-housing, that retain their permanent housing or exit to permanent housing destinations as reported in HDX.	100%
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3A-3a. Applicants must:

- (1) describe the CoC’s strategy to increase the rate at which individuals and persons in families in emergency shelter, safe havens, transitional housing and rapid rehousing exit to permanent housing destinations; and**
- (2) describe the CoC’s strategy to increase the rate at which individuals and persons in families in permanent housing projects, other than rapid rehousing, retain their permanent housing or exit to permanent housing destinations.**

(limit 2,000 characters)

A total of 575 persons out of 1179 in ES, TH and RRH within the New Bedford CoC exited to permanent housing destinations for the FY17 period. Those exiting or retaining permanent housing in that same period except for those in RRH projects was 315 out of a possible 316 persons. (1) These figures have led to the CoC establishing a strategy to increase the rate at which individuals/persons in families in ES, SH (New Bedford has no Safe Haven projects), TH and RRH exit to permanent housing destinations. The strategy is three-fold: (a) building capacity to broaden and diversify the funding streams of CoC organizations to facilitate the provision of enhanced supportive services to those exiting to ensure long term stability in permanent housing, (b) providing additional technical assistance and trainings for mainstream resources such as the SOAR program and CSPECH (Community Support Program for People Experiencing Chronic Homelessness), (c) continuing to bring new community stakeholders to the CoC as has recently been the case with the local hospital system working with local providers in providing medical supports for residents and partnership with others in developing new/effective interventions and whose representative was elected as a member of the CoC’s governing body, the Executive Board. (2) In the same way, the New Bedford CoC relies on much of the same aforementioned strategies to ensure project participants are retaining their permanent housing or exiting to permanent housing destinations. Here the CoC’s strategy also includes making resources and services available to maintain tenancy (such as expanding partnerships with tenancy preservation programs), setting CoC wide standards for home visits, including additional homelessness risk factors in housing inspections, piloting new employment programs and partnering with vocational rehabilitation services.

3A-4. Returns to Homelessness as Reported in HDX. Applicants must report the percentage of individuals and persons in families returning to homelessness over a 6- and 12-month period as reported in HDX.

	Percentage
Report the percentage of individuals and persons in families returning to homelessness over a 6- and 12-month period as reported in HDX	2%

3A-4a. Applicants must:

- (1) describe how the CoC identifies common factors of individuals and persons in families who return to homelessness;**
- (2) describe the CoC’s strategy to reduce the rate of additional returns to homelessness; and**

(3) provide the name of the organization or position title that is responsible for overseeing the CoC’s strategy to reduce the rate individuals and persons in families returns to homelessness. (limit 2,000 characters)

(1) The CoC identifies common factors of individuals who return to homelessness largely through data collected in HMIS, data from the CoC’s Coordinated Entry System and subsequent analysis conducted thereafter. From this data analysis it is possible to identify shared characteristics for those individuals returning to homelessness. Fortunately, while being a right to shelter state for families experiencing homelessness places direct access to HMIS data for families returning to homelessness out of the immediate reach of the local CoCs, every MA CoC has voted to participate in a statewide data warehouse which, because it will include state shelter information, soon provide the kind of data and indicators currently absent for families within the local CoC. (2) The CoC uses its CE system as the means by which data on individuals and families returning to homelessness (once those families are out of the state shelter system and entering local permanent housing projects) is captured. Those returning to homelessness are again assessed and placed in housing as rapidly as possible, ensuring that conditions that precipitated the return to homelessness are mitigated to the greatest extent possible so as to ensure long term success/tenancy. Strategically the CoC is working to reduce the number of additional returns to homelessness by increasing focus on prevention and enhancing training for case management and housing staff so that those they serve are better equipped to stay in their housing. (3) With the ongoing administrative support of the city’s Department of Planning, Housing and Community Development (DPHCD), the CoC’s Executive Committee has responsibility for overseeing the implementation of the CoC’s strategy for overseeing the way in which the CoC reduce the rate of individuals and families’ returns to homelessness.

3A-5. Job and Income Growth. Applicants must:

- (1) describe the CoC’s strategy to increase access to employment and non-employment cash sources;**
 - (2) describe how the CoC works with mainstream employment organizations to help individuals and families increase their cash income; and**
 - (3) provide the organization name or position title that is responsible for overseeing the CoC’s strategy to increase job and income growth from employment.**
- (limit 2,000 characters)**

(1) The New Bedford CoC’s action strategies geared toward increasing access to employment and non-employment cash sources: (a) initiate piloting an employment program with a large employer in NB (such as CoC member St. Luke’s Hospital) where a # of jobs are set aside for formerly homeless individuals. Work w/existing agencies to provide job coaching & request small funding from the CoC’s fundraising arm to provide stipends for clothing, transportation or solutions to other potential employment barriers. CDBG funds are also identified as a potential source of funding for a position undertaking the employment initiative; (b) partner with vocational rehab services working w/ MA Rehabilitation Commission’s Vocational Rehab program or the MA One Stop Career Center be assigned to work with CoC programs and their clients, either on a regular basis or at scheduled on-site days; (c) include employment

questions on the CES' initial assessment so referrals to employment-related services can begin immediately; (d) increase access to the Social Security Administration's disability programs (SSI and SSDI) and encourage case mgrs/other appropriate staff to participate in the SSI/SSDI Outreach, Access and Recovery (SOAR) On Line Course. (2) The CoC has a well-established relationship with the local workforce investment board—one of its officers sits on the CoC's Exec Committee and another officer is a long-standing CoC member. These relationships are an important aspect of the CoC's ability to connect those experiencing homelessness/those serving them w/the local employment network. Weekly listings from the local career center are shared with those in need of work and New Bedford CoC's leadership is directly connected with mainstream employment organizations including a bank president and chamber members. (3) The CoC's Supportive Services Committee has responsibility for ensuring the CoC's strategy for increasing jobs and income growth from employment/non-employment settings.

3A-6. System Performance Measures Data 05/31/2018
Submission in HDX. Applicants must enter the date the CoC submitted the System Performance Measures data in HDX, which included the data quality section for FY 2017 (mm/dd/yyyy)

3B. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Instructions

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

- 3B-1. DedicatedPLUS and Chronically Homeless Beds. In the boxes below, applicants must enter:**
- (1) total number of beds in the Project Application(s) that are designated as DedicatedPLUS beds; and**
 - (2) total number of beds in the Project Application(s) that are designated for the chronically homeless, which does not include those that were identified in (1) above as DedicatedPLUS Beds.**

Total number of beds dedicated as DedicatedPLUS	232
Total number of beds dedicated to individuals and families experiencing chronic homelessness	0
Total	232

3B-2. Orders of Priority. Did the CoC adopt the Orders of Priority into their written standards for all CoC Program-funded PSH projects as described in Notice CPD-16-11: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing? Attachment Required. Yes

3B-2.1. Prioritizing Households with Children. Using the following chart, applicants must check all that apply to indicate the factor(s) the CoC currently uses to prioritize households with children during FY 2018.

History of or Vulnerability to Victimization (e.g. domestic violence, sexual assault, childhood abuse)	<input checked="" type="checkbox"/>
Number of previous homeless episodes	<input type="checkbox"/>
Unsheltered homelessness	<input checked="" type="checkbox"/>
Criminal History	<input type="checkbox"/>
Bad credit or rental history	<input type="checkbox"/>
Head of Household with Mental/Physical Disability	<input type="checkbox"/>

3B-2.2. Applicants must:

- (1) describe the CoC’s current strategy to rapidly rehouse every household of families with children within 30 days of becoming homeless;**
 - (2) describe how the CoC addresses both housing and service needs to ensure families successfully maintain their housing once assistance ends; and**
 - (3) provide the organization name or position title responsible for overseeing the CoCs strategy to rapidly rehouse families with children within 30 days of becoming homeless.**
- (limit 2,000 characters)**

(1)The CoC’s strategy to rapidly re-house (RRH) households of families w/children going into shelter/in shelter is inextricably tied to the statewide system and does not function independent of that because Massachusetts is a right-to-shelter state. As such, the only choice any household of families with children becoming homeless within the New Bedford CoC has is to connect with the state’s Department of Housing & Community Development (MA DHCD) who will conduct an assessment and place the family in a shelter somewhere within the state. Even though several CoC providers in New Bedford contract with the MA DHCD to provide emergency shelter settings in New Bedford, local providers have little leeway in rapidly rehousing families with children given the state’s role. It’s important to note that the state’s goal is to RRH families within 30 days of homelessness; in so doing they offer a RRH program to move families quickly into PH. That said, those households of families with children who are homeless but ready to RRH who contact the New Bedford Coordinated Entry System (CES) are assessed and they are connected with the person who facilitates PSH and PSH-RRH placement for the CoC. Placement into PH can happen in 2-3 days if the household has a high SPDAT vulnerability score and a unit is available. Households of families w/children on the waitlist are also connected with the New Bedford Housing Authority. The goal remains 30 days.

(2)The CoC addresses housing/service needs of families placed in PH and does so through case management services, home visits, connection with local McKinney Vento liaisons at the school department, medical services, targeted prevention strategies and employment opportunities. Any barriers to sustainability are addressed by case management or through a triaged team providing support to families.

(3)The CES oversees the CoC’s strategy to RRH families with children within 30 days of becoming homeless.

3B-2.3. Antidiscrimination Policies. Applicants must check all that apply that describe actions the CoC is taking to ensure providers (including emergency shelter, transitional housing, and permanent supportive housing (PSH and RRH) within the CoC adhere to antidiscrimination policies by not denying admission to or separating any family members from other members of their family or caregivers based on age, sex, gender, LGBT status, marital status, or disability when entering a shelter or housing.

CoC conducts mandatory training for all CoC and ESG funded service providers on these topics.	<input type="checkbox"/>
CoC conducts optional training for all CoC and ESG funded service providers on these topics.	<input type="checkbox"/>
CoC has worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.	<input type="checkbox"/>
CoC has worked with ESG recipient(s) to identify both CoC and ESG funded facilities within the CoC geographic area that may be out of compliance, and taken steps to work directly with those facilities to come into compliance.	<input type="checkbox"/>
CoC has sought assistance from HUD through submitting AAQs or requesting TA to resolve non-compliance of service providers.	<input type="checkbox"/>

3B-2.4. Strategy for Addressing Needs of Unaccompanied Youth Experiencing Homelessness. Applicants must indicate whether the CoC’s strategy to address the unique needs of unaccompanied homeless youth includes the following:

Human trafficking and other forms of exploitation	Yes
LGBT youth homelessness	Yes
Exits from foster care into homelessness	Yes
Family reunification and community engagement	Yes
Positive Youth Development, Trauma Informed Care, and the use of Risk and Protective Factors in assessing youth housing and service needs	Yes

3B-2.5. Prioritizing Unaccompanied Youth Experiencing Homelessness Based on Needs. Applicants must check all that apply from the list below that describes the CoC’s current strategy to prioritize unaccompanied youth based on their needs.

History or Vulnerability to Victimization (e.g., domestic violence, sexual assault, childhood abuse)	<input checked="" type="checkbox"/>
Number of Previous Homeless Episodes	<input type="checkbox"/>
Unsheltered Homelessness	<input type="checkbox"/>
Criminal History	<input checked="" type="checkbox"/>
Bad Credit or Rental History	<input type="checkbox"/>

**3B-2.6. Applicants must describe the CoC's strategy to increase:
 (1) housing and services for all youth experiencing homelessness by providing new resources or more effectively using existing resources, including securing additional funding; and
 (2) availability of housing and services for youth experiencing unsheltered homelessness by providing new resources or more effectively using existing resources.
 (limit 3,000 characters)**

NBHSPN’s recent strategic plan identified the creation of a Youth Services Workgroup (YSW) as a top priority in addressing youth homelessness. The YSW is being formed and will convene all youth serving organizations that address youth housing/homelessness issues to develop a formal workplan to be presented NBHSPN in the Spring of 2019. The group is developing an analysis that will assess existing resources and gaps that need to be addressed in its goal to reduce youth homelessness to functional zero.

The YSW will develop a plan that builds on the NBHSPN’s response system to better address the specific needs of young people experiencing homelessness. The plan will contain specifics in four areas: 1.) Resource Referral and Access to Services; 2.) Professional Development and Training 3.) Resource Development and 4.) Continuous Quality Improvement. NBHSPN has a deep

network of youth service providers in its membership that include area schools, state agencies for child protection/criminal justice, and community-based and faith-based non-profits. These groups have a long history of conducting youth PIT counts and various initiatives to address youth homelessness. The establishment of the YSW will provide a sustained mechanism for an ongoing workplan, strategies and goals leading to improved outcomes.

Resource Referral, Access to Services and Communication: Many services exist however they are often siloed, and interagency communication is less than optimal. YSW's charge is to improve communication and collaboration specifically for children (New born to 17) and young adults (17-24) experiencing homelessness. **Deliverables:** Convene YSW Partners; Conduct Assessment of Resources; Prioritize YSW Action Plan, Present Plan to NBHSPN Spring 2019

Professional Development and Training: YSW will begin to coordinate youth homelessness related training opportunities at various venues (partners) throughout the community to help share best practices and build understanding not only direct program staff but all youth serving organizations. **Deliverable:** Youth Homelessness Training Calendar

Resource Development: YSW's gaps analysis and priority action plan will drive resource development planning. The YSW will provide strategies to develop and leverage staff, talents and funding necessary to implement the plan. **Deliverable:** Resource Allocation/Development Plan as part of the Action Plan

Continuous Quality Improvement (CQI): A key objective of the YSW initiative is sustainability. The group will meet regularly after the YSW Action Plan is developed to monitor progress with deliverables and review overall trends in youth homelessness. The group will develop a set of indicators that will be monitored at YSW meetings and presented to the larger NBHSPN at their meetings. This data will be used to modify/expand the YSW Action Plan from year to year. **Deliverable:** YSW Performance Indicators, YSW Ongoing Meeting Schedule.

3B-2.6a. Applicants must:

- (1) provide evidence the CoC uses to measure both strategies in question 3B-2.6. to increase the availability of housing and services for youth experiencing homelessness;**
 - (2) describe the measure(s) the CoC uses to calculate the effectiveness of the strategies; and**
 - (3) describe why the CoC believes the measure it uses is an appropriate way to determine the effectiveness of the CoC's strategies.**
- (limit 3,000 characters)**

(1) Each of the 4 areas of the YWS Action Plan (Resource/Referral/Communication, Professional Development, Resource Development and Continuous Quality Improvement) has a specific deliverable(s) that can be monitored to determine the effectiveness of the group. In addition to these specific deliverables, a baseline set of indicators will be developed that will include Housing Inventory, Length of Stay in Shelter and other key metrics as determined by YWS and monitored as a regular part of the ongoing CQI responsibilities that answers to the larger NBHSPN.

(2) Measures used:

- a) Resource Referral, Access to Services and Communication:
Deliverables: Convene YSW Partners; Conduct Assessment of Resources; Prioritize YSW Action Plan, Present Plan to NBHSPN Spring 2019.
- b) Professional Development and Training: YSW will begin to coordinate youth homelessness related training opportunities at various venues (partners) throughout the community to help share best practices and build understanding not only direct program staff but all youth serving organizations. Deliverable: Youth Homelessness Training Calendar.
- c) Resource Development: YSW's gaps analysis and priority action plan will drive resource development planning. The YSW will provide strategies to develop and leverage staff, talents and funding necessary to implement the plan. Deliverable: Resource Allocation/Development Plan as part of the Action Plan.
- d) Continuous Quality Improvement (CQI): A key objective of the YSW initiative is sustainability. The group will meet regularly after the YSW Action Plan is developed to monitor progress with deliverables and review overall trends in youth homelessness. The group will develop a set of indicators that will be monitored at YSW meetings and presented to the larger NBHSPN at their meetings. This data will be used to modify/expand the YSW Action Plan from year to year. Deliverable: YSW Performance Indicators, YSW Ongoing Meeting Schedule.

(3) Rationale for Measures:

During the 22-year history of the NBHSPN, there has never been a formal comprehensive collaborative community work plan that identifies a clear communication system and referral algorithm for providers to follow when addressing youth homelessness. The effectiveness of this new system will be a key indicator for monitoring success of the YSW. We believe that by implementing the YSW work plan as presented NBHSPN will be in an excellent position to 1) improve efficiencies through communication and collaboration, 2) better identify outcomes, gaps in services and other barriers to success and 3) a clear mechanism within our continuum to continually improve quality youth services.

3B-2.7. Collaboration–Education Services. Applicants must describe how the CoC collaborates with:

- (1) youth education providers;**
 - (2) McKinney-Vento State Education Agency (SEA) and Local Education Agency (LEA);**
 - (3) school districts; and**
 - (4) the formal partnerships with (1) through (3) above.**
- (limit 2,000 characters)**

- (1) The New Bedford CoC collaborates directly with youth education providers—most particularly through the local school system and two local colleges—to ensure access and outreach to those who may be experiencing homelessness or may be on the precipice of homelessness. This is particularly true during the months leading up to the annual youth count.
- (2) In addition, the CoC also collaborates with the McKinney-Vento State Education Agency and Local Education Agency through the New Bedford Public School (NBPS) System. Representation from the CoC actively participates in city-based McKinney Vento (MV) meetings known as the Southeastern

Regional McKinney Vento Partnership conducted by the NBPS as well as broader area regional McKinney Vento meetings which bring together all MV liaisons from surrounding schools/districts adjoining the geography of the CoC. The Chair of the CoC and other Executive Board leadership from the New Bedford CoC have additionally offered presentations at the regional meetings and the CoC lead agency (collaborative applicant) regularly contributes printed materials and other resources to these meetings in addition to directly participating in the meetings, themselves. (3) The School Registrar for the NBPS system is a member of the New Bedford CoC’s Executive Board and presents a detailed report to the CoC membership every month including statistical information and trending analysis of students being connected with MV support/services. Additionally, the School Registrar also participates in other community coalitions with the CoC leadership including the Puerto Rican (Hurricane Maria Families) Service Coordination Team which has been particularly involved effort as New Bedford experienced a large displacement surge of individuals and families experiencing homelessness following the devastating hurricane in Puerto Rico. (4) Formal partnerships exist between the CoC’s lead agency and the NBPS District.

3B-2.7a. Applicants must describe the policies and procedures the CoC adopted to inform individuals and families who become homeless of their eligibility for education services. (limit 2,000 characters)

New Bedford CoC, acting through it’s lead (the City’s DHCD), requires that all ESG and CoC project applicants be able to clearly demonstrate that they are informing all families/youth experiencing homelessness as to their eligibility for McKinney-Vento education services. CoC applicants must demonstrate that they are considering the educational needs of children when families are placed in emergency (or any TH) shelter and, to the maximum extent practicable, demonstrate they are placing families with children as close as possible to their schools of origin so as not to disrupt the children’s education. All project applicants must be able to demonstrate that their programs are establishing policies and practices that are consistent with, and do not restrict the exercise of, rights provided by the education subtitle of the McKinney-Vento Act, and other laws relating to the provision of educational and related services to individuals and families experiencing homelessness. Project applicants funded through ESG or CoC must also be able to demonstrate that they have designated a staff person to ensure that children are enrolled in school and connected to the appropriate services within the community, including early childhood programs such as Head Start, Part C of the Individuals with Disabilities Education Act, and McKinney-Vento education services.

3B-2.8. Does the CoC have written formal agreements, MOU/MOAs or partnerships with one or more providers of early childhood services and supports? Select “Yes” or “No”. Applicants must select “Yes” or “No”, from the list below, if the CoC has written formal agreements, MOU/MOA’s or partnerships with providers of early childhood services and support.

	MOU/MOA	Other Formal Agreement
Early Childhood Providers	Yes	No
Head Start	Yes	No

Early Head Start	Yes	No
Child Care and Development Fund	No	No
Federal Home Visiting Program	No	No
Healthy Start	No	Yes
Public Pre-K	No	Yes
Birth to 3 years	Yes	No
Tribal Home Visting Program	No	No
Other: (limit 50 characters)		

3B-3.1. Veterans Experiencing Homelessness. Applicants must describe the actions the CoC has taken to identify, assess, and refer Veterans experiencing homelessness, who are eligible for U.S. Department of Veterans Affairs (VA) housing and services, to appropriate resources such as HUD-VASH, Supportive Services for Veterans Families (SSVF) program and Grant and Per Diem (GPD). (limit 2,000 characters)

All of the veteran’s service agencies in three abutting CoC’s (Fall River, Greater Bristol County/Attleboro/Taunton and the New Bedford CoC) are meeting monthly in a regional effort to prevent and end homelessness among veterans. The regional entity known as the "South Coast Regional Network to End Homelessness (SoCo)" convenes a Veteran Sub-Committee to discuss the current status and outcomes of all identified homeless veterans in the area through case-conferencing. Representatives of housing services such as SSVF from the Veteran’s Transition House in New Bedford and Veteran’s Inc (also with offices in New Bedford) Providence VASH, representatives from cities and towns that comprise the three CoCs, Community Counseling of Bristol County, Seven Hills and other agencies identify these veterans and the steps being taken to assist them. Confidentiality agreements are executed and triage is done within the group with anyone experiencing problems helping them to get housed (and remain housed). A by-name list is maintained by the SoCo Coordinator and is shared with the New Bedford CoC lead (collaborative applicant). All attendees are additionally bound by HIPPA privacy statements. The New Bedford CoC achieved functional zero in 2017 but continues ongoing participation in the subcommittee to maintain functional zero and ensure no veteran within the CoC becomes homeless.

3B-3.2. Does the CoC use an active list or by name list to identify all Veterans experiencing homelessness in the CoC? Yes

3B-3.3. Is the CoC actively working with the VA and VA-funded programs to achieve the benchmarks and criteria for ending Veteran homelessness? Yes

3B-3.4. Does the CoC have sufficient resources to ensure each Veteran experiencing homelessness is assisted to quickly move into permanent housing using a Housing First approach? Yes

3B-5. Racial Disparity. Applicants must: No
(1) indicate whether the CoC assessed whether there are racial disparities in the provision or outcome of homeless assistance;
(2) if the CoC conducted an assessment, attach a copy of the summary.

4A. Continuum of Care (CoC) Accessing Mainstream Benefits and Additional Policies

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

- 4A-1. Healthcare. Applicants must indicate, for each type of healthcare listed below, whether the CoC:**
- (1) assists persons experiencing homelessness with enrolling in health insurance; and**
 - (2) assists persons experiencing homelessness with effectively utilizing Medicaid and other benefits.**

Type of Health Care	Assist with Enrollment	Assist with Utilization of Benefits?
Public Health Care Benefits (State or Federal benefits, Medicaid, Indian Health Services)	Yes	Yes
Private Insurers:	Yes	Yes
Non-Profit, Philanthropic:	Yes	Yes
Other: (limit 50 characters)		
SOAR CERTIFIED PROVIDERS	Yes	Yes

- 4A-1a. Mainstream Benefits. Applicants must:**
- (1) describe how the CoC works with mainstream programs that assist persons experiencing homelessness to apply for and receive mainstream benefits;**
 - (2) describe how the CoC systematically keeps program staff up-to-date regarding mainstream resources available for persons experiencing homelessness (e.g., Food Stamps, SSI, TANF, substance abuse programs); and**
 - (3) provide the name of the organization or position title that is responsible for overseeing the CoC’s strategy for mainstream benefits. (limit 2,000 characters)**

(1) The CoC works with mainstream programs in a number of ways, including: (a) by taking advantage of training that’s offered, one such example being that multiple program providers/staff are SOAR-certified and additional outreach to have additional providers SOAR certified is planned; (b) by working through its coordinated entry system, where coordinated entry intake operators screen for benefits, asking questions to assess and refer people to mainstream benefit programs. (c) by using announcements and networking time at every monthly CoC membership meeting to connect, discuss and collaborate with mainstream resources that are CoC members. (2) The CoC systematically keeps program staff up to date regarding mainstream resource availability by sending out HUD/other resource updates on an ongoing basis including, but not limited to,

updates from MEDICAID, MA Health, SAMSHA, HHS, HUDx, Benefits.gov, the VA, etc.; this is most frequently done through a large email listserve with hundreds of recipients. Also, each CoC meeting includes mainstream resource discussion and/or distribution of available resources, training to access resources, etc. These particular methods have proven quite successful because multiple government agencies attend and participate in the local CoC's monthly meetings. In addition, the CoC lead/collaborative applicant as the HUD grantee also provides regular technical assistance to all providers (CoC, ESG, etc.) ensuring they are apprised of state and federal mainstream updates, trainings and benefit changes.

(3)The HSPN Executive Committee is responsible for ensuring the CoC's strategy for mainstream benefits is being met while the Homeless Emergency Assistance Response Team (HEART) street outreach team provides daily connection for those living in unsheltered conditions with mainstream resources.

4A-2.Housing First: Applicants must report:

- (1) total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition; and**
- (2) total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition that have adopted the Housing First approach—meaning that the project quickly houses clients without preconditions or service participation requirements.**

Total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition.	6
Total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition that have adopted the Housing First approach—meaning that the project quickly houses clients without preconditions or service participation requirements.	6
Percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-Coordinated Entry projects in the FY 2018 CoC Program Competition that will be designated as Housing First.	100%

4A-3. Street Outreach. Applicants must:

- (1) describe the CoC's outreach;**
- (2) state whether the CoC's Street Outreach covers 100 percent of the CoC's geographic area;**
- (3) describe how often the CoC conducts street outreach; and**
- (4) describe how the CoC tailored its street outreach to persons experiencing homelessness who are least likely to request assistance. (limit 2,000 characters)**

(1)The NB CoC's outreach strategy is a public/private effort following protocols established in 2017 by a coalition of city government and CoC members including key partners from the faith community. The resulting Homeless Emergency Assistance Resource Team (HEART) protocols ensure a compassionate, consistent and comprehensive outreach approach to effectively address encampments and instances of unsheltered individuals/families living throughout the CoC. The HEART outreach protocols include four strategies—immediate response, ongoing outreach, supportive program capacity building and best practices/innovative approaches—and outreach is

conducted on an ongoing basis. In addition to the Mobile Ministries food truck and shelter staff's own outreach efforts, the City has now begun allocating funds through its ESG for a Street Outreach position. (2)The CoC's outreach covers 100% of the CoC's entire geographic area. (3)Street outreach is conducted weekly or more often as needed. Findings, issues and concerns reporting is provided each month at the CoC member meeting. (4) New Bedford's HEART outreach is rooted in building trust and forming relationships to further that trust. CoC members Mobile Ministries and shelter/street outreach staff from Catholic Social Services along with other CoC members constituting the HEART team work diligently to provide an empathetic response to those living in unsheltered conditions including providing food, medical attention, resources—both immediate and long-term—and rehousing alternatives. The CoC uses this approach to connect with those least likely to “come in” and least likely to request or accept any assistance. In this regard the outreach strategy includes monthly triage at CoC meetings and the Community Crisis Intervention Team meetings; additionally, the Sr.Rose Soup Kitchen partners with the local hospital to connect hard to reach individuals with pressing med. needs in a confidential safe setting.

4A-4. Affirmative Outreach. Applicants must describe:

- (1) the specific strategy the CoC implemented that furthers fair housing as detailed in 24 CFR 578.93(c) used to market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, gender identify, sexual orientation, age, familial status or disability; and**
- (2) how the CoC communicated effectively with persons with disabilities and limited English proficiency fair housing strategy in (1) above.**
(limit 2,000 characters)

The CoC employs multiple strategies in furthering fair housing: (a)the CoC's lead Dept of Planning, Housing & Community Development (DPHCD) conducts the analysis identifying impediments to fair housing and oversees implementation of action steps in its Analysis of Impediments report; (b)the DPHCD (as grantee) ensures that all ESG (prevention efforts, etc.) and CoC projects implement fair housing practices and the Equal Access Rule, reinforced by its inclusion in all subrecipient agreements; (c)the DPHCD markets and conducts a First Time Homebuyer program with all materials presented in multiple language formats and all published materials including the fair housing symbol; (d)the CoC's Coordinated Entry System (CES) has been trained in, and follows, 24 CFR 578.93(c); (e)the CES conducts intentional outreach to those who are marginalized and outside of traditional media formats; (f)fair housing initiatives are discussed through CES trainings with individual agencies so all providers are cognizant of the expectations in this regard; (g)CoC member legal services provides fair housing and discrimination counsel at CoC meetings including printed guidance materials. (2) All communications published by the CoC is available in multi language/other formats to accommodate persons w/disabilities and those w/limited English proficiency, including its widely used and annually published “StreetSheet” available in three languages, materials offered through TTY and the availability/provision of interpretive services at all CoC meetings and forums.

4A-5. RRH Beds as Reported in the HIC. Applicants must report the total

number of rapid rehousing beds available to serve all household types as reported in the Housing Inventory Count (HIC) for 2017 and 2018.

	2017	2018	Difference
RRH beds available to serve all populations in the HIC	386	280	-106

4A-6. Rehabilitation or New Construction Costs. No
 Are new proposed project applications requesting \$200,000 or more in funding for housing rehabilitation or new construction?

4A-7. Homeless under Other Federal Statutes. No
 Is the CoC requesting to designate one or more of its SSO or TH projects to serve families with children or youth defined as homeless under other Federal statutes?

4B. Attachments

Instructions:

Multiple files may be attached as a single .zip file. For instructions on how to use .zip files, a reference document is available on the e-snaps training site:
<https://www.hudexchange.info/resource/3118/creating-a-zip-file-and-capturing-a-screenshot-resource>

Document Type	Required?	Document Description	Date Attached
1C-5. PHA Administration Plan–Homeless Preference	No	1C-5 PHA HOMELESS...	09/14/2018
1C-5. PHA Administration Plan–Move-on Multifamily Assisted Housing Owners' Preference	No		
1C-8. Centralized or Coordinated Assessment Tool	Yes	1C-8a COORD ASSMN...	09/14/2018
1E-1. Objective Criteria–Rate, Rank, Review, and Selection Criteria (e.g., scoring tool, matrix)	Yes	1E-1 OBJ CRITERIA...	09/14/2018
1E-3. Public Posting CoC-Approved Consolidated Application	Yes	1E-3 PUBLIC POSTI...	09/14/2018
1E-3. Public Posting–Local Competition Rate, Rank, Review, and Selection Criteria (e.g., RFP)	Yes	1E-3 PUBLIC POSTI...	09/14/2018
1E-4. CoC's Reallocation Process	Yes	1E-4 REALLOCATION...	09/14/2018
1E-5. Notifications Outside e-snaps–Projects Accepted	Yes	1E-5 NOTIFICATION...	09/14/2018
1E-5. Notifications Outside e-snaps–Projects Rejected or Reduced	Yes	1E-5 NOTIFICATION...	09/14/2018
1E-5. Public Posting–Local Competition Deadline	Yes	1E-5 PUBLIC POSTI...	09/14/2018
2A-1. CoC and HMIS Lead Governance (e.g., section of Governance Charter, MOU, MOA)	Yes	2A-1 COC and HMIS...	09/14/2018
2A-2. HMIS–Policies and Procedures Manual	Yes	2A-2 HMIS POLICIE...	09/14/2018
3A-6. HDX–2018 Competition Report	Yes	3A-6 HDX 2018 COM...	09/14/2018
3B-2. Order of Priority–Written Standards	No		

3B-5. Racial Disparities Summary	No		
4A-7.a. Project List–Persons Defined as Homeless under Other Federal Statutes (if applicable)	No		
Other	No	1C-8b COORD ASSMN...	09/14/2018
Other	No	3B-2 ORDER OF PRI...	09/14/2018
Other	No		

Attachment Details

Document Description: 1C-5 PHA HOMELESS PREFERENCE EVIDENCE

Attachment Details

Document Description:

Attachment Details

Document Description: 1C-8a COORD ASSMNT TOOL

Attachment Details

Document Description: 1E-1 OBJ CRITERIA-RATE, RANK, REVIEW

Attachment Details

Document Description: 1E-3 PUBLIC POSTING-APPLICATION

Attachment Details

Document Description: 1E-3 PUBLIC POSTING-RATE, RANK, REVIEW

Attachment Details

Document Description: 1E-4 REALLOCATION PROCESS

Attachment Details

Document Description: 1E-5 NOTIFICATIONS PROJECTS ACCEPTED

Attachment Details

Document Description: 1E-5 NOTIFICATIONS PROJECTS REJECTED
REDUCED

Attachment Details

Document Description: 1E-5 PUBLIC POSTING LOCAL COMP
DEADLINE

Attachment Details

Document Description: 2A-1 COC and HMIS LEAD GOVERNANCE

Attachment Details

Document Description: 2A-2 HMIS POLICIES AND PROCEDURES
MANUAL

Attachment Details

Document Description: 3A-6 HDX 2018 COMPETITION REPORT

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: 1C-8b COORD ASSMNT TOOL

Attachment Details

Document Description: 3B-2 ORDER OF PRIORITY-WRITTEN STDS

Attachment Details

Document Description:

Submission Summary

Ensure that the Project Priority List is complete prior to submitting.

Page	Last Updated
1A. Identification	09/14/2018
1B. Engagement	09/14/2018
1C. Coordination	09/14/2018
1D. Discharge Planning	09/14/2018
1E. Project Review	09/14/2018
2A. HMIS Implementation	09/14/2018
2B. PIT Count	09/14/2018
2C. Sheltered Data - Methods	09/14/2018
3A. System Performance	09/14/2018
3B. Performance and Strategic Planning	09/14/2018
4A. Mainstream Benefits and Additional Policies	09/14/2018
4B. Attachments	09/14/2018

FY2018 CoC Application	Page 53	09/14/2018
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Submission Summary

No Input Required

Attachment 1C-5

New Bedford Continuum of Care
MA-505

Public Housing Authority
Homeless Preference Evidence

This attachment includes the required information from the following PHAs:

- New Bedford Housing Authority (letter)
- MA Department of Housing & Community Development (DHCD) HCV Program Administrative Plan excerpts demonstrating homeless preference.
- Dartmouth Housing Authority (statement)
- Fall River Housing Authority

NEW BEDFORD HOUSING AUTHORITY

Post Office Box 2081
New Bedford, Massachusetts 02741

Steven A. Beauregard Executive Director

CENTRAL OFFICE
128 Union St. Suite 40
TEL: 508-997-4300
FAX: 508-9974808
TDD: 508-9974874

July 20, 2018

Jennifer Clarke, AICP
Deputy Director of Planning, Housing and Community Development
City of New Bedford
608 Pleasant Street 2nd Floor
New Bedford, MA 02740

Re: Continuum of Care

Dear Ms. Clarke,

The New Bedford Housing Authority (NBHA) is pleased to assist the City of New Bedford's Continuum of Care (CoC) in the development of its annual application for CoC funding and offers this letter as a means of memorializing both the preferences employed by the NBHA and its effect in ensuring housing for the homeless over the past fiscal year, as well as the ongoing relationship between our two entities.

The NBHA is committed to providing the highest quality service in order to ensure safe, stable housing for those coming out of homelessness. Annually this Housing Authority places large numbers of individuals and families coming out of homelessness into housing through its preferences as follows:

- Family Preferences for the Section 8 Voucher Choice Program vouchers:
 - 1) Involuntarily Displaced/Homeless
 - 2) Sub-Standard Housing conditions
 - 3) Paying over 50% of income for rent and utilities
- Local preferences:
 - 1) Disabled Head or spouse or Full-time Employed
 - 2) Full-time student in college or job training program
 - 3) Local Resident of New Bedford or works full-time in New Bedford.

For State-aided public housing we have the following priorities and preferences:

- 1) Homeless and displaced by Natural forces, such as fire, hurricane or flood.
- 2) Homeless and displaced by public action, such as urban renewal.
- 3) Homeless and displaced due to enforcement of Minimum Housing Standards.
- 4) Emergency Case Plan which include domestic violence, medical emergencies and those without housing due to no fault of their own.

Out of the 85 State housing placements the NBHA made from 8-1-17 to present, 79.6% were for those who were homeless due to one of the above conditions. Due to hurricane Maria in September 2017,

hundreds of families have applied for first preference for our State public housing units. Out of the 85 placements, we have housed 46 hurricane victims, with another 113 still waiting. Our Emergency lists

have over 914 families waiting for placement, so the need for funding has never been so great. In addition, during this same time period the Housing Authority issued 319 Section 8 vouchers and it is estimated that at least 43% of those were involuntarily displaced or homeless. We currently have over 2,400 people waiting for a Section 8 Voucher. These preferences work to house those in greatest need—those who are coming out of homeless situations.

Finally, the NBHA celebrates the long history of collaboration between the NBHA and the City's Department of Planning, Housing & Community Development (DPHCD) in its role as lead administrative agent for the City's CoC. The NBHA continues to commit to this relationship in order to ensure a strong relationship with shared goals which actively ensure consistency, transparency and success in housing those experiencing homelessness in the City of New Bedford.

If you need any other information, please don't hesitate to contact me.

Sincerely,



Cheryl Souza

Tenant Placement Coordinator

**MASSACHUSETTS
DEPARTMENT OF
HOUSING & COMMUNITY
DEVELOPMENT**



**HOUSING CHOICE VOUCHER
PROGRAM
ADMINISTRATIVE PLAN**

Approved:
September
2014

19.5 HOUSING OPTIONS PROGRAM

19.5.1 Overview

The Housing Options Program (HOP) provides rental assistance and supportive services to disabled persons primarily in the greater Boston area who are homeless or at risk of homelessness. HOP is a collaborative effort of the DHCD and various Departments and offices under the Executive Office of Health and Human Services (EOHHS).³ Participating EOHHS agencies commit funds to support the lead service agency, JRI Health, which provides all applicant referrals and coordination of services for program participants.

HOP is an integral part of a continuum of care that provides permanent housing for homeless persons with disabilities who are ready to live independently. HOP is targeted to homeless persons moving out of transitional housing in order to make beds available within the homeless service system. This unique program combines 345 Section 8 vouchers with supportive services.

- Priority 1: Homeless disabled persons in transitional housing programs
- Priority 2: Homeless disabled persons in shelters, streets, or places not meant for human habitation
- Priority 3: Otherwise homeless disabled persons

For the purposes of the HOP Administrative Plan, an agency that is directly responsible for the provision of supportive services to a HOP participant is referred to as a "vendor." The vendors involved in HOP currently include: DMH, DDSDS, DPH-BSAS, MRC, HomeStart, EOEA, MassHealth and JRI.

Interagency Advisory Team

The Interagency Advisory Team (IAT) meets as needed and consists of representatives of DHCD, participating EOHHS agencies, HomeStart, JRI Health (JRI), the Metropolitan Boston Housing Partnership (MBHP), MassHousing, and representatives of non-profit housing and service agencies working with homeless people with disabilities. The IAT is responsible for the management of support services funding, the development of HOP policies and procedures, and the general oversight of the program.

DMH, on behalf of all participating funding agencies, serves as the key agency responsible for the procurement and contracting with the Lead Service Agency (LSA). The LSA is responsible for the day-to-day HOP management.

³ Departments and offices under EOHHS include the Department of Developmental Services (DDS), the Department of Mental Health (DMH), the Department of Public Health (DPH), the Executive Office of Elder Affairs (EOEA), the Department of Veteran's Services (DVS), the Massachusetts Rehabilitation Commission (MRC), and the Department of Children and Families (DCF).

Participants cannot save unused support funds, so staff are urged to encourage participants to use these funds for the above purposes and unforeseen expenses. The support accounts are intended to facilitate savings, and allow for participants access to as much of the escrow funds as possible. Under certain circumstances, support funds may be accessed under the hardship policy to offset loss of earned income. See Hardship Policy section of this plan. Support funds cannot be used to pay rent arrearages.

DHCD has established the following guidance for the appropriate use of the supports budget. Appropriate uses for the supports budget include but are not limited to:

- Transportation (public transportation, private auto expenses, for working participant(s) and/or children);
- Work wardrobe or uniforms;
- English as a Second Language classes /Adult Basic Education/GED programs or testing;
- Training programs or expenses;
- College tuition or expenses;
- Expenses for professional credentials (licenses, certification, professional insurance, etc.); or
- Continuing education expenses.

For participants with children, support funds may also be used for child care, before or after-school care, summer camp, or other appropriate supports for their children, if these supports are needed to help the participant meet their program requirements.

19.17.3 Moving To Work Demonstration Project Authority, Contracts, and Termination

DHCD's MTW program is operated through the terms and conditions established in its Moving To Work Demonstration Agreement, and any amendments which may be added. DHCD, its subcontracted administering agencies, and MTW participants are bound by all MTW statutory and regulatory requirements regarding operation, modification, and/or termination/transition of this project. Funding for this program is subject to annual review, and dependent upon adequate federal funding for DHCD's entire HCVP portfolio. In addition, DHCD will monitor the program's effectiveness in its primary purpose -- helping participants meet their economic self-sufficiency goals.

19.17.4 Eligibility:

All participants must meet the following eligibility requirements in order to be enrolled in the program. Documentation of compliance with all eligibility requirements must be included in each participant file.

Employment:

- Working at least part-time;
- Imminently employed (offer has been made) and/or with recent work history (within the last 6 months); or
- Enrolled in a full-time job training program with placement and on-going employment assistance.

Demonstrated Commitment to Goals of Program:

- Commitment to work with a variety of service agencies to obtain the supports they identify as needing in order to move forward (One Family Scholars, Career Center Services, vocational counseling etc.) Participants will be required to complete a pre-program workshop prior to joining the program.

Live in Non-subsidized Housing:

RAAs must make a good faith effort to determine if participants are living in subsidized housing of any kind. RAA staff are expected to have a strong knowledge base of subsidized housing programs in their service area.

Income Eligible

75 percent of all participants must earn less than 30% of AMI. All other eligibility requirements of DHCD's HCV program apply to pilot participants as well. All participants must meet the "but for this assistance" threshold – i.e., all participants must require the rental assistance in order to move from "at –risk" and unstably housed to stable and able to actively address education/training deficits to improve their long term economic stability.

Regional Priorities

In Boston, priority is given to families living in homeless shelters. Participants leaving shelter to enroll in the FES program will lose their homeless status.

19.17.5 Outreach and Referrals

Each program site will be required to submit an outreach and referral plan to DHCD prior to enrolling participants in the program. This plan will document how the agency will reach as broad a base as possible to ensure open and available access to the program.

In addition to identifying participants who meet their respective geographic priorities, DHCD expects RAAs to reach out to community colleges, job training programs, community based organizations, faith-based institutions, immigrant services agencies, childcare providers, community health centers, and other widely accessed service providers.

19.17.6 Portability

Within MA

This program is a Moving to Work initiative of DHCD and thus has limited in-state mobility only. A participant who wishes to move to a different community within the service area of the RAA must be able to continue to meet the requirements of their Stability Plan, and the move must be approved by RAA staff prior to changing residences. Participants who move to the other MTW site, will join the new area's program, and be subject to all aspects of that program design, including different rent subsidy payments, support budget and service providers.



The Dartmouth Housing Authority follows the policies mandated by the MA Department of Housing and Community Development as relates to preferences and priorities. The Dartmouth Housing Authority, therefore, does not have a written housing authority plan.

Both the DHCD plan as well as its standard applications are all incorporated as Dartmouth Housing Authority material.

In FY17 , only 1% of the incoming population was reflective of the homeless preference.

Connie Desbiens

Director



In FY17 the Fall River Housing Authority (FRHA) recorded 0% of its incoming residents as meeting any standard of homelessness. In FY16 the FRHA had 6% of its incoming residents as meeting the definition of homelessness.

The FRHA has a limited homeless preference.

Kerry Farias

Attachment 1C-8a

New Bedford Continuum of Care
MA-505

CoC's Standard Assessment Tool

NOTE:

The New Bedford CoC uses two standard assessment tools, one for families, one for singles.

Here the SPDAT Family Form follows.

There is also a SPDAT Form for Singles that is used (also using orgcode model).

Please find that under a separate attachment #1C-8b

Family Service Prioritization Decision Assistance Tool (F-SPDAT)

Assessment Tool for Families

VERSION 2.01

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1 (800) 355-0420 info@orgcode.com www.orgcode.com



Welcome to the SPDAT Line of Products

The Service Prioritization Decision Assistance Tool (SPDAT) has been around in various incarnations for over a decade, before being released to the public in 2010. Since its initial release, the use of the SPDAT has been expanding exponentially and is now used in over one thousand communities across the United States, Canada, and Australia.

More communities using the tool means there is an unprecedented demand for versions of the SPDAT, customized for specific client groups or service delivery contexts. With the release of SPDAT V4, there have been more current versions of SPDAT products than ever before.

VI-SPDAT Series

The **Vulnerability Index – Service Prioritization Decision Assistance Tool** (VI-SPDAT) was developed as a pre-screening tool for communities that are very busy and may not have the resources to conduct a full SPDAT assessment for every client. It was made in collaboration with Community Solutions, creators of the Vulnerability Index, as a brief survey that can be conducted to quickly determine whether a client has high, moderate, or low acuity. The use of this survey can help prioritize which clients should be given a full SPDAT assessment first. Because it is a self-reported survey, no special training is required to use the VI-SPDAT.

Current versions available:

- VI-SPDAT V 2.0 for Individuals
- VI-SPDAT V 2.0 for Families
- VI-SPDAT V 1.0 for Youth

All versions are available online at

www.orgcode.com/products/vi-spdatt/

SPDAT Series

The **Service Prioritization Decision Assistance Tool** (SPDAT) was developed as an assessment tool for frontline workers at agencies that work with homeless clients to prioritize which of those clients should receive assistance first. It is an in-depth assessment that relies on the assessor's ability to interpret responses and corroborate those with evidence. As a result, this tool may only be used by those who have received proper, up-to-date training provided by OrgCode Consulting, Inc. or an OrgCode certified trainer.

Current versions available:

- SPDAT V 4.0 for Individuals
- SPDAT V 2.0 for Families
- SPDAT V 1.0 for Youth

Information about all versions is available online at

www.orgcode.com/products/spdat/

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SPDAT Training Series

To use the SPDAT, training by OrgCode or an OrgCode certified trainer is required. We provide training on a wide variety of topics over a variety of mediums.

The full-day in-person SPDAT Level 1 training provides you the opportunity to bring together as many people as you want to be trained for one low fee. The webinar training allows for a maximum of 15 different computers to be logged into the training at one time. We also offer online courses for individuals that you can do at your own speed.

The training gives you the manual, case studies, application to current practice, a review of each component of the tool, conversation guidance with prospective clients – and more!

Current SPDAT training available:

- Level 0 SPDAT Training: VI-SPDAT for Frontline Workers
- Level 1 SPDAT Training: SPDAT for Frontline Workers
- Level 2 SPDAT Training: SPDAT for Supervisors
- Level 3 SPDAT Training: SPDAT for Trainers

Other related training available:

- Excellence in Housing-Based Case Management
- Coordinated Access & Common Assessment
- Motivational Interviewing
- Objective-Based Interactions

More information about SPDAT training, including pricing, is available online at

<http://www.orgcode.com/product-category/training/spdat/>

Terms and Conditions Governing the Use of the SPDAT

SPDAT products have been developed by OrgCode Consulting, Inc. with extensive feedback from key community partners including people with lived experience. The tools are provided free of charge to communities to improve the client centered services dedicated to increasing housing stability and wellness. Training is indeed required for the administration and interpretation of these assessment tools. Use of the SPDAT products without authorized training is strictly prohibited.

By using this tool, you accept and agree to be bound by the terms of this expectation.

No sharing, reproduction, use or duplication of the information herein is permitted without the express written consent of OrgCode Consulting, Inc.

Ownership

The Service Prioritization Decision Assistance Tool (“SPDAT”) and accompanying documentation is owned by OrgCode Consulting, Inc.

Training

Although the SPDAT Series is provided free of charge to communities, training by OrgCode Consulting, Inc. or a third party trainer, authorized by OrgCode, must be successfully completed. After meeting the training requirements required to administer and interpret the SPDAT Series, practitioners are permitted to implement the SPDAT in their work with clients.

Restrictions on Use

You may not use or copy the SPDAT prior to successfully completing training on its use, provided by OrgCode Consulting, Inc. or a third-party trainer authorized by OrgCode. You may not share the SPDAT with other individuals not trained on its use. You may not train others on the use of the SPDAT, unless specifically authorized by OrgCode Consulting, Inc.

Restrictions on Alteration

You may not modify the SPDAT or create any derivative work of the SPDAT or its accompanying documentation, without the express written consent of OrgCode Consulting, Inc. Derivative works include but are not limited to translations.

Disclaimer

The management and staff of OrgCode Consulting, Inc. (OrgCode) do not control the way in which the Service Prioritization Decision Assistance Tool (SPDAT) will be used, applied or integrated into related client processes by communities, agency management or frontline workers. OrgCode assumes no legal responsibility or liability for the misuse of the SPDAT, decisions that are made or services that are received in conjunction with the assessment tool.

A. Mental Health & Wellness & Cognitive Functioning

PROMPTS	CLIENT SCORE: <input style="width: 100px;" type="text"/>
<ul style="list-style-type: none"> - Has anyone in your family ever received any help with their mental wellness? - Do you feel that every member in your family is getting all the help they need for their mental health or stress? - Has a doctor ever prescribed anyone in your family pills for nerves, anxiety, depression or anything like that? - Has anyone in your family ever gone to an emergency room or stayed in a hospital because they weren't feeling 100% emotionally? - Does anyone in your family have trouble learning or paying attention, or been tested for learning disabilities? - Do you know if, when pregnant with you, your mother did anything that we now know can have negative effects on the baby? What about when you were pregnant? - Has anyone in your family ever hurt their brain or head? - Do you have any documents or papers about your family's mental health or brain functioning? - Are there other professionals we could speak with that have knowledge of your family's mental health? 	<p style="text-align: center; margin: 0;">NOTES</p> <div style="border: 1px solid #e91e63; height: 200px; width: 100%;"></div>

SCORING	
4	<p>Any of the following among any family member:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Serious and persistent mental illness (2+ hospitalizations in a mental health facility or psychiatric ward in the past 2 years) and not in a heightened state of recovery currently <input type="checkbox"/> Major barriers to performing tasks and functions of daily living or communicating intent because of a brain injury, learning disability or developmental disability
3	<p>Any of the following among any family member:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Heightened concerns about state of mental health, but fewer than 2 hospitalizations, and/or without knowledge of presence of a diagnosable mental health condition <input type="checkbox"/> Diminished ability to perform tasks and functions of daily living or communicating intent because of a brain injury, learning disability or developmental disability
2	<p>While there may be concern for overall mental health or mild impairments to performing tasks and functions of daily living or communicating intent, all of the following are true:</p> <ul style="list-style-type: none"> <input type="checkbox"/> No major concerns about the family's safety or ability to be housed without intensive supports to assist with mental health or cognitive functioning <input type="checkbox"/> No major concerns for the health and safety of others because of mental health or cognitive functioning ability <input type="checkbox"/> No compelling reason for any member of the family to be screened by an expert in mental health or cognitive functioning prior to housing to fully understand capacity
1	<ul style="list-style-type: none"> <input type="checkbox"/> All members of the family are in a heightened state of recovery, have a Wellness Recovery Action Plan (WRAP) or similar plan for promoting wellness, understands symptoms and strategies for coping with them, and are engaged with mental health supports as necessary.
0	<ul style="list-style-type: none"> <input type="checkbox"/> No mental health or cognitive functioning issues disclosed, suspected or observed.

B. Physical Health & Wellness

PROMPTS	CLIENT SCORE: <input style="width: 50px;" type="text"/>
<ul style="list-style-type: none"> - How is your family's health? - Are you getting any help with your health? How often? - Do you feel you are getting all the care you need for your family's health? - Any illnesses like diabetes, HIV, Hep C or anything like that going on in any member of your family? - Ever had a doctor tell anyone in your family that they have problems with blood pressure or heart or lungs or anything like that? - When was the last time anyone in your family saw a doctor? What was that for? - Do you have a clinic or doctor that you usually go to? - Anything going on right now with your family's health that you think would prevent them from living a full, healthy, happy life? - Are there other professionals we could speak with that have knowledge of your family's health? - Do you have any documents or papers about your family's health or past stays in hospital because of your health? 	<p>NOTES</p> <div style="border: 1px solid #e91e63; height: 150px; width: 100%;"></div>

SCORING	
4	<p>Any of the following for any member of the family:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Co-occurring chronic health conditions <input type="checkbox"/> Attempting a treatment protocol for a chronic health condition, but the treatment is not improving health <input type="checkbox"/> Palliative health condition
3	<p>Presence of a health issue among any family member with any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not connected with professional resources to assist with a real or perceived serious health issue, by choice <input type="checkbox"/> Single chronic or serious health concern but does not connect with professional resources because of insufficient community resources (e.g. lack of availability or affordability) <input type="checkbox"/> Unable to follow the treatment plan as a direct result of homeless status
2	<ul style="list-style-type: none"> <input type="checkbox"/> Presence of a relatively minor physical health issue, which is managed and/or cared for with appropriate professional resources or through informed self-care <input type="checkbox"/> Presence of a physical health issue, for which appropriate treatment protocols are followed, but there is still a moderate impact on their daily living
1	<p>Single chronic or serious health condition in a family member, but all of the following are true:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Able to manage the health issue and live a relatively active and healthy life <input type="checkbox"/> Connected to appropriate health supports <input type="checkbox"/> Educated and informed on how to manage the health issue, take medication as necessary related to the condition, and consistently follow these requirements.
0	<ul style="list-style-type: none"> <input type="checkbox"/> No serious or chronic health condition <input type="checkbox"/> If any minor health condition, they are managed appropriately

C. Medication

PROMPTS	CLIENT SCORE: <input style="width: 100px;" type="text"/>
<ul style="list-style-type: none"> - Has anyone in your family recently been prescribed any medications by a health care professional? - Does anyone in your family take any medication, prescribed to them by a doctor? - Has anyone in your family ever had a doctor prescribe them a medication that wasn't filled or they didn't take? - Were any of your family's medications changed in the last month? Whose? How did that make them feel? - Do other people ever steal your family's medications? - Does anyone in your family ever sell or share their medications with other people it wasn't prescribed to? - How does your family store their medication and make sure they take the right medication at the right time each day? - What do you do if you realize someone has forgotten to take their medications? - Do you have any papers or documents about the medications your family takes? 	<p>NOTES</p> <div style="border: 1px solid #e91e63; height: 200px; width: 100%;"></div>

SCORING	
4	<p>Any of the following for any family member:</p> <ul style="list-style-type: none"> <input type="checkbox"/> In the past 30 days, started taking a prescription which is having any negative impact on day to day living, socialization or mood <input type="checkbox"/> Shares or sells prescription, but keeps less than is sold or shared <input type="checkbox"/> Regularly misuses medication (e.g. frequently forgets; often takes the wrong dosage; uses some or all of medication to get high) <input type="checkbox"/> Has had a medication prescribed in the last 90 days that remains unfilled, for any reason.
3	<p>Any of the following for any family member:</p> <ul style="list-style-type: none"> <input type="checkbox"/> In the past 30 days, started taking a prescription which is not having any negative impact on day to day living, socialization or mood <input type="checkbox"/> Shares or sells prescription, but keeps more than is sold or shared <input type="checkbox"/> Requires intensive assistance to manage or take medication (e.g., assistance organizing in a pillbox; working with pharmacist to blister-pack; adapting the living environment to be more conducive to taking medications at the right time for the right purpose, like keeping nighttime medications on the bedside table and morning medications by the coffeemaker) <input type="checkbox"/> Medications are stored and distributed by a third-party
2	<p>Any of the following for any family member:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Fails to take medication at the appropriate time or appropriate dosage, 1-2 times per week <input type="checkbox"/> Self-manages medications except for requiring reminders or assistance for refills <input type="checkbox"/> Successfully self-managing medication for fewer than 30 consecutive days
1	<ul style="list-style-type: none"> <input type="checkbox"/> Successfully self-managing medications for more than 30, but less than 180, consecutive days
0	<p>Any of the following is true for every family member:</p> <ul style="list-style-type: none"> <input type="checkbox"/> No medication prescribed to them <input type="checkbox"/> Successfully self-managing medication for 181+ consecutive days

D. Substance Use

PROMPTS	CLIENT SCORE: <input style="width: 100px;" type="text"/>
<ul style="list-style-type: none"> - When was the last time you had a drink or used drugs? What about the other members of your family? - Anything we should keep in mind related to drugs/alcohol? - How often would you say you use [substance] in a week? - Ever have a doctor tell you that your health may be at risk because you drink or use drugs? - Have you engaged with anyone professionally related to your substance use that we could speak with? - Ever get into fights, fall down and bang your head, do things you regret later, or pass out when drinking or using other drugs? - Have you ever used alcohol or other drugs in a way that may be considered less than safe? - Do you ever drink mouthwash or cooking wine or hand sanitizer or anything like that? 	<p style="text-align: center; margin: 0;">NOTES</p> <div style="border: 1px solid #e91e63; height: 150px; width: 100%;"></div>

Note: Consumption thresholds 2 drinks per day or 14 total drinks in any one week period for men; 2 drinks per day or 9 total drinks in any one week period for women.

SCORING	
4	<ul style="list-style-type: none"> <input type="checkbox"/> An adult is in a life-threatening health situation as a direct result of substance use, or, <input type="checkbox"/> Any family member is under the legal age but over 15 and would score a 3+, or, <input type="checkbox"/> Any family member is under 15 and would score a 2+, or who first used drugs prior to age 12, or, <p>In the past 30 days, any of the following are true for any adult in the family ...</p> <ul style="list-style-type: none"> <input type="checkbox"/> Substance use is almost daily (21+ times) and often to the point of complete inebriation <input type="checkbox"/> Binge drinking, non-beverage alcohol use, or inhalant use 4+ times <input type="checkbox"/> Substance use resulting in passing out 2+ times
3	<ul style="list-style-type: none"> <input type="checkbox"/> An adult is experiencing serious health impacts as a direct result of substance use, though not (yet) in a life-threatening position as a result, or, <input type="checkbox"/> Any family member is under the legal age but over 15 and would score a 2, or, <input type="checkbox"/> Any family member is under 15 and would score a 1, or who first used drugs at age 13-15, or, <p>In the past 30 days, any of the following are true for any adult in the family ...</p> <ul style="list-style-type: none"> <input type="checkbox"/> Drug use reached the point of complete inebriation 12+ times <input type="checkbox"/> Alcohol use usually exceeded the consumption thresholds (at least 5+ times), but usually not to the point of complete inebriation <input type="checkbox"/> Binge drinking, non-beverage alcohol use, or inhalant use occurred 1-3 times
2	<ul style="list-style-type: none"> <input type="checkbox"/> Any family member is under the legal age but over 15 and would otherwise score 1, or, <p>In the past 30 days, any of the following are true for any adult in the family ...</p> <ul style="list-style-type: none"> <input type="checkbox"/> Drug use reached the point of complete inebriation fewer than 12 times <input type="checkbox"/> Alcohol use exceeded the consumption thresholds fewer than 5 times
1	<ul style="list-style-type: none"> <input type="checkbox"/> In the past 365 days, no alcohol use beyond consumption thresholds, or, <input type="checkbox"/> If making claims to sobriety, no substance use in the past 30 days
0	<ul style="list-style-type: none"> <input type="checkbox"/> In the past 365 days, no substance use

E. Experience of Abuse & Trauma of Parents

PROMPTS	CLIENT SCORE: <input style="width: 100px;" type="text"/>
<p><i>*To avoid re-traumatizing the individual, ask selected approved questions as written. Do not probe for details of the trauma/abuse. This section is entirely self-reported.</i></p> <p><i>*Because this section is self-reported, if there are more than one parent present, they should each be asked individually:</i></p> <ul style="list-style-type: none"> - <i>"I don't need you to go into any details, but has there been any point in your life where you experienced emotional, physical, sexual or psychological abuse?"</i> - <i>"Are you currently or have you ever received professional assistance to address that abuse?"</i> - <i>"Does the experience of abuse or trauma impact your day to day living in any way?"</i> - <i>"Does the experience of abuse or trauma impact your ability to hold down a job, maintain housing or engage in meaningful relationships with friends or family?"</i> - <i>"Have you ever found yourself feeding or acting in a certain way that you think is caused by a history of abuse or trauma?"</i> - <i>"Have you ever become homeless as a direct result of experiencing abuse or trauma?"</i> 	<p style="text-align: center;">NOTES</p> <div style="border: 1px solid #c00000; height: 200px;"></div>

SCORING	
4	<input type="checkbox"/> A reported experience of abuse or trauma, believed to be a direct cause of their homelessness
3	<input type="checkbox"/> The experience of abuse or trauma is not believed to be a direct cause of homelessness, but abuse or trauma (experienced before, during, or after homelessness) is impacting daily functioning and/or ability to get out of homelessness
Any of the following:	
2	<input type="checkbox"/> A reported experience of abuse or trauma, but is not believed to impact daily functioning and/or ability to get out of homelessness <input type="checkbox"/> Engaged in therapeutic attempts at recovery, but does not consider self to be recovered
1	<input type="checkbox"/> A reported experience of abuse or trauma, and considers self to be recovered
0	<input type="checkbox"/> No reported experience of abuse or trauma

F. Risk of Harm to Self or Others

PROMPTS	CLIENT SCORE: <input style="width: 100px;" type="text"/>
<ul style="list-style-type: none"> - Does anyone in your family have thoughts about hurting themselves or anyone else? Have they ever acted on these thoughts? When was the last time? What was occurring when that happened? - Has anyone in your family ever received professional help – including maybe a stay at hospital – as a result of thinking about or attempting to hurt themselves or others? How long ago was that? Does that happen often? - Has anyone in your family recently left a situation you felt was abusive or unsafe? How long ago was that? - Has anyone in your family been in any fights recently – whether they started it or someone else did? How long ago was that? How often do they get into fights? 	NOTES

SCORING	
4	<p>Any of the following for any family member:</p> <ul style="list-style-type: none"> <input type="checkbox"/> In the past 90 days, left an abusive situation <input type="checkbox"/> In the past 30 days, attempted, threatened, or actually harmed self or others <input type="checkbox"/> In the past 30 days, involved in a physical altercation (instigator or participant)
3	<p>Any of the following for any family member:</p> <ul style="list-style-type: none"> <input type="checkbox"/> In the past 180 days, left an abusive situation, but no exposure to abuse in the past 90 days <input type="checkbox"/> Most recently attempted, threatened, or actually harmed self or others in the past 180 days, but not in the past 30 days <input type="checkbox"/> In the past 365 days, involved in a physical altercation (instigator or participant), but not in the past 30 days
2	<p>Any of the following for any family member:</p> <ul style="list-style-type: none"> <input type="checkbox"/> In the past 365 days, left an abusive situation, but no exposure to abuse in the past 180 days <input type="checkbox"/> Most recently attempted, threatened, or actually harmed self or others in the past 365 days, but not in the past 180 days <input type="checkbox"/> 366+ days ago, 4+ involvements in physical altercations
1	<ul style="list-style-type: none"> <input type="checkbox"/> 366+ days ago, a family member had 1-3 involvements in physical altercations
0	<ul style="list-style-type: none"> <input type="checkbox"/> Whole family reports no instance of harming self, being harmed, or harming others

G. Involvement in Higher Risk and/or Exploitive Situations

PROMPTS	CLIENT SCORE: <input style="width: 100px;" type="text"/>
<ul style="list-style-type: none"> • <i>[Observe, don't ask] Any abscesses or track marks from injection substance use?</i> • <i>Does anybody force or trick people in your family to do things that they don't want to do?</i> • <i>Do you or anyone in your family ever do stuff that could be considered dangerous like drinking until they pass out outside, or delivering drugs for someone, having sex without a condom with a casual partner, or anything like that?</i> • <i>Does anyone in your family ever find themselves in situations that may be considered at a high risk for violence?</i> • <i>Does your family ever sleep outside? How do you dress and prepare for that? Where do you tend to sleep?</i> 	<div style="background-color: #c00000; color: white; padding: 5px; text-align: center; font-weight: bold;">NOTES</div> <div style="border: 1px solid #c00000; height: 200px; margin-top: 5px;"></div>

SCORING

4	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> In the past 180 days, family engaged in a total of 10+ higher risk and/or exploitive events <input type="checkbox"/> In the past 90 days, any member of the family left an abusive situation
3	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> In the past 180 days, family engaged in a total of 4-9 higher risk and/or exploitive events <input type="checkbox"/> In the past 180 days, any member of the family left an abusive situation, but not in the past 90 days
2	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> In the past 180 days, family engaged in a total of 1-3 higher risk and/or exploitive events <input type="checkbox"/> 181+ days ago, any member of the family left an abusive situation
1	<ul style="list-style-type: none"> <input type="checkbox"/> Any involvement in higher risk and/or exploitive situations by any member of the family occurred more than 180 days ago but less than 365 days ago
0	<ul style="list-style-type: none"> <input type="checkbox"/> In the past 365 days, no involvement by any family member in higher risk and/or exploitive events

H. Interaction with Emergency Services

PROMPTS	CLIENT SCORE: <input style="width: 100px;" type="text"/>
<ul style="list-style-type: none"> - How often does your family go to emergency rooms? - How many times have you had the police speak to members of your family over the past 180 days? - Has anyone in your family used an ambulance or needed the fire department at any time in the past 180 days? - How many times have members of your family called or visited a crisis team or a crisis counselor in the last 180 days? - How many times have you or anyone in your family been admitted to hospital in the last 180 days? How long did they stay? 	NOTES

Note: Emergency service use includes: admittance to emergency room/department; hospitalizations; trips to a hospital in an ambulance; crisis service, distress centers, suicide prevention service, sexual assault crisis service, sex worker crisis service, or similar service; interactions with police for the purpose of law enforcement; interactions with fire service in emergency situations.

SCORING	
4	<input type="checkbox"/> In the past 180 days, cumulative family total of 10+ interactions with emergency services
3	<input type="checkbox"/> In the past 180 days, cumulative family total of 4-9 interactions with emergency services
2	<input type="checkbox"/> In the past 180 days, cumulative family total of 1-3 interactions with emergency services
1	<input type="checkbox"/> Any interaction with emergency services by family members occurred more than 180 days ago but less than 365 days ago
0	<input type="checkbox"/> In the past 365 days, no interaction with emergency services

I. Legal

PROMPTS	CLIENT SCORE: <input style="width: 100px;" type="text"/>
<ul style="list-style-type: none"> • Does your family have any "legal stuff" going on? • Has anyone in your family had a lawyer assigned to them by a court? • Does anyone in your family have any upcoming court dates? Do you think there's a chance someone in your family will do time? • Any outstanding fines? • Has anyone in your family paid any fines in the last 12 months for anything? • Has anyone in your family done any community service in the last 12 months? • Is anybody expecting someone in your family to do community service for anything right now? • Did your family have any legal stuff in the last year that got dismissed? • Is your family's housing at risk in any way right now because of legal issues? 	<p>NOTES</p> <div style="border: 1px solid #c00000; height: 150px; width: 100%;"></div>

SCORING	
4	<p>Any of the following among any family member:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Current outstanding legal issue(s), likely to result in fines of \$500+ <input type="checkbox"/> Current outstanding legal issue(s), likely to result in incarceration of 3+ months (cumulatively), inclusive of any time held on remand
3	<p>Any of the following among any family member:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Current outstanding legal issue(s), likely to result in fines less than \$500 <input type="checkbox"/> Current outstanding legal issue(s), likely to result in incarceration of less than 90 days (cumulatively), inclusive of any time held on remand
2	<p>Any of the following among any family member:</p> <ul style="list-style-type: none"> <input type="checkbox"/> In the past 365 days, relatively minor legal issue has occurred and was resolved through community service or payment of fine(s) <input type="checkbox"/> Currently outstanding relatively minor legal issue that is unlikely to result in incarceration (but may result in community service)
1	<p><input type="checkbox"/> There are no current legal issues among family members, and any legal issues that have historically occurred have been resolved without community service, payment of fine, or incarceration</p>
0	<p><input type="checkbox"/> No family member has had any legal issues within the past 365 days, and currently no conditions of release</p>

J. Managing Tenancy

PROMPTS	CLIENT SCORE: <input style="width: 100px;" type="text"/>
<ul style="list-style-type: none"> - <i>Is your family currently homeless?</i> - <i>(If the family is housed) Does your family have an eviction notice?</i> - <i>(If the family is housed) Do you think that your family's housing is at risk?</i> - <i>How is your family's relationship with your neighbors?</i> - <i>How does your family normally get along with landlords?</i> - <i>How has your family been doing with taking care of your place?</i> 	<p>NOTES</p> <div style="border: 1px solid #e91e63; height: 100px; width: 100%;"></div>

Note: Housing matters include: *conflict with landlord and/or neighbors, damages to the unit, payment of rent on time and in full. Payment of rent through a third party is not considered to be a short-coming or deficiency in the ability to pay rent.*

SCORING	
4	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Currently homeless <input type="checkbox"/> In the next 30 days, will be re-housed or return to homelessness <input type="checkbox"/> In the past 365 days, was re-housed 6+ times <input type="checkbox"/> In the past 90 days, support worker(s) have been cumulatively involved 10+ times with housing matters
3	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> In the next 60 days, will be re-housed or return to homelessness, but not in next 30 days <input type="checkbox"/> In the past 365 days, was re-housed 3-5 times <input type="checkbox"/> In the past 90 days, support worker(s) have been cumulatively involved 4-9 times with housing matters
2	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> In the past 365 days, was re-housed 2 times <input type="checkbox"/> In the past 180 days, was re-housed 1+ times, but not in the past 60 days <input type="checkbox"/> Continuously housed for at least 90 days but not more than 180 days <input type="checkbox"/> In the past 90 days, support worker(s) have been cumulatively involved 1-3 times with housing matters
1	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> In the past 365 days, was re-housed 1 time <input type="checkbox"/> Continuously housed, with no assistance on housing matters, for at least 180 days but not more than 365 days
0	<ul style="list-style-type: none"> <input type="checkbox"/> Continuously housed, with no assistance on housing matters, for at least 365 days

K Personal Administration & Money Management

PROMPTS	CLIENT SCORE: <input style="width: 100px;" type="text"/>
<ul style="list-style-type: none"> - How are you and your family with taking care of money? - How are you and your family with paying bills on time and taking care of other financial stuff? - Does anyone in your family have any street debts or drug or gambling debts? - Is there anybody that thinks anyone in your family owes them money? - Do you budget every single month for every single thing your family needs? Including cigarettes? Booze? Drugs? - Does your family try to pay your rent before paying for anything else? - Is anyone in your family behind in any payments like child support or student loans or anything like that? 	<p style="text-align: center; margin: 0;">NOTES</p> <div style="border: 1px solid #e91e63; height: 150px; width: 100%;"></div>

SCORING	
4	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> No family income (including formal and informal sources) <input type="checkbox"/> Substantial real or perceived debts of \$1,000+, past due or requiring monthly payments <p>Or, for the person who normally handles the household's finances, any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Cannot create or follow a budget, regardless of supports provided <input type="checkbox"/> Does not comprehend financial obligations <input type="checkbox"/> Not aware of the full amount spent on substances, if the household includes a substance user
3	<p><input type="checkbox"/> Real or perceived debts of \$999 or less, past due or requiring monthly payments, or For the person who normally handles the household's finances, any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Requires intensive assistance to create and manage a budget (including any legally mandated guardian/trustee that provides assistance or manages access to money) <input type="checkbox"/> Only understands their financial obligations with the assistance of a 3rd party <input type="checkbox"/> Not budgeting for substance use, if the household includes a substance user
2	<p><input type="checkbox"/> In the past 365 days, source of family income has changed 2+ times, or For the person who normally handles the household's finances, any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Budgeting to the best of ability (including formal and informal sources), but still short of money every month for essential needs <input type="checkbox"/> Voluntarily receives assistance creating and managing a budget or restricts access to their own money (e.g. guardian/trusteeship) <input type="checkbox"/> Self-managing financial resources and taking care of associated administrative tasks for less than 90 days
1	<p><input type="checkbox"/> The person who normally handles the household's finances has been self-managing financial resources and taking care of associated administrative tasks for at least 90 days, but for less than 180 days</p>
0	<p><input type="checkbox"/> The person who normally handles the household's finances has been self-managing financial resources and taking care of associated administrative tasks for at least 180 days</p>

L. Social Relationships & Networks

PROMPTS	CLIENT SCORE: <input style="width: 100px;" type="text"/>
<ul style="list-style-type: none"> - Tell me about your family's friends, extended family or other people in your life. - How often do you get together or chat with family friends? - When your family goes to doctor's appointments or meet with other professionals like that, what is that like? - Are there any people in your life that you feel are just using you, or someone else in your family? - Are there any of your family's closer friends that you feel are always asking you for money, smokes, drugs, food or anything like that? - Have you ever had people crash at your place that you did not want staying there? - Have you ever been threatened with an eviction or lost a place because of something that friends or extended family did in your apartment? - Have you ever been concerned about not following your lease agreement because of friends or extended family? 	<p>NOTES</p> <div style="border: 1px solid #e91e63; height: 200px; width: 100%;"></div>

SCORING	
4	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Currently homeless and would classify most of friends and family as homeless <input type="checkbox"/> Friends, family or other people are placing security of housing at imminent risk, or impacting life, wellness, or safety <input type="checkbox"/> In the past 90 days, left an exploitive, abusive or dependent relationship <input type="checkbox"/> No friends or family and any family member demonstrates an inability to follow social norms
3	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Currently homeless, and would classify some of friends as housed, while some are homeless <input type="checkbox"/> In the past 90-180 days, left an exploitive, abusive or dependent relationship <input type="checkbox"/> Friends, family or other people are having some negative consequences on wellness or housing stability <input type="checkbox"/> No friends or family but all family members demonstrate ability to follow social norms <input type="checkbox"/> Any family member is meeting new people with an intention of forming friendships <input type="checkbox"/> Any family member is reconnecting with previous friends or family members, but experiencing difficulty advancing the relationship
2	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Currently homeless, and would classify friends and family as being housed <input type="checkbox"/> More than 180 days ago, left an exploitive, abusive or dependent relationship <input type="checkbox"/> Any family member is developing relationships with new people but not yet fully trusting them
1	<ul style="list-style-type: none"> <input type="checkbox"/> Has been housed for less than 180 days, and family is engaged with friends or family, who are having no negative consequences on the individual's housing stability
0	<ul style="list-style-type: none"> <input type="checkbox"/> Has been housed for at least 180 days, and family is engaged with friends or family, who are having no negative consequences on the individual's housing stability

M. Self Care & Daily Living Skills of Family Head

PROMPTS	CLIENT SCORE: <input style="width: 100px;" type="text"/>
<ul style="list-style-type: none"> - Do you have any worries about taking care of yourself or your family? - Do you have any concerns about cooking, cleaning, laundry or anything like that? - Does anyone in your family ever need reminders to do things like shower or clean up? - Describe your family's last apartment. - Do you know how to shop for nutritious food on a budget? - Do you know how to make low cost meals that can result in leftovers to freeze or save for another day? - Do you tend to keep all of your family's clothes clean? - Have you ever had a problem with mice or other bugs like cockroaches as a result of a dirty apartment? - When you have had a place where you have made a meal, do you tend to clean up dishes and the like before they get crusty? 	NOTES

SCORING	
4	<p>Any of the following for head(s) of household:</p> <ul style="list-style-type: none"> <input type="checkbox"/> No insight into how to care for themselves, their apartment or their surroundings <input type="checkbox"/> Currently homeless and relies upon others to meet basic needs (e.g. access to shelter, showers, toilet, laundry, food, and/or clothing) on an almost daily basis <input type="checkbox"/> Engaged in hoarding or collecting behavior and is not aware that it is an issue in her/his life
3	<p>Any of the following for head(s) of household:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Has insight into some areas of how to care for themselves, their apartment or their surroundings, but misses other areas because of lack of insight <input type="checkbox"/> In the past 180 days, relied upon others to meet basic needs (e.g. access to shelter, showers, toilet, laundry, food, and/or clothing), 14+ days in any 30-day period <input type="checkbox"/> Engaged in hoarding or collecting behavior and is aware that it is an issue in her/his life
2	<p>Any of the following for head(s) of household:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Fully aware and has insight in all that is required to take care of themselves, their apartment and their surroundings, but has not yet mastered the skills or time management to fully execute this on a regular basis <input type="checkbox"/> In the past 180 days, relied upon others to meet basic needs (e.g. access to shelter, showers, toilet, laundry, food, and/or clothing), fewer than 14 days in every 30-day period
1	<ul style="list-style-type: none"> <input type="checkbox"/> In the past 365 days, family accessed community resources 4 or fewer times, and head of household is fully taking care of all the family's daily needs
0	<ul style="list-style-type: none"> <input type="checkbox"/> For the past 365+ days, fully taking care of all the family's daily needs independently

N. Meaningful Daily Activity

PROMPTS	CLIENT SCORE: <input style="width: 100px;" type="text"/>
<ul style="list-style-type: none"> - How does your family spend their days? - How does your family spend their free time? - Do these things make your family feel happy/fulfilled? - How many days a week would you say members of your family have things to do that make them feel happy/fulfilled? - How much time in a week would you or members of your family say they are totally bored? - When people in your family wake up in the morning, do they tend to have an idea of what they plan to do that day? - How much time in a week would you say members of your family spend doing stuff to fill up the time rather than doing things that they love? - Are there any things that get in the way of your family doing the sorts of activities they would like to be doing? 	<p>NOTES</p> <div style="border: 1px solid #e91e63; height: 150px; width: 100%;"></div>

SCORING	
4	<input type="checkbox"/> Any member of the family has no planned, legal activities described as providing fulfillment or happiness
3	<input type="checkbox"/> Any member of the family is discussing, exploring, signing up for and/ or preparing for new activities or to re-engage with planned, legal activities that used to provide fulfillment or happiness
2	<input type="checkbox"/> Some members of the family are attempting new or re-engaging with planned, legal activities that used to provide fulfillment or happiness, but uncertain that activities selected are currently providing fulfillment or happiness, or they are not fully committed to continuing the activities.
1	<input type="checkbox"/> Each family member has planned, legal activities described as providing fulfillment or happiness 1-3 days per week
0	<input type="checkbox"/> Each family member has planned, legal activities described as providing fulfillment or happiness 4+ days per week

0. History of Homelessness & Housing

PROMPTS	CLIENT SCORE: <input style="width: 100px;" type="text"/>
<ul style="list-style-type: none"> - How long has your family been homeless? - How many times has your family experienced homelessness other than this most recent time? - Has your family spent any time sleeping on a friend's couch or floor? And if so, during those times did you consider that to be your family's permanent address? - Has your family ever spent time sleeping in a car, alleyway, garage, barn, bus shelter, or anything like that? - Has your family ever spent time sleeping in an abandoned building? - Was anyone in your family ever been in hospital or jail for a period of time when they didn't have a permanent address to go to when they got out? 	<div style="background-color: #e91e63; color: white; padding: 5px; text-align: center;">NOTES</div> <div style="border: 1px solid #e91e63; height: 150px; margin-top: 5px;"></div>

SCORING	
4	<input type="checkbox"/> Over the past 10 years, cumulative total of 5+ years of family homelessness
3	<input type="checkbox"/> Over the past 10 years, cumulative total of 2+ years but fewer than 5 years of family homelessness
2	<input type="checkbox"/> Over the past 4 years, cumulative total of 30+ days but fewer than 2 years of family homelessness
1	<input type="checkbox"/> Over the past 4 years, cumulative total of 7+ days but fewer than 30 days of family homelessness
0	<input type="checkbox"/> Over the past 4 years, cumulative total of 7 or fewer days of family homelessness

P. Parental Engagement

PROMPTS	CLIENT SCORE: <input style="width: 100px;" type="text"/>
<ul style="list-style-type: none"> - Walk me through a typical evening after school in your family. - Tell me about what role, if any, the older kids have with the younger kids. Do they babysit? Walk them to school? Bathe or put the younger kids to bed? - Does your family have play time together? What kinds of things do you do and how often do you do it? - Let's pick a day like a Saturday...do you know where your kids are the entire day and whom they are out with all day? 	<div style="background-color: #e91e63; color: white; padding: 5px; text-align: center; font-weight: bold;">NOTES</div> <div style="border: 1px solid #e91e63; height: 150px; margin-top: 5px;"></div>

Note: In this section, a child is considered "supervised" when the parent has knowledge of the child's whereabouts, the child is in an age-appropriate environment, and the child is engaged with the parent or another responsible adult. "Caretaking tasks" are tasks that may be expected by a parent/caregiver such as getting children to/from school, preparing meals, bathing children, putting children to bed, etc.

SCORING

4	<ul style="list-style-type: none"> <input type="checkbox"/> No sense of parental attachment and responsibility <input type="checkbox"/> No meaningful family time together <input type="checkbox"/> Children 12 and younger are unsupervised 3+ hours each day <input type="checkbox"/> Children 13 and older are unsupervised 4+ hours each day <input type="checkbox"/> In families with 2+ children, the older child performs caretaking tasks 5+ days/week
3	<ul style="list-style-type: none"> <input type="checkbox"/> Weak sense of parental attachment and responsibility <input type="checkbox"/> Meaningful family activities occur 1-4 times in a month <input type="checkbox"/> Children 12 and younger are unsupervised 1-3 hours each day <input type="checkbox"/> Children 13 and older are unsupervised 2-4 hours each day <input type="checkbox"/> In families with 2+ children, the older child performs caretaking tasks 3-4 days/week
2	<ul style="list-style-type: none"> <input type="checkbox"/> Sense of parental attachment and responsibility, but not consistently applied <input type="checkbox"/> Meaningful family activities occur 1-2 days per week <input type="checkbox"/> Children 12 and younger are unsupervised fewer than 1 hour each day <input type="checkbox"/> Children 13 and older are unsupervised 1-2 hours each day <input type="checkbox"/> In families with 2+ children, the older child performs caretaking tasks fewer than 2 days/week
1	<ul style="list-style-type: none"> <input type="checkbox"/> Strong sense of parental attachment and responsibility towards their children <input type="checkbox"/> Meaningful family activities occur 3-6 days of the week <input type="checkbox"/> Children 12 and younger are never unsupervised <input type="checkbox"/> Children 13 and older are unsupervised no more than an hour each day
0	<ul style="list-style-type: none"> <input type="checkbox"/> Strong sense of attachment and responsibility towards their children <input type="checkbox"/> Meaningful family activities occur daily <input type="checkbox"/> Children are never unsupervised

Q. Stability/Resiliency of the Family Unit

PROMPTS	CLIENT SCORE: <input type="text"/>
<ul style="list-style-type: none"> - Over the past year have there been any different adults staying with the family like a family friend, grandparent, aunt or that sort of thing? If so, can you tell me when and for how long and the changes that have occurred? - Other than kids being taken into care, have there been any instances where any child has gone to stay with another family member or family friend for any length of time? Can you tell me how many times, when and for how long that happened? 	NOTES

SCORING	
4	In the past 365 days, any of the following have occurred: <input type="checkbox"/> Parental arrangements and/or other adult relative within the family have changed 4+ times <input type="checkbox"/> Children have left or returned to the family 4+ times
3	In the past 365 days, any of the following have occurred: <input type="checkbox"/> Parental arrangements and/or other adult relatives within the family have changed 3 times <input type="checkbox"/> Children have left or returned to the family 3 times
2	In the past 365 days, any of the following have occurred: <input type="checkbox"/> Parental arrangements and/or other adult relatives within the family have changed 2 times <input type="checkbox"/> Children have left or returned to the family 2 times
1	In the past 365 days, any of the following have occurred: <input type="checkbox"/> Parental arrangements and/or other adult relatives within the family have changed 1 time <input type="checkbox"/> Children have left or returned to the family 1 time
0	In the past 365 days, any of the following have occurred: <input type="checkbox"/> No change in parental arrangements and/or other adult relatives within the family <input type="checkbox"/> Children have not left or returned to the family

S. Size of Family Unit

PROMPTS	CLIENT SCORE: <input style="width: 100px;" type="text"/>
<p>- I just want to make sure I understand how many kids there are, the gender of each and their age. Can you take me through that again?</p> <p>- Is anyone in the family currently pregnant?</p>	NOTES

SCORING		
	FOR ONE-PARENT FAMILIES:	FOR TWO-PARENT FAMILIES:
4	Any of the following: <input type="checkbox"/> A pregnancy in the family <input type="checkbox"/> At least one child aged 0-6 <input type="checkbox"/> Three or more children of any age	Any of the following: <input type="checkbox"/> A pregnancy in the family <input type="checkbox"/> Four or more children of any age
3	Any of the following: <input type="checkbox"/> At least one child aged 7-11 <input type="checkbox"/> Two children of any age	Any of the following: <input type="checkbox"/> At least one child aged 0-6 <input type="checkbox"/> Three children of any age
2	<input type="checkbox"/> At least one child aged 12-15.	Any of the following: <input type="checkbox"/> At least one child aged 7-11 <input type="checkbox"/> Two children of any age
1	<input type="checkbox"/> At least one child aged 16 or older.	<input type="checkbox"/> At least one child aged 12 or older
0	<input type="checkbox"/> Children have been permanently removed from the family and the household is transitioning to services for singles or couples without children	

T Interaction with Child Protective Services and/or Family Court

PROMPTS	CLIENT SCORE: <input style="width: 100px;" type="text"/>
<ul style="list-style-type: none"> - Any matters being considered by a judge right now as it pertains to any member of your family? - Have any of your children spent time in care? When was that? For how long were they in care? When did you get them back? - Has there ever been an investigation by someone in child welfare into the matters of your family? 	NOTES <div style="border: 1px solid #e91e63; height: 150px; width: 100%;"></div>

SCORING	
4	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> In the past 90 days, interactions with child protective services have occurred <input type="checkbox"/> In the past 365 days, one or more children have been removed from parent's custody that have not been reunited with the family at least four days per week <input type="checkbox"/> There are issues still be decided or considered within family court
3	<p>In the past 180 days, any of the following have occurred:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Interactions with child protective services have occurred, but not within the past 90 days <input type="checkbox"/> One or more children have been removed from parent's custody through child protective services (non-voluntary) and the child(ren) has been reunited with the family four or more days per week; <input type="checkbox"/> Issues have been resolved in family court
2	<ul style="list-style-type: none"> <input type="checkbox"/> In the past 365 days, interactions with child protective services have occurred, but not within the past 180 days, and there are no active issues, concerns or investigations
1	<ul style="list-style-type: none"> <input type="checkbox"/> No interactions with child protective services have occurred, within the past 365 days, and there are no active issues, concerns or investigations.
0	<ul style="list-style-type: none"> <input type="checkbox"/> There have been no serious interactions with child protective services because of parenting concerns

FAMILY SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (F-SPDAT)

VERSION 2.01

FAMILIES

Client:	Worker:	Version:	Date:
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COMPONENT	SCORE	COMMENTS
MENTAL HEALTH & WELLNESS AND COGNITIVE FUNCTIONING	0	
PHYSICAL HEALTH & WELLNESS	0	
MEDICATION	0	
SUBSTANCE USE	0	
EXPERIENCE OF ABUSE AND/OR TRAUMA	0	
RISK OF HARM TO SELF OR OTHERS	0	
INVOLVEMENT IN HIGHER RISK AND/OR EXPLOITIVE SITUATIONS	0	
INTERACTION WITH EMERGENCY SERVICES	0	

FAMILY SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (F-SPDAT)

VERSION 2.01

FAMILIES

Client:	Worker:	Version:	Date:
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COMPONENT	SCORE	COMMENTS
LEGAL INVOLVEMENT	0	
MANAGING TENANCY	0	
PERSONAL ADMINISTRATION & MONEY MANAGEMENT	0	
SOCIAL RELATIONSHIPS & NETWORKS	0	
SELF-CARE & DAILY LIVING SKILLS	0	
MEANINGFUL DAILY ACTIVITIES	0	
HISTORY OF HOUSING & HOMELESSNESS	0	

FAMILY SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (F-SPDAT)

VERSION 2.01

FAMILIES

Client:	Worker:	Version:	Date:
----------------	----------------	-----------------	--------------

COMPONENT	SCORE	COMMENTS
PARENTAL ENGAGEMENT	0	
STABILITY/RESILIENCY OF THE FAMILY UNIT	0	
NEEDS OF CHILDREN	0	
SIZE OF FAMILY	0	
INTERACTION WITH CHILD PROTECTIVE SERVICES AND / OR FAMILY COURT	0	
TOTAL	0	No housing intervention

Appendix A: About the SPDAT

OrgCode Consulting, Inc. is pleased to announce the release of Version 4 of the Service Prioritization Decision Assistance Tool (SPDAT). Since its release in 2010, the SPDAT has been used with over 10,000 unique individuals in over 100 communities across North America and in select locations around the world.

Originally designed as a tool to help prioritize housing services for homeless individuals based upon their acuity, the SPDAT has been successfully adapted to other fields of practice, including discharge planning from hospitals, work with youth, survivors of domestic violence, health research, planning supports for consumer survivors of psychiatric care systems, and in work supporting people with fetal alcohol spectrum disorders. We are encouraged that so many service providers and communities are expanding the use of this tool, and OrgCode will continue to support the innovative use of the SPDAT to meet local needs.

SPDAT Design

The SPDAT is designed to:

- Help prioritize which clients should receive what type of housing assistance intervention, and assist in determining the intensity of case management services
- Prioritize the sequence of clients receiving those services
- Help prioritize the time and resources of Frontline Workers
- Allow Team Leaders and program supervisors to better match client needs to the strengths of specific Frontline Workers on their team
- Assist Team Leaders and program supervisors to support Frontline Workers and establish service priorities across their team
- Provide assistance with case planning and encourage reflection on the prioritization of different elements within a case plan
- Track the depth of need and service responses to clients over time

The SPDAT is NOT designed to:

- Provide a diagnosis
- Assess current risk or be a predictive index for future risk
- Take the place of other valid and reliable instruments used in clinical research and care

The SPDAT is only used with those clients who meet program eligibility criteria. For example, if there is an eligibility criterion that requires prospective clients to be homeless at time of intake to be eligible for Housing First, then the pre-condition must be met before pursuing the application of the SPDAT. For that reason, we have also created the VF-SPDAT as an initial screening tool.

The SPDAT is not intended to replace clinical expertise or clinical assessment tools. The tool complements existing clinical approaches by incorporating a wide array of components that provide both a global and detailed picture of a client's acuity. Certain components of the SPDAT relate to clinical concerns, and it is expected that intake professionals and clinicians will work together to ensure the accurate assessment of these issues. In fact, many organizations and communities have found the SPDAT to be a useful method for bridging the gap between housing, social services and clinical services.

Family SPDAT

Upon the release of SPDAT Version 3, a special version was released - the Family SPDAT Version 1. This tool introduced five new components that specifically address the unique challenges to housing stability faced by homeless families. In addition, the tool has a focus on households throughout.

SPDAT Version 4/ Family SPDAT Version 2

The SPDAT has been influenced by the experience of practitioners in its use, persons with lived experience that have had the SPDAT implemented with them, as well as a number of other excellent tools such as (but not limited to) the Outcome Star, Health of the Nation Outcome Scale, Denver Acuity Scale, Camberwell Assessment of Needs, Vulnerability Index, and Transition Aged Youth Triage Tool.

In preparing SPDAT v4 and F-SPDAT v2, we have adopted a comprehensive and collaborative approach to changing and improving the SPDAT. Communities that have used the tool for three months or more have provided us with their feedback. OrgCode staff have observed the tool in operation to better understand its implementation in the field. An independent committee composed of service practitioners and academics review enhancements to the SPDAT. Furthermore, we continue to test the validity of SPDAT results through the use of control groups. Overall, we consistently see that groups assessed with the SPDAT have better long-term housing and life stability outcomes than those assessed with other tools, or no tools at all.

OrgCode intends to continue working with communities and persons with lived experience to make future versions of the SPDAT even better. We hope all those communities and agencies that choose to use this tool will remain committed to collaborating with us to make those improvements over time.

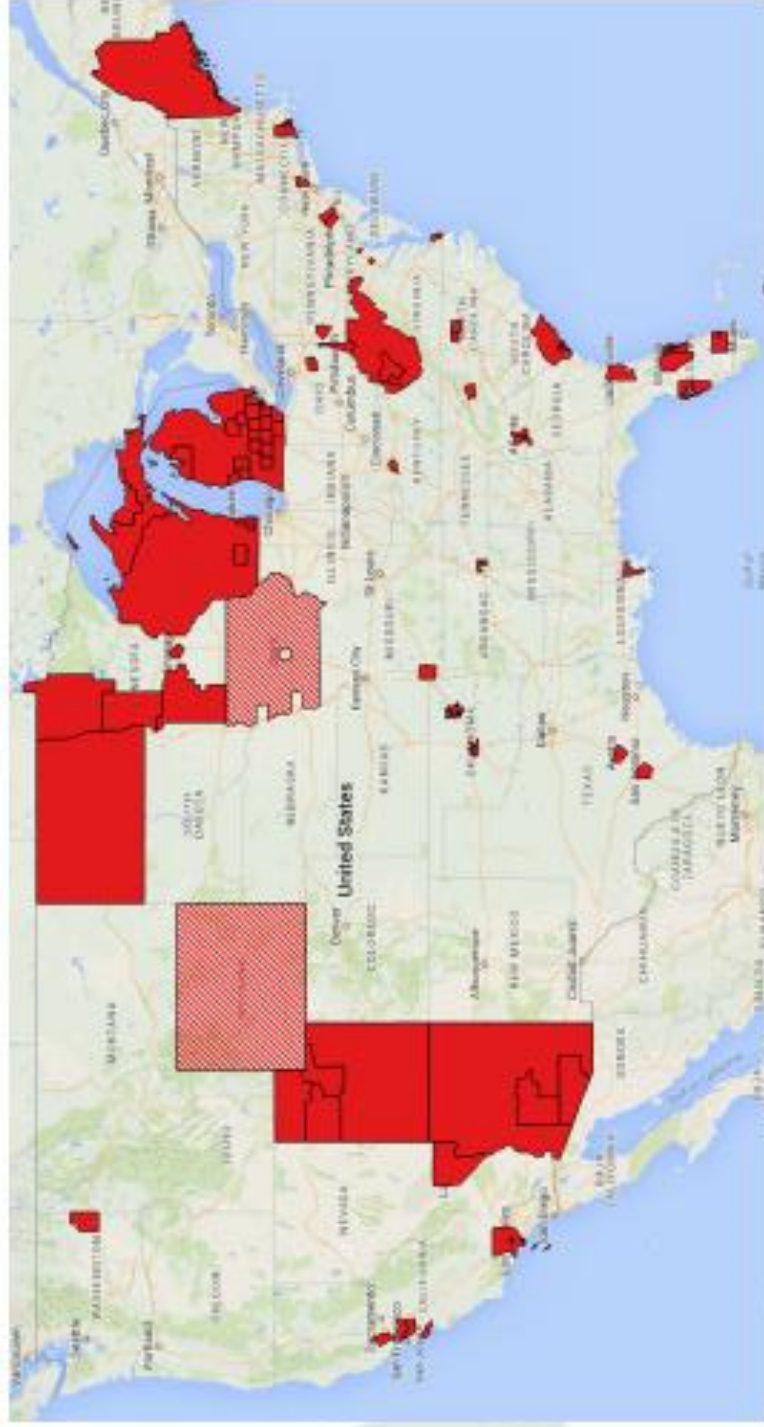
The new versions build upon the success of previous versions of the SPDAT products with some refinements. Starting in August 2014, a survey was launched of existing SPDAT and F-SPDAT users to get their input on what should be amended, improved, or maintained in the tool. Analysis was completed across all of these responses. Further research was conducted. Questions were tested and refined over several months, again including the direct voice of persons with lived experience and frontline practitioners. Input was also gathered from senior government officials that create policy and programs to help ensure alignment with guidelines and funding requirements.

The major differences from F-SPDAT Version 1 to Version 2 include:

- The structure of the tools is the same: four domains (five for families) with components aligned to specific domains. The names of the domains and the components remain unchanged.
- The scoring of the tools is the same: 60 points for singles, and 80 points for families.
- The scoring tables used to run from 0 through to 4. They are now reversed with each table starting at 4 and working their way down to 0. This increases the speed of assessment.
- The order of the tools has changed, grouped together by domain.
- Language has been simplified.
- Days are used rather than months to provide greater clarification and alignment to how most databases capture periods of time in service.
- Greater specificity has been provided in some components such as amount of debts.

Appendix B: Where the SPDAT is being used (as of May 2015)

United States of America



FAMILY SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (F-SPDAT)

FAMILIES

VERSION 2.01

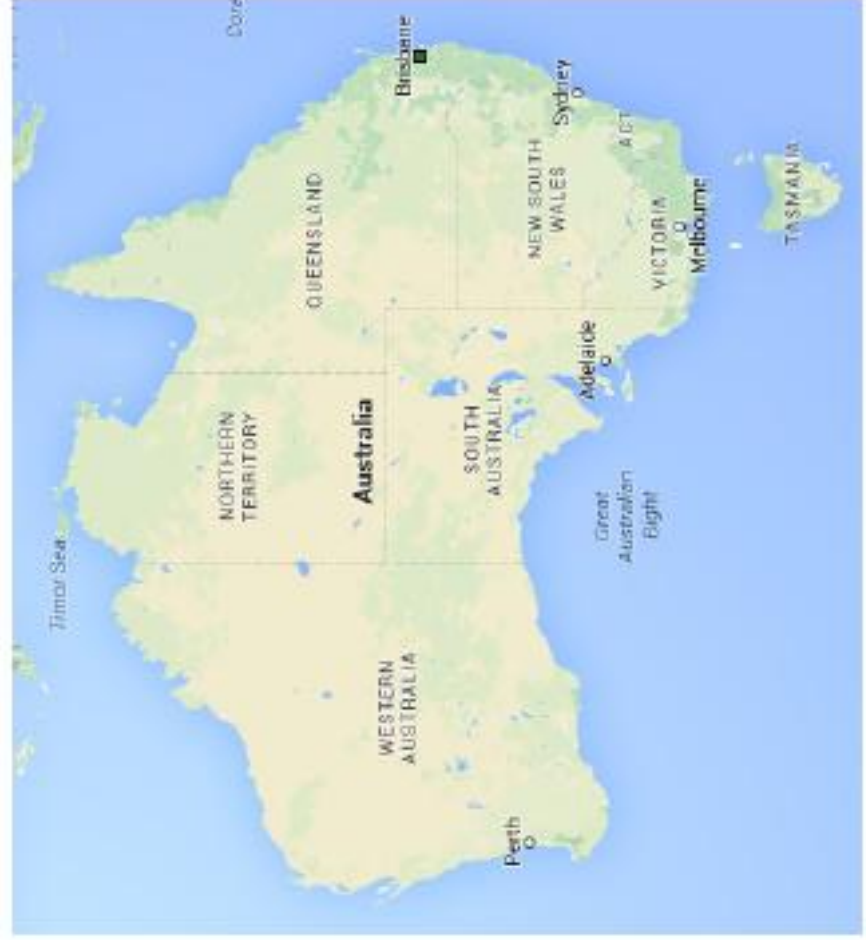
- Arizona**
- Statewide
- California**
- Oakland/Alameda County CoC
- Richmond/Contra Costa County CoC
- Watsonville/Santa Cruz City & County CoC
- Napa City & County CoC
- Los Angeles City & County CoC
- Pasadena CoC
- Glendale CoC
- District of Columbia**
- District of Columbia CoC
- Florida**
- Sarasota/Bradenton/Maratee, Sarasota Counties CoC
- Tampa/Hillsborough County CoC
- St. Petersburg/Clearwater/Largo/Pinellas County CoC
- Orlando/Orange, Osceola, Seminole Counties CoC
- Jacksonville-Duval, Clay Counties CoC
- Palm Bay/Melbourne/Brevard County CoC
- West Palm Beach/Palm Beach County CoC
- Georgia**
- Atlanta County CoC
- Fulton County CoC
- Marietta/Cobb County CoC
- DeKalb County CoC
- Iowa**
- Parts of Iowa Balance of State CoC
- Kentucky**
- Louisville/Jefferson County CoC
- Louisiana**
- New Orleans/Jefferson Parish CoC
- Bristol/Bensalem/Bucks County CoC
- Pittsburgh/McKeesport/Penn Hills/Allegheny County CoC
- Rhode Island**
- Statewide
- South Carolina**
- Charleston/Low Country CoC
- Tennessee**
- Memphis/Shelby County CoC
- Texas**
- San Antonio/Bexar County CoC
- Austin/Travis County CoC
- Utah**
- Salt Lake City & County CoC
- Utah Balance of State CoC
- Provo/Mountainland CoC
- Virginia**
- Virginia Beach CoC
- Arlington County CoC
- Washington**
- Spokane City & County CoC
- Wisconsin**
- Statewide
- West Virginia**
- Statewide
- Wyoming**
- Wyoming is in the process of implementing statewide
- Maryland**
- Baltimore City CoC
- Maine**
- Statewide
- Michigan**
- Statewide
- Minnesota**
- Minneapolis/Hennepin County CoC
- Northwest Minnesota CoC
- Moorhead/West Central Minnesota CoC
- Southwest Minnesota CoC
- Missouri**
- Joplin/Jasper, Newton Counties CoC
- North Carolina**
- Winston Salem/Forsyth County CoC
- Asheville/Buncombe County CoC
- Greensboro/High Point CoC
- North Dakota**
- Statewide
- Nevada**
- Las Vegas/Clark County CoC
- New York**
- Yonkers/Mount Vernon/New Rochelle/Westchester County CoC
- Ohio**
- Canton/Massillon/Alliance/Stark County CoC
- Toledo/Lucas County CoC
- Oklahoma**
- Tulsa City & County/Broken Arrow CoC
- Oklahoma City CoC
- Pennsylvania**
- Lower Merion/Morrisstown/Abington/Montgomery County CoC

Canada

- Alberta**
- Province-wide
- Manitoba**
- City of Winnipeg
- New Brunswick**
- City of Fredericton
- City of Saint John
- Newfoundland and Labrador**
- Province-wide
- Northwest Territories**
- City of Yellowknife
- Ontario**
- City of Barrie/ Simcoe County
- City of Brantford/ Brant County
- City of Greater Sudbury
- City of Kingston/ Frontenac County
- City of Ottawa
- City of Windsor
- Saskatchewan**
- District of Kenora
- District of Parry Sound
- District of Sault Ste Marie
- Regional Municipality of Waterloo
- Regional Municipality of York
- Saskatoon



Australia
- Queensland
- Brisbane



Attachment 1E-1

New Bedford Continuum of Care

MA-505

Objective Criteria-Rate, Rank, Review and
Selection Criteria including Domestic Violence



COC REVIEW and RANKING PROCESS.2018

The New Bedford Continuum of Care has established a Performance Review Committee that is charged with evaluating the performance of Continuum of Care (CoC) and Emergency Solutions Grant (ESG) funded programs and overseeing the Rank and Review process for the annual Continuum of Care funding cycle. The New Bedford Continuum of Care is also known as the Homeless Service Providers Network (HSPN).

The Performance Review Committee (PRC) is comprised of HSPN members who are knowledgeable about homelessness and housing in our CoC and who are broadly representative of the relevant sectors, subpopulations, and geographic areas. The PRC is comprised of representatives from a cross-section of groups in the HSPN including; faith-based providers, private sector, non-profit providers of homeless services and housing, and City of New Bedford staff. The PRC is also comprised of members that have no financial or interest in any CoC-funded program. The projects will be evaluated on a 90 point basis. For each section of the application, the PRC members will be asked to assign a score that is based on information in the application, the quantitative review, and the site visit (if applicable) for each project.

General Responsibilities of the Performance Review Committee [PRC]:

The PRC meets quarterly to review performance and outcomes from CoC and ESG funded programs. The City of New Bedford's Department of Planning, Housing and Community Development's (DPHCD) provides detailed quarterly monitoring reports to the PRC to fully evaluate program performance. The PRC also meets to discuss the annual request for proposals application process, and provides feedback and considers information gained on behalf of the CoC over the past year and makes revisions to the application. The committee also considers asking new members to join the committee and participate on the review team.

The Committee's responsibility revolves around the complete review and ranking of CoC applications received through an RFP process that seeks funding through the Continuum of Care Application process and providing a recommendation to the Homeless Service Provider Network (HSPN).

There are four (4) primary responsibilities of the PRC:

1. **Review all applications** for funding:
 - Review any new project submittals.
 - Review any proposed reallocations.
 - Review all existing CoC Programs that are eligible for renewal.
2. **Evaluate and assess the proposals** in light of the Continuum's existing needs and gaps, as well as the funding HUD will make available.
3. **Rank all projects.** The project ranking is established through the PRC review and evaluation process. The committee reviews the process and all scoring in order to adopt the ranking. Projects projected to fall into Tier 2 are contacted and notified of their ranking and offered the opportunity to go over the project's scores. Afterwards, the ranking is shared with Membership. At that time, each project receives a copy of their individual scores and is given the opportunity to meet with the Collaborative Applicant to debrief.

4. **Make a recommendation** for a slate of projects to be funded in order of priority and by tier in accordance with HUD funding criteria to the full HSPN membership for a formal vote. The ranking is shared with the HSPN and posted on the City's website. Each project receives a copy of their individual scores and is given the opportunity to meet with the Collaborative Applicant to debrief.

Review Process

The PRC will evaluate projects that must meet minimum project eligibility, capacity, timeliness, and performance standards. Information will be evaluated from Annual Performance Reports (APRs), information derived from desktop and on-site monitoring including monitoring reports and A-133 audit reports as applicable and performance standards on prior grants in addition to assessing a project on the following criteria:

- Applicant's performance against plans and goals;
- Timeliness standards;
- Applicant's performance in assisting program participants to achieve and maintain independent living and record of success;
- Financial management accounting practices;
- Timely expenditures;
- Capacity; and
- Eligible activities

Project Tiering

When the NOFA is released, the priorities and tiering outlined in the application are strategically applied by the CoC to the project ranking. Reallocation, new projects, and other CoC priorities are considered through CoC discussions. The tiering is presented by the PRC based on projects that meet a high priority, are high performing, and meet the needs and gaps as identified in the CoC.

Bonus Project/DV Bonus Projects

Each year, there may be bonus funds available. The CoC is permitted to apply for one (1) bonus project, which will compete nationally against other bonus projects on a HUD scoring system set forth in the NOFA. HUD will notify the CoCs as to what the bonus funds may be used for. The bonus project will complement and fill an unmet need. The application for a bonus project is a separate RFP. The reviewers will score and rank the bonus projects in accordance with criteria set forth in the RFP. The bonus projects will be part of the overall project review and ranking process completed by the PRC and submitted to the full HSPN for a formal vote. In addition to a bonus project, a new DV Bonus project is anticipated and may be submitted. DV Bonus projects are limited to RRH, SSO-CE or JTH-PH projects and will be more fully detailed in the RFP.

Reallocation

Reallocation is the process by which the CoC shifts funds, in whole or in part, from existing eligible renewal grants to create new projects for CoC Program funds. The CoC decides this by looking at projects that may be underperforming and by assessing gaps within the CoC. The CoC can decide to repurpose a project to address such unmet need. CoC funded agencies may voluntarily choose to reallocate CoC funds. These will be reviewed by the PRC team as well. Those agencies who choose to voluntarily reallocate will receive priority in the reallocation ranking process.

Appeals Process:

Agencies that question the ranking and review process and feel that they have been unfairly eliminated from the competition may file an appeal with the CoC through the City's Department of Planning, Housing and Community Development. An appeal may not be submitted if the basis of the appeal is one of the following: the applicant did not answer all the questions on the application, the applicant did not submit the application with all required attachments, or the applicant did not submit by the required deadline. Applicants whose project was rejected may appeal the local CoC competition decision to HUD if the project applicant believes it was denied the opportunity to participate in the local CoC planning process in a reasonable manner and they may submit a Solo Application in e-snaps directly to HUD prior to the application deadline.

The CoC's notification of rejection of the project in the local competition must be attached to the Solo Application. If the CoC fails to provide written notification outside of e-snaps, the Solo Applicant must attach evidence that it attempted to participate in the local CoC planning process and submitted a project application that met the local deadlines, along with a statement that the CoC did not provide the Solo Applicant written notification of the CoC rejecting the project in the local CoC competition. The appeal must be based on the fact that a decision made by the PRC regarding the ranking, rejection, or funding of their project was prejudicial, unsubstantiated by project performance, or in violation of the Continuum of Care Guidelines.

Attachment 1E-3

New Bedford Continuum of Care

MA-505

Public Posting CoC-Approved consolidated application with attachments, priority listing and all projects.

Evidence of Posting:

CoC Approved Consolidated application with attachments, priority listing and all projects

2018 CoC Funding Competition

Not secure | www.nbhspn.com/coc-funding-competition/

continuum, in a unanimous vote, the HSPN membership also accepted the report of the PKC and its recommendation for ranking in the 2018 CoC Competition.

The final CoC Rank and Order of Projects is available here: [NB COC RANKING 2018](#).

2018 RANKING AND REVIEW PROCESS

The process used by the CoC in the review, evaluation and ranking of renewal, new and reallocation projects is annually updated and made available to the CoC, project applicants and the community. The 2018 Ranking and Review Process is available here: [FINAL Rank and Review Process](#). For an expanded look at the Reallocation Process, see the [REALLOCATION PLAN 2018](#).

2018 REALLOCATION PLAN

In anticipation of each CoC funding cycle, the City of New Bedford's Continuum of Care (Homeless Service Provider's Network or "HSPN") issues its guidance regarding its policies/process for the reallocation of funding from an existing project to a new permanent supportive housing project. A copy of the CoC's 2018 Reallocation Plan can be downloaded here [REALLOCATION PLAN 2018](#).

2018 NEW BEDFORD CONTINUUM OF CARE PRIORITIES

(Approved by the HSPN membership on June 21, 2018.)

The City of New Bedford's HSPN membership adopted its CoC Community Priorities at its regular meeting of June 15, 2018. These priorities are available here: [2018 CoC COMMUNITY PRIORITIES](#).

2018 CONSOLIDATED APPLICATION

Check out a copy of New Bedford's 2018 CoC Consolidated Application. The final COC 2018 COLLABORATIVE APPLICATION that includes the Collaborative Application, the Priority Listing and project applications submitted by the Continuum of Care to HUD is now available!

COC COMPETITION: APPLICANT'S CONFERENCE MATERIALS NOW AVAILABLE

As announced through the 2018 RFP for CoC Funding, an Applicant's Conference was held on Monday, July 9, 2018 during which an overview of both the RFP, itself, as well as the actual funding application was offered.

8:31 AM
9/14/2018

Attachment 1E-3

New Bedford Continuum of Care

MA-505

Public Posting-Local Competition Rate,
Rank, Review and Selection Criteria.

NOTE:

This attachment includes:

1. Evidence that rank/review/selection criteria was publicly posted (CoC website posting) and
2. A copy of the RFP where applicants were also provided with the criteria (Appendix B beginning on page 17 of the RFP).

Evidence of Posting: Objective Ranking, Review, Selection Criteria

2018 CoC Funding Competition

2018 RANKING AND REVIEW PROCESS

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2018 CONSOLIDATED APPLICATION

Interested in checking out a copy of New Bedford's 2018 CoC Consolidated Application? The final FY18 CoC CONSOLIDATED APPLICATION that includes the Collaborative Application, the Priority Listing and project applications submitted by the Continuum of Care to HUD and will be available here on or about September 14th. Stay tuned!

COC COMPETITION: APPLICANT'S CONFERENCE MATERIALS NOW AVAILABLE

As announced through the 2018 RFP for CoC Funding, an Applicant's Conference was held on Monday, July 9, 2018 during which an overview of both the RFP, itself, as well as the actual funding application was offered.

If you are interested in applying for funding in this competition round, please take a look at this powerpoint deck for helpful guidance. In addition, you may always contact the Department of Planning, Housing & Community Development for assistance by either email (at Jennifer.Clarke@newbedford-ma.gov) or by phone at 508.979.1500.

8:13 AM
7/9/2018

HSPN

COC REVIEW and RANKING PROCESS.2018

The New Bedford Continuum of Care has established a Performance Review Committee that is charged with evaluating the performance of Continuum of Care (CoC) and Emergency Solutions Grant (ESG) funded programs and overseeing the Rank and Review process for the annual Continuum of Care funding cycle. The New Bedford Continuum of Care is also known as the Homeless Service Providers Network (HSPN).

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1. Review all applications for funding:
 - Review any new project submittals.
 - Review any proposed reallocations.
 - Review all existing CoC Programs that are eligible for renewal.
2. Evaluate and assess the proposals in light of the Continuum's existing needs and gaps, as well as the

New Bedford Continuum of Care

2018 Continuum of Care Competition

RFP



REQUEST FOR PROPOSALS

For New Bedford CoC Renewal Projects and
New Projects that will provide Permanent Housing

RFP Available: June 29, 2018

Applicant's Conference: July 9, 2018 at 9am

For new and renewal applicants

Department of Planning, Housing & Community Development
608 Pleasant Street | New Bedford, MA 02740

Applications Due: July 20, 2018 by 12.00 PM

Department of Planning, Housing & Community Development
608 Pleasant Street | New Bedford, MA 02740

Request for Proposals

New Bedford CoC Renewal Projects *and* New Projects that will provide Permanent Housing

Introduction

The U.S. Department of Housing and Urban Development (HUD) annually releases a Notice of Funding Availability (NOFA) for the Continuum of Care Homeless Assistance Program. Following that release, the City of New Bedford is now issuing this Request for Proposals (RFP) to allow adequate time for the local review and decision-making process and will be accepting proposals for Continuum of Care funding for both renewal and new projects.

The City reserves the right to publish additional information subject to NOFA guidelines and additional HUD guidance. A single, consolidated submission of all selected projects in New Bedford Continuum of Care will be submitted to HUD by the City of New Bedford. Funding will be derived from a Federal Fiscal Year 2018 allocation of HUD funding and is subject to funding availability under the NOFA. The City reserves the right to request that applicant organizations submit adjusted project budgets based on the amount of funding made available by HUD.

The NOFA was published on June 20, 2018 including:

HUD 2018 NOFA:

[NOTICE OF FUNDING AVAILABILITY \(NOFA\) FOR FY 2018 CONTINUUM OF CARE PROGRAM COMPETITION](#)

HUD 2018 NOFA additional information:

[FY 2018 COC NOFA :: NEW, CHANGES AND HIGHLIGHTS FOR THIS YEAR](#)

The DPHCD reserves the right to modify, correct or amend this RFP in order to ensure consistency with HUD regulations.

The HUD NOFA sets up the procedure by which a CoC, through its designee, submits a single collaborative application to fund the CoC and eligible projects that advance the CoC's goals. The designee, for the New Bedford CoC (also known as the Homeless Service Provider's Network or "HSPN") is the City of New Bedford through its Department of Planning, Housing & Community Development (DPHCD) which administers the CoC and all grants awarded to the CoC.

The consolidated application that will be submitted by the City of New Bedford for the FY2018 CoC Program Competition will include eligible new projects and renewal projects from prior competitions. The CoC is seeking proposals from New Bedford providers of services and housing for new permanent supportive housing projects, new rapid rehousing projects and renewal projects. The highest need is for new permanent housing. **All applicants for new and/or renewal projects are invited to attend an Applicant's Conference on July 9, 2018 at the DPHCD offices located at 608 Pleasant Street New Bedford, MA at 9.00 am.**

Applications must be submitted in HUD's electronic grant application system, *esnaps*. The City of New Bedford will provide applicants access to *esnaps* and technical assistance regarding the use of the system. An explanation of the process that will be used for selection of projects, including the scoring criteria, is attached as Appendix B.

The New Bedford CoC's Performance Review Committee (PRC) will recommend new projects to be put forward with the New Bedford CoC FY18 Collaborative Application to HUD. Any new projects, together with renewal projects, will go through the PRC ranking process (Appendix B) and be subject to the final approval by the governing board of the CoC, it's Homeless Service Provider Network (HSPN). That final ranking, along with final project applications to be submitted through HUD's *esnaps* system, will, along with the project priority listing, be paired with the CoC's collaborative application and will constitute the CoC's 2018 Consolidated Application to HUD. HUD will make final decisions regarding awards via a national competition.

The deadline for submission of the application is Friday, July 20, 2018 by 12.00 PM.

Eligible Applicants

Eligible applicants include non-profits, local and state government and housing authorities.

All recipients/subrecipients of HUD CoC funds must comply with HUD and New Bedford CoC Conflict of Interest requirements, including:

- ❑ Projects cannot use leasing funds in buildings owned by the recipient, subrecipient, their parent organization(s), a staff or board member, relative or business associate;
- ❑ The owner of a unit or his/her subordinate may not conduct a Housing Quality Standard, Rent Reasonableness or lead-based paint visual inspection; and
- ❑ Staff, persons with whom staff has immediate family or business ties and board members are prohibited from accruing any financial interest/benefit from CoC assisted activities during their tenure with the organization and for one year following tenure.

Funding Availability

The New Bedford Continuum of Care expects to be awarded an estimated \$1,683,752 this funding round and may receive additional funding for bonus projects. Available funding anticipated consists of:

- ❑ **Renewal Projects.** The total amount of funding estimated to be available for Renewal Projects (and those taking advantage of the transition grant—see Eligible Projects) from HUD is \$1,683,752; this amount is based on the amount of currently funded projects eligible for renewal funding; this is also referred to as the pro-rata need determined by HUD. Annual grant amounts for existing permanent housing programs range from approximately \$109,030 to \$591,092; the average permanent housing grant size is roughly \$260,000.
- ❑ **New Projects** can be funded through reallocation from existing projects or through a bonus funding process, as described in this RFP. New project activities are limited by HUD to permanent supportive housing, rapid re-housing, homeless management information systems, and coordinated intake and assessment programs. HUD strictly limits the type of projects for which reallocated or bonus funds may be used.
 - **New Project through a Permanent Housing Bonus.** It is anticipated that the total amount of funding to be available through a permanent housing bonus is 6% of the Annual Renewal Demand (ARD) which for New Bedford's CoC may approximate \$101,025.
 - **New Project through a DV Bonus.** It is anticipated that the total amount of funding which the New Bedford CoC may apply for under this bonus will be 10% of its Final Pro Rata Need (FPRN) or approximately \$168,375.

Additional funds may also be available through the reallocation process as determined by the New Bedford CoC's Performance Review Committee (PRC).

Tier 1 will be equal to 94% of the CoC's Annual Renewal Demand (ARD) or roughly \$1,582,727; Tier 2 is the difference between Tier 1 and the total ARD plus any amount available for bonus amounts. For New Bedford's CoC, it is estimated that Tier 2 will be roughly \$202,050.

NOTE: The DPHCD reserves the right to adjust proposals and funding amounts based on final allocations published by HUD.

Eligible Projects

The following types of projects are eligible for funding in this competition:

❑ **Renewal Projects**

Projects currently funded under the CoC Supportive Housing Program (SHP) are eligible for renewal for FY 2018 funds if they have a subrecipient agreement that expires in Calendar Year 2019. Projects may renew as is, or they may be part of transition, expansion or consolidated projects as further described in this section:

- **“Transition Grants:”** This year, HUD is permitting HUD transition grants that will allow renewal projects to “transition” from one CoC Program component to another during the CoC Program Competition. Transition Grants are not an additional source of funding but rather, would be part of the existing Annual Renewal Demand (ARD) amount for the CoC. No more than 50% of each transition grant may be used for costs of eligible activities of the program component originally funded, transition grants in this competition are eligible for renewal in subsequent fiscal years for eligible activities of the new program component and eligibility to receive a transition grant requires renewal project applicants to have the consent of its CoC and meet all other criteria and standards in the NOFA. *See Section III.C.3.r of the HUD NOFA for further details.*
- **“Expansion Projects:”** Projects currently funded under the CoC Supportive Housing Program (SHP) may apply to expand an existing renewal project in accordance with the NOFA. *See Section III.C.3.i of the HUD NOFA for further details.*
- **“Consolidated Projects:”** Eligible renewal project applicants have the ability to consolidate two or more eligible renewal projects into one project application during the application process. This means that a CoC Program subrecipient no longer must wait for a grant agreement amendment to be executed to consolidate two or more grants before it can apply for a single consolidated project in the CoC Competition. Consultation with the DPHCD prior to undertaking this opportunity is required as HUD must confirm eligibility to consolidate projects. *See Section II.B.4 of the HUD NOFA for further details.*

❑ **New Permanent Supportive Housing (PSH) for Chronically Homeless Individuals or Families (Bonus Project)**

New permanent supportive housing projects that will serve 100% chronically homeless individuals or families are eligible to apply in this competition.

Permanent housing is community-based housing, the purpose of which is to provide housing without a designated length of stay. Grant funds may be used for leasing, rental assistance, operating costs and supportive services; definitions and guidance for each of these items is at 24 CFR 578.43-578.63. “Chronically homeless” is defined in Appendix A of this RFP.

❑ **New Projects providing eligible activities that the Secretary of HUD determines are critical in order to assist persons fleeing/attempting to flee domestic violence (DV Bonus Project)**

New projects that are dedicated to survivors of domestic violence, dating violence, sexual assault, or stalking as defined in paragraph (4) at 24 CFR 578.3 are eligible to apply for funding in this competition. The following project types are permitted to apply for a DV Bonus:

- Rapid Re-housing (PH-RRH) projects that must follow a housing first approach.
- SSO Projects for Coordinated Entry (SSO-CE) to implement policies, procedures, and practices that equip the CoC’s coordinated entry to better meet the needs of survivors of domestic violence, dating violence, sexual assault, or stalking (e.g., to implement policies and procedures that are trauma-informed, client-centered or to better coordinate referrals between the CoC’s coordinated entry and the victim service providers coordinated entry system where they are different).
- Joint TH and PH-RRH component projects as defined in Section II.C.3.m of this NOFA that must follow a housing first approach. Joint TH and RRH projects may request funding for construction, rehabilitation, acquisition, leasing, operating, rental assistance (must be tenant-based TBRA) as well as supportive services, and administration. See “Application Requirements” section of this RFP as it further highlights relevant project requirements and priorities. CoC funding may

provide supportive services and/or short-term (up to 3 months) and/or medium-term (for 3 – 24 months) of tenant based rental assistance as necessary to help participants move as quickly as possible into permanent housing and achieve stability in that housing.

Additional information germane to these projects:

- ❑ PSH projects cannot combine the following types of assistance in a single structure or housing unit:
 - Leasing and acquisition, rehabilitation or new construction;
 - Tenant-based rental assistance and acquisition, rehabilitation, or new construction;
 - Short or medium-term rental assistance and acquisition, rehabilitation or new construction;
 - Rental assistance and leasing, and
 - Rental assistance and operating
- ❑ All projects must follow the written policies and procedures established by the CoC for determining and prioritizing which eligible families and individuals will receive rapid rehousing assistance, as well as the amount or percentage of rent that each program participant must pay.
- ❑ All projects may set a maximum amount or percentage of rental assistance that a program participant may receive, a maximum number of months that a program participant may receive rental assistance, and/or a maximum number of times that a program participant may receive rental assistance. The recipient or subrecipient may also require program participants to share in the costs of rent.
- ❑ Rental assistance, where applicable, must be limited to no more than 24 months to a household.
- ❑ All projects may provide supportive services for no longer than 6 months after rental assistance stops.
- ❑ All projects must re-evaluate, not less than once annually, that the program participant lacks sufficient resources and support networks necessary to retain housing without Continuum of Care assistance and the types and amounts of assistance that the program participant needs to retain housing. The recipient or subrecipient may require each program participant receiving assistance to notify the recipient or subrecipient of changes in the program participant's income or other circumstances (e.g., changes in household composition) that affect the program participant's need for assistance. When notified of a relevant change, the recipient or subrecipient must reevaluate the program participant's eligibility and the amount/types of assistance that the program participant needs.
- ❑ All projects must require the program participant to meet with a case manager not less than once per month to assist the program participant in ensuring long-term housing stability. (The project is exempt from this requirement if the Violence Against Women Act of 1994 (42 U.S.C. 13925 *et seq.*) or the Family Violence Prevention and Services Act (42 U.S.C. 10401 *et seq.*) prohibits the recipient carrying out the project from making its housing conditional on the participant's acceptance of services.)
- ❑ All projects must meet the threshold criteria shown in the application package in Appendix D.
- ❑ New projects may only be funded through reallocation of funds from existing projects or through the permanent housing bonus process. HUD strictly limits the type of projects for which reallocated or bonus funds may be used.
- ❑ All projects will be limited to requests for one year of assistance, unless a different term is required by HUD. Upon expiration, projects may be renewed subject to HUD requirements, local priorities, satisfactory performance, and availability of funds.

Eligible Populations

Populations who may be served by each of the project types are, as follow:

1. Permanent Supportive Housing (PSH)

- ❑ All PSH projects must dedicate 100% of the units to chronically homeless individuals and/or chronically homeless families as defined by HUD. (See Appendix A).
- ❑ Project applicants must demonstrate that they will first serve the chronically homeless according to the order of priority established in Notice CPD-14-012: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons.
- ❑ Disabilities: All PSH projects must serve exclusively disabled households as defined by HUD.
- ❑ PSH projects may serve survivors of domestic violence, dating violence, sexual assault, or stalking as defined in paragraph (4) at 24 CFR 578.3.

2. Rapid Re-Housing (RRH)

- ❑ All projects must serve 100% literally homeless families and/or single adults coming from emergency shelters and/or unsheltered locations or meeting the criteria of paragraph (4) of the HUD definition of homeless including survivors of domestic violence, dating violence, sexual assault, or stalking as defined in paragraph (4) at 24 CFR 578.3.
- ❑ Persons in transitional housing are not eligible for either project type, even if they met the criteria described above prior to entering the Transitional Housing (TH) Program, unless they meet the criteria of category (4) definition of homelessness at 24 CFR 578.3 (survivors of domestic violence, dating violence, sexual assault, or stalking as defined). A household would meet category 4 of the definition of homelessness if they are fleeing or attempting to flee from domestic violence and meet all other requirements, regardless of where they are residing.

3. Joint Transitional Housing (TH) and Rapid Re-Housing Component Projects

- ❑ Individuals and families experiencing homelessness including those survivors of domestic violence ,dating violence, sexual assault or stalking as defined in paragraph (4) at 24 CFR 578.3.
- ❑ Combines the TH and RRH components into a single project.
- ❑ Joint TH and RRH projects must provide low-barrier, temporary housing while individuals and families quickly move to permanent housing with a seamless program design. Projects must have the capacity to provide both kinds of assistance to each participant.

Eligible Costs

The following guidance indicates the costs that may be included in program budgets, to be paid for by the CoC grant or by matching funds.

Rental Assistance

Rental assistance for homeless individuals and families, including tenant-based rental assistance. Grant funds may be used for security deposits in an amount not to exceed two months of rent, as well as last month's rent.

Leasing

The costs of leasing scattered site units to provide housing to homeless persons.

Leasing: Limits on rent costs. Rents paid must be reasonable in relation to comparable space or units, and may not be more than the owner charges others for comparable units. Rents for residential units cannot exceed the HUD Fair Market Rent (FMR).

Utilities. Utilities are not a leasing line item. If utilities are not provided by the landlord, utility costs are an operating cost.

Security deposits and first and last month's rent. Grant funds may be used to pay security deposits, in an amount not to exceed two months of actual rent, as well as last month's rent.

Supportive Services

The eligible costs of supportive services that address the special needs of the program participants.

Supportive Services in PSH and RRH Programs Must Relate to Housing Stability.

Supportive services must be necessary to assist program participants obtain and maintain housing and agencies must conduct an annual assessment of the service needs of the program participants and adjust services accordingly to achieve those ends.

Eligible supportive services costs:

- ❑ Reasonable one-time moving costs
- ❑ Case management
- ❑ Food—meals or groceries for program participants
- ❑ Housing search and counseling services
- ❑ Life skills training
- ❑ Outreach services
- ❑ Transportation
- ❑ Utility deposits (one-time fee, paid to utility companies)
- ❑ Direct provision of services: 1) costs of labor, supplies, and materials; and 2) salary and benefit packages of service delivery staff.

Ineligible costs: Any cost that is not described as an eligible cost is not an eligible cost.

Operating Costs

Grant funds may be used to pay the costs of the day-to-day operation of permanent supportive housing in a single structure or individual housing units.

Eligible operating costs:

- ❑ Maintenance and repair of housing
- ❑ Property taxes and insurance
- ❑ Building security for a structure where more than 50 percent of the units or area is paid for with grant funds
- ❑ Electricity, gas, and water
- ❑ Furniture
- ❑ Equipment.

Ineligible costs Program funds may not be used for rental assistance and operating costs in the same project. Program funds may not be used for the maintenance and repair of housing where the costs of maintaining and repairing the housing are included in the lease.

Project Administration

All renewal subgrantees are required to allocate the maximum 10% of their full grant amount to administration. The subgrantee may use up to 50% of the HUD-allowed administrative funds associated with the project; the remaining 50% of the allowed administrative funds are retained by the City of New Bedford (grantee). Administrative costs for renewal programs are set by HUD. The HUD-allowed administrative costs allowable for new grants are 7% of the full grant amount.

Matching Funds

The subgrantee must match all funds, except for leasing funds, with no less than 25% of funds or in-kind contributions from other sources. Guidance regarding cash and in-kind match is at 24 CFR 578.73. Cash match must be used for the costs of activities that are eligible CoC Program costs. Appendix C provides information required to document match.

Homeless Management Information System

All successful project applicants—with the exception of entities that are victim service providers—must participate in the CoC's Homeless Management Information System (HMIS).

Coordinated Entry/Assessment System

All successful applicants must participate in the CoC's coordinated entry/assessment system.

Grant Term

Renewal projects may only apply for one year grant terms. New projects may request funds for a grant term of 1.

Please note: any new project application that includes leasing—either leasing alone or leasing costs plus other costs (e.g. supportive services, HMIS, etc.)—may only request up to a 1-year grant term.

HUD Requirements

While this document summarizes key components of the CoC Program, more information is available from the NOFA, itself. Continuum of Care Program information is available at the HUD exchange website (<https://www.hudexchange.info/programs/coc/>). In addition information specific to the 2018 NOFA is available at <https://www.hudexchange.info/resources/documents/FY-2018-CoC-Program-Competition-NOFA.pdf>.

It is recommended that all applicants under this RFO also review information from HUD published here: <https://www.hudexchange.info/resources/documents/fy-2018-coc-program-competition-nofa-whats-new-changes-and-highlights.pdf> that describes new changes and highlights in the CoC process this year.

If there are any conflicts between guidance in this document and HUD guidance, the HUD guidance takes priority and is what should be relied upon.

Timeline

NOFA TIMELINE.2018	
June 29, 2018	The City of New Bedford's Department of Planning, Housing & Community Development (DPHCD) issues RFP for Renewals and New Projects.
July 9, 2018	Applicant Conference for all New and Renewal Applicants at 9am
July 20, 2018	RFP Due Date for Renewals and New Projects to the City of New Bedford's DPHCD at 12.00noon.
TBD	Performance Review Committee Meeting/Project Review
August 16, 2018	HSPN Meeting to review and approve Application Review Committee recommendations for new projects, renewal projects and priority rankings.
August 17, 2018	2018 Ranking and Selection Results posted on Network website and sent to project applicants in writing
August 23, 2018	Any and all appeals due to DPHCD by 12:00pm. Agencies that have appealed will be notified in writing prior to the NOFA application submission
August 27, 2018	All applicants to submit a PDF file to DPHCD of the ESNAPS application by 4:00pm
September 15, 2018	CoC Application Submitted to HUD in <i>esnaps</i> . Any rejected applicants may submit <i>esnaps</i> Solo Application directly to HUD following this same deadline. <i>(Actual HUD deadline is September 18th but HUD recommends submitting several days earlier to ensure ease of transmission of materials.)</i>

Threshold Requirements & Competitive Review

Threshold Requirements.

To become eligible for consideration by the CoC's Performance Review Committee, all projects must first successfully pass a review of threshold requirements. The City of New Bedford's Department of Planning, Housing & Community Development (DPHCD) will perform a threshold review of all submitted projects.

Each project must meet the following minimum standards in order to be considered for scoring; those projects not meeting the threshold criteria as determined by the DPHCD will not be scored or considered for funding.

Threshold Criteria

- All housing programs will serve 100% Chronically Homeless individuals and families; (Transitional Housing will not be considered for funding under this RFP).
- Timeliness in the expenditure of grant funds.
- Project Applicant is in good standing with HUD.
- For housing programs, proposed program budget requests no less than 70% of the total program funding for leasing, rental assistance, or operating costs. (No more than 30% of the total program funding may be used for ELIGIBLE supportive services costs.)

(Threshold criteria continued from previous page.)

Threshold Criteria
▪ Application demonstrates a plan for rapid implementation/seamless continuation of the program.
▪ Applicant articulates how program participants are connected to, and assisted with, a range of mainstream resource service systems.
▪ Renewal program must be a current and active participant in the CoC's HMIS and its coordinated assessment system, the CALL; new programs must agree to participate in both systems if funded.
▪ Applicant has positive performance against plans and goals established in the initial application, as amended
▪ Application packet is complete.

Competitive Review

All applications that meet the threshold requirements will be forwarded to the CoC Scoring and Ranking Committee for evaluation, selection and ranking. Appendix B explains the process that will be used for the competitive review.

Similar to past years, all applications for funding will be vetted, evaluated and ranked by the CoC – Homeless Service Provider Network (HSPN) Performance Review Committee (PRC), ratified by the HSPN membership and eventually submitted to HUD via the E-SNAPS system. The City of New Bedford's DPHCD will act as the Collaborative Applicant and submit an application for funds on behalf of the New Bedford Continuum of Care for renewal projects and any new projects identified through the Request for Proposal (RFP).

IMPORTANT! When considering renewal projects for award, HUD—and by extension the New Bedford CoC through both the DPHCD and the PRC--will review information in the Line of Credit Control System (LOCCS), Annual Performance Reports (APRs), information provided from/for the local HUD/CPD Field Office that includes monitoring reports and audit reports as applicable, performance achievements on prior grants, and will also assess projects on the following criteria using a pass/fail basis:

1. The project applicant's performance against plans and goals established in the initial application as amended;
2. Project applicants must demonstrate all timeliness standards for grants being renewed, including that standards for the expenditure of grant funds have been met;
3. The project applicant's performance in assisting program participants to achieve and maintain independent living and record of success, except HMIS dedicated projects are not required to meet this standard; and
4. Evidence that a project applicant has been unwilling to accept technical assistance, has a history of inadequate financial accounting practices, has indications of project mismanagement, has a drastic reduction in the population served, has made program changes without prior DPHCD/HUD approval, or has lost a project site. These conditions may result in the rejection of an application from the competition.

HUD/New Bedford CoC reserves the right to reduce or reject a funding request from the project applicant for the following reasons:

1. Outstanding obligation to HUD in arrears or for which a payment schedule has not been agreed upon;
2. Audit finding(s) for which a response is overdue or unsatisfactory;
3. History of inadequate financial management accounting practices;
4. Evidence of untimely expenditures on prior award;
5. History of other major capacity issues that have significantly impacted the operation of the project and its performance;

6. Timeliness in reimbursing subrecipients for eligible costs. HUD will consider a project applicant as meeting this standard if it has drawn down grant funds at least once per month; and
7. History of serving ineligible persons, expending funds on ineligible costs, or failing to expend funds within statutorily established timeframes.

It is anticipated that HUD will be requiring CoCs to rank all projects applying for grant funds in E-SNAPS. To ensure that CoCs have the opportunity to prioritize their projects locally in the event that HUD is not able to fund all renewals, it is anticipated that HUD will be requiring CoCs to rank projects within 2 tiers, similar to NOFAs issued over the past two years.

See Appendix B for the scoring criteria used for the competitive review of new and renewal projects.

Application Requirements

This RFP was released on Friday, June 29, 2018 and is subject to change. The application—which is for both new and renewal projects—is located within Appendix D. All applicants intending to submit new and/or renewal application/s are encouraged to attend an Application Conference as further described in this RFP.

Deadline

Agencies desiring to submit renewal and/or new projects must submit a completed application packet including required attachments to the City by 12:00pm on Friday, July 20, 2018. Late applications will not be accepted.

Submission

All documents must be submitted in PDF electronic format (only email will be accepted) to Jennifer Clarke, Deputy Director, via e-mail to Jennifer.Clarke@newbedford-ma.gov. No extensions will be granted. NOTE: Successful applicants will, at a later date to be determined, be required to complete an electronic application in HUD's *esnaps* system at the direction of the DPHCD.

Project Requirements & Priorities

Eligible activities/projects for the Funds:

- ❑ All projects must be Permanent Supportive Housing, Rapid Re-Housing, or Joint Transitional Housing, Supportive Service Only-Coordinated Entry System and Rapid Re-Housing component projects or must meet eligibility requirements for the Bonus or DV Bonus project/s.
- ❑ Projects may request funds for:
 - PSH: rental assistance, leasing, operating, construction, acquisition, rehabilitation;
 - RRH: rental assistance (must be tenant-based –TBRA);
 - Joint TH and RRH: construction, rehabilitation, acquisition, leasing, operating, rental assistance (must be tenant-based – TBRA);
 - SSO-CES (Supportive Service Only-Coordinated Entry System) and
 - All Projects may request funds for the following line items: Supportive Services, HMIS, and Administration.
- ❑ Term – Projects may request up to 1 year of funding for rental assistance, operating, or supportive services and capital funds. The New Bedford CoC reserves the right to change the maximum allowable term for final applications submitted to HUD based on NOFA requirements and/or strategic priorities such as those aimed at maximizing federal funding.
- ❑ PSH projects cannot combine the following types of assistance in a single structure or housing unit:
 - Leasing and acquisition, rehabilitation, or new construction;
 - Tenant-based rental assistance and acquisition, rehabilitation, or new construction;
 - Short or medium-term rental assistance and acquisition, rehabilitation, or new construction;

- Rental assistance and leasing; and
 - Rental assistance and operating.
- ❑ Recipients and subrecipients of HUD CoC funds must comply with HUD and New Bedford CoC Conflict of Interest requirements, including:
- Projects cannot use leasing funds in buildings owned by the recipient, subrecipient, their parent organization(s), a staff or board member relative or business associate;
 - The owner of a unit or his/her subordinate may not conduct Housing Quality Standard,
 - Rent Reasonableness or lead-based paint visual inspection; and
 - Staff, persons with whom staff has immediate family or business ties and board members are prohibited from accruing any financial interest/benefit from CoC assisted activities during their tenure with the organization and for one year following tenure.

Applications must demonstrate:

- ❑ A plan for rapid implementation of the program; the project narrative must document when the project will be ready to begin housing the first program participant, when the project will achieve full occupancy, and a detailed plan for how the project will ensure timely implementation.
- ❑ A connection to mainstream service systems, specifically:
- That activities are in place to identify and enroll all Medicaid-eligible program participants; and
 - Whenever possible, that the project includes Medicaid-financial services, including case management, tenancy supports, behavioral health services or other services important to supporting housing stability. Project applicants may include Medicaid-financed services either by the recipient receiving Medicaid coverage payments for services provided to project participants or through formal partnerships with one or more Medicaid billable provider (e.g., Federally Qualified Health Centers). Medicaid-financed health services provided in a hospital setting do not qualify. Where projects can demonstrate that there are barriers to include Medicaid-financed resources available in the CoC’s geographic area, including mainstream behavioral health system resources such as mental health or substance abuse prevention and treatment block grants or state behavioral health system funding.

Populations

All projects must follow the requirements detailed under the section of this RFP entitled, “Eligible Populations.”

Written Standards

As required by HUD, the New Bedford CoC has adopted written standards. All CoC Program funded projects must comply in full with the applicable standards. The current written standards are available at <http://www.nbhspn.com/nbhspn/wp-content/uploads/2016/10/COC-WRITTEN-STANDARDS-2016-FINAL.pdf>. All CoC Program funded projects must also comply with all HUD regulations and NOFA requirements established for the CoC Program. The current HUD regulations that govern the CoC Program may be found at: <https://www.hudexchange.info/resources/documents/CoCProgramInterimRule.pdf>

CoC Program funded projects may also be subject to additional criteria as set forth in annual competitive application processes administered by the New Bedford CoC in conjunction with HUD’s annual CoC program competitions. All applicants are responsible for reviewing our written standards in their entirety.

Additional Resources & Information

HUD Homelessness Resource Exchange, <http://www.hudhre.info/>
 HUD Supportive Housing Program Desk Guide, <http://www.hudhre.info/index.cfm?do=viewShpDeskguide> HUD e-snaps
 Training and Resources Page, <http://www.hudhre.info/esnaps/>

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Appendix A

Definition of Homeless and Chronically Homeless

“Homeless” is defined as:

An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:

- (1) An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground;
- (2) An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low- income individuals); or
- (3) An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.

“Chronically homeless” is defined as:

- (1) A “homeless individual with a disability,” as defined in section 401(9) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11360(9)), who: (i) Lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and (ii) Has been homeless and living as described in paragraph (1)(i) of this definition continuously for at least 12 months or on at least 4 separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described in paragraph (1)(i). Stays in institutional care facilities for fewer than 90 days will not constitute as a break in homelessness, but rather such stays are included in the 12-month total, as long as the individual was living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter immediately before entering the institutional care facility;
- (2) An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (1) of this definition, before entering that facility; or
- (3) A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (1) or (2) of this definition, including a family whose composition has fluctuated while the head of household has been homeless.

Appendix B

CoC Application Selection Process, Scoring, Ranking, and Reallocation Process 2018

Selection Process

The process for considering projects includes a threshold review requirement, project scoring and responses to any requests for explanations or requests for more information from the Performance Review Committee (PRC). The process ends with the PRC presenting its recommended ranking to the Homeless Service Provider's Network (HSPN) and the membership votes in the final selection step.

- ▣ **Threshold Review.** The City of New Bedford's Department of Planning, Housing & Community Development (DPHCD) will complete the threshold review for all submitted applications. The DPHCD will then provide all information necessary for scoring each application meeting the threshold requirements to the PRC.

Agencies that do not meet the threshold score or who are not recommended for funding may appeal and address the members of the COC PRC Appeal Panel based only on the following guidelines (agencies recommended or only partial funding are not eligible to request an appeal):

- ▣ **Scoring.** The PRC of the HSPN will complete the review, scoring and evaluation process using the scoring rubrics provided in this Appendix.

The scoring rubric evaluates past performance (of renewal applicants) and promotes best practices or practices that will improve the New Bedford CoC's response to homelessness and align this response with national policies and best practices. These include, but are not limited to:

- Commitment to a Housing First low-demand service model, and
- Projects that use low-barrier standards.

The City of New Bedford's DPHCD and/or the PRC reserve the right to request additional and/or clarifying information in order to inform its review of a project.

Scores will determine each project's rank in the CoC's application to HUD and rank will be the primary determinant of placement into Tier 1 and Tier 2. Scores may also be used to reject applications or to reduce budgets for low-scoring projects or over-funded projects.

- ▣ **Final Selection.** After scoring the application, the PRC will present its resulting ranking recommendation (as discussed elsewhere in this Appendix) for funding approval to the HSPN at the HSPN member meeting.

If the project is not selected for funding, the applicant has the right to appeal, provided that the appeal is based upon violations of program regulations. For example, reviewing members did not consistently follow the scoring criteria and process or if there was a conflict of interest that prevented a fair review of the proposal. No appeals will be heard on the basis of funding level.

Scoring

New Projects

Consideration for funding of new projects, including those created as a result of reallocation, will be based on the following performance objectives:

- ▣ Agency Experience and Capacity (20 point maximum)
- ▣ Project Quality (40 point maximum)
- ▣ Match Resources (20 point maximum)
- ▣ Fiscal Management (20 point maximum)

New projects may score up to 100 points maximum based on information provided in the application including attachments of required materials. Specific scoring criteria for new projects is as follows:

Scoring Criteria :: New Projects	
STANDARDS AND SCORING	MAX POINTS
<p>Agency Experience and Capacity. Applicants demonstrating extensive experience in administering HUD or other federal funds, and providing the proposed service and/or serving the proposed population will receive 20 points.</p>	20
<p>Project Quality. Each application will be scored on the overall quality of the project, and the extent to which the applicant can clearly demonstrate the following:</p> <ul style="list-style-type: none"> ▪ <u>Housing First (15 points)</u>: Applicants may receive up to 15 points based on the extent to which the Permanent Supportive Housing Bonus project will follow a Housing First model/low barrier approach. ▪ <u>Chronic Homeless (15 points)</u>: Projects serving at least 100% of beds dedicated to chronic homeless will receive 15 points. ▪ <u>Mainstream Services (5 points)</u>: Applicants may receive up to 5 points based on the extent to which the project is fully leveraging mainstream resources for supportive services. ▪ <u>Low Barrier (5 points)</u>: Projects demonstrating low barriers to program admission and flexible participation policies designed to retain program participants will receive 5 points. 	40
<p>Match Resources. Projects demonstrating ability to match the required HUD 25% match will receive 20 points.</p>	20
<p>Fiscal Management. To receive maximum points, applicants must demonstrate history of financial stability, including prompt expenditure of program funds, and no outstanding audit or HUD monitoring findings.</p>	20
TOTAL POSSIBLE POINTS <i>for</i> NEW PROJECTS	100

Renewal Projects

Consideration for funding of renewal projects, including those created as a result of reallocation, will be based on the submitted application, previous APR reporting, HMIS, the HUD LOCCS system and any other monitoring conducted by the DPHCD and/or HUD using the following performance objectives:

- ▣ Performance (70 point maximum)
- ▣ Data Quality (10 point maximum)
- ▣ Fiscal Management (20 point maximum)

In addition to these scored elements, all renewal projects will be expected to satisfy additional evaluation criteria noted within this section. Renewal projects may score up to 100 points maximum based on information provided in the application including attachments of required materials. Specific scoring criteria for renewal projects is as follows:

Scoring Criteria :: Renewal Projects			
GOALS	PERFORMANCE STANDARD	SCORING	MAX POINTS
1. Exits to Permanent Housing <i>Persons residing in permanent housing exited to another form of a permanent housing destination.</i> Goal 85%	<u>Based on APR Q23a & b</u> <i>The % of persons who exited to permanent housing destinations as of the end of the operating year.</i>	≥85%=20 80%-84%= 15 65%-79%= 10 55%-64%= 5 ≤55%= 0	20
2. Earned Income – Stayers <i>Persons or stayers who increased earned income.</i> Goal 8%	<u>Based on APR Q19a1 – Adults with Earned Income</u> <i>The % of project stayers that had either new or increased earned income.</i>	≥8%= 5 6%-7%= 4 4%-5%= 3 2%-3%= 2 ≤1%= 0	5
3. Non-Employment – Stayers <i>Persons or stayers who increased non-employment income.</i> Goal 10%	<u>Based on APR Q19a1 – Adults with Other Income</u> <i>The % of project stayers that had either new or increased non-employment income.</i>	≥10%= 5 7%-9%= 4 4%-6%= 3 2%-3%= 2 ≤1%= 0	5
4. Earned Income – Leavers <i>Persons or leavers who increased earned income.</i> Goal 8%	<u>Based on APR Q19a1 – Adults with Earned Income</u> <i>The % of project leavers that had either new or increased earned income.</i>	≥8%= 5 6%-7%= 4 4%-5%= 3 2%-3%= 2 ≤1%= 0	5
5. Non-Employment – leavers <i>Persons or leavers who increased non-employment income.</i> Goal 10%	<u>Based on APR Q19a1 – Adults with Other Income</u> <i>The % of project leavers that had either new or increased non-employment income.</i>	≥10%= 5 7%-9%= 4 4%-6%= 3 2%-3%= 2 ≤1%= 0	5
6. Utilization Rate - Beds <i>Program beds at full capacity, with low vacancy rate.</i> Goal 90%	<u>Based on APR Q2 SAGE</u> <i>The % beds filled on a quarterly basis during the operating year.</i>	≥90%= 15 70%-89%= 10 51%-69%= 5 ≤50%= 0	15
7. Chronic Homeless - Persons <i>Persons who are chronically homeless by household</i> Goal 54%	<u>Based on APR Q26b</u> <i>The # of chronically homeless persons divided by the total number of persons served.</i>	Prorated up to 15 points for 100% of CH Beds.	15
TOTAL POSSIBLE PERFORMANCE POINTS			70

Scoring Criteria :: Renewal Projects (Continued)				
GOALS	PERFORMANCE STANDARD		SCORING	MAX POINTS
Performance. Total performance points available as noted in previous chart				70
8. Date Quality <i>Agency's thoroughness in ensuring all data is collected and entered into HMIS.</i> Goal = No Omissions	<u>Based on APR Q6a, b, c & d</u>		0 oms= 10 1%-10%= 6 11%-20%= 4 21%>= 0	10
9. Fiscal Management <i>Complete and timely drawdown of funds.</i> Goal = 100% Drawdown	<u>Based on HUD LOCS</u>		0%= 15 1%-5%= 10 6%-10%= 5 10%>= 0	20
TOTAL POSSIBLE POINTS <i>for</i> RENEWAL PROJECTS				100

Additional Evaluation Criteria

Renewal projects will also be evaluated based on the following baseline criteria. Subrecipients that fail that meet these required criteria will lose points.

Additional Evaluation Criteria
<p>Agency Experience and Capacity.</p> <ul style="list-style-type: none"> ▪ <u>Administration</u> : Applicants demonstrating extensive experience in administering HUD or other federal funds, and providing the proposed service and/or serving.
<p>Fiscal Management.</p> <ul style="list-style-type: none"> ▪ Applicants must demonstrate history of financial stability, including prompt expenditure of program funds, and no outstanding audit or HUD monitoring findings.
<p>Project Quality.</p> <ul style="list-style-type: none"> ▪ <u>Housing First</u>: Applicants will be evaluated to the extent to which the Permanent Supportive Housing Bonus project will follow a Housing First model/low barrier approach. ▪ <u>Mainstream Services</u>: Applicants will be evaluated to the extent to which the project is fully leveraging mainstream resources for supportive services. ▪ <u>Low Barrier</u>: Projects must demonstrate low barriers to program admission and flexible participation policies designed to retain program participants. ▪ <u>Consistency of Program</u>: Applicants will be evaluated to the extent to which the project's performance is consistent against plans and goals established in the application.

Ranking

HUD requires that all CoCs list all projects that they approved to submit project applications to HUD, in the order of priority as determined by the CoC. CoCs should place all new and renewal project applications that the CoC determines are high priority, high performing, and meet the needs and gaps as identified by the CoC in Tier 1. HUD will select projects in Tier 1 as described in the NOFA. HUD will select all projects in Tier 1 before selecting any projects in Tier 2. Then, HUD will select projects in Tier 2 as described in the NOFA. Lower ranked projects may be selected for funding above higher ranked projects, consistent with HUD's selection priorities.

The CoC renewal application components and narratives serve to:

- ❑ Confirm the capacity of agencies to provide CoC funded programs;
- ❑ Provide information on program delivery in order to evaluate performance and meeting HUD priorities for scoring and ranking of projects by the PRC; and
- ❑ Provide project level narrative to be utilized in the CoC Program Application (former 'Exhibit 1'). HUD will limit renewal grants to one (1) year of funding. Renewal Project Applications that request multiple years of funding will be reduced to one (1) year grant amounts.

Renewal projects must meet minimum project eligibility, capacity, timeliness, and performance standards. HUD will review information in the LOCCS; Annual Performance Reports (APRs); and information provided from the HUD local /CPD Field Office, including monitoring reports and Part 200 audit reports as applicable, as well as performance standards on prior grants, and assess a project on the following criteria using a pass/fail basis:

- ❑ Applicant's performance against plans and goals;
- ❑ Timeliness standards;
- ❑ Applicant's performance in assisting program participants to achieve and maintain independent living and record of success;
- ❑ Financial management accounting practices;
- ❑ Timely expenditures;
- ❑ Capacity;
- ❑ Timeliness; and
- ❑ Eligible activities

Reallocation Process

The U.S. Department of Housing and Urban Development (HUD) requires that CoCs carefully evaluate and review all renewal projects and to develop a reallocation process for projects funded with CoC funds. Reallocating funds is an important tool used by CoCs to make strategic improvements to their homelessness system. Through reallocation, the CoC can create new projects that are aligned with HUD's goals, by eliminating projects that are underperforming or are more appropriately funded from other sources. Reallocation is particularly important when new resources are not available.

A copy of the New Bedford CoC's Reallocation Process is available online at www.nbhspn.com.

Appendix C

Match for the Continuum of Care Program

Documentation of Cash and In-Kind Match

Please provide the following information regarding cash match:

- ❑ Name of organization providing the contribution (source)
- ❑ Type of contribution – specify if cash or in-kind; if the match is in-kind, please identify the services or other contribution to be provided. In-kind components must be exclusively and directly part of the project. Cash can come from other grant funding, unrestricted general funds, fundraising activities, private donations, etc. and must qualify as eligible program expenses under the CoC Program interim rule.
- ❑ Number of clients to be served with the contribution
- ❑ Value of the contribution (amount to be no less than 25% of the awarded grant amount excluding the amount awarded to the leasing budget line item)
- ❑ Date the match will be available – for renewals, this must coincide with your 2018-2019 operating year
- ❑ Name of the person authorized to commit the resources
- ❑ Title of person authorized to commit these resources
- ❑ Signature of person authorized to commit these resources
- ❑ Date

Match Guidance:

- ❑ Per the HEARTH Interim Rule (24 CFR 578.73), match must equal at least **25 percent of the total grant request including admin costs but excluding leasing costs** (i.e., any funds identified for Leased Units and Leased Structures). For example, if the 'total assistance requested' is \$100,000, and the project applicant did not request costs for Leased Units or Leased Structures, then the project applicant must secure commitments for match funds equal to no less than \$25,000. For example, if the 'total assistance requested' is \$100,000, of which \$50,000 is for Leased Units or Leased Structures, then the project applicant must secure commitments for match funds equal to no less than \$12,500 (i.e., $(\$100,000 \text{ Total Assistance} - \$50,000 \text{ Leasing}) \times .25$).
- ❑ HUD expects that the full match amount committed in the application is met and would monitor based on that amount. Match that exceeds the minimum requirement should be used to meet the leverage requirements described below.
- ❑ The total match requirement can be met through **cash, in-kind, or a combination** of the two.
- ❑ Match must be used for **eligible costs** for the program component you are applying for, as set forth in the HEARTH Interim Rule (Subpart D of 24 CFR part 578).
- ❑ **Cash sources.** A recipient or subrecipient may use funds from any source, including any other federal sources (excluding Continuum of Care program funds), as well as State, local, and private sources, provided that funds from the source are not statutorily prohibited to be used as a match. The recipient must ensure that any funds used to satisfy the matching requirements of this section are eligible under the laws governing the funds in order to be used as matching funds for a grant awarded under this program.

- ❑ The recipient may use the value of any real property, equipment, goods, or services contributed to the project as match, provided that if the recipient had to pay for them with grant funds, the costs would have been eligible. Any such value previously used as match, may not be used again.
- ❑ If match is provided through **in-kind sources** from a third party, it must be documented by an **MOU** between the recipient or subrecipient and the third party that will provide the services. Services provided by individuals must be **valued at rates consistent** with those ordinarily paid for similar work in the recipient's or subrecipient's organization. If the recipient or subrecipient does not have employees performing similar work, the rates must be consistent with those ordinarily paid by other employers for similar work in the same labor market. The MOU must establish the **unconditional commitment**, except for selection to receive a grant, by the third party to provide the services, the **specific service** to be provided, the **profession** of the persons providing the service, and the **hourly cost** of the service to be provided. Subrecipients using staff time as an in-kind match must provide job descriptions for each position.
- ❑ During the term of the grant, the recipient or subrecipient must keep and make available, for inspection, **records documenting the service hours provided**.
- ❑ **To qualify as match, funds must come to and be disbursed by the grantee.** If benefits are paid directly to program participants, the funding is not going through the agency's books and it cannot be counted as match.
- ❑ Tenant rent payments or public benefits participants receive **may not be used as match**. When the rents are paid directly to the sponsor agency, it is considered to be 'program income' and program income cannot be used as match. Similarly, rent paid directly to a private landlord does not come to the grantee and so cannot qualify as match. Benefits received by tenants such as SSI, do not go to the grantee and cannot be used as match.

Appendix D

Application

The 2018 CoC competition is open to renewal and eligible new projects, all of which will be scored competitively. The highest scoring projects will be included in the CoC Consolidated Application submitted to HUD. Each project requires its own complete application.

All applicants must complete the paper application in accordance with this RFP. Those projects selected for funding by a vote of the HSPN membership will then be expected to complete an online *esnaps* renewal or new application (as applicable) according to guidance to be provided through the city's Department of Planning, Housing & Community Development (DPHCD).

For new project applications...

Applicants submitting a **new** project application must also include the following:

- Completed CoC Application
- Match Letters
- 2018 (or most recent) Form 990 for Recipient (as applicable) and Subrecipient
- Most recent audited financial statement (Required only if \$750,000 in aggregate federal funds expended)

For renewal project applications...

Applicants submitting a **renewal** project application must also include the following:

- Completed CoC Application
- Match Letters
- 2018 (or most recent) Form 990 for Recipient (as applicable) and Subrecipient
- Most recent audited financial statement (Required only if \$750,000 in aggregate federal funds expended)
- A copy of the last "e-snaps" application for the project submitted to HUD. Applicant must review it and provide a marked-up copy with any changes to the city as part of complete application submission. (Please note that changes to the budget should be noted on the attached budget).
- A copy of the most recently completed Annual Performance Report (APR) for the most recent grant year. Please note: data for other time periods may be used by the city in developing performance scores for ranking of projects, subject to information in the HUD Notice of Funding Availability.

The deadline for submission of this application is Friday, July 20, 2018 by 12.00 pm.

Application follows on next page.



2018 COC APPLICATION

For New Bedford CoC Renewal Projects and New Projects that will provide Permanent Supportive Housing, Rapid Rehousing, Supportive Service Only-Coordinated Entry System, or Joint Transitional Housing (TH) and Rapid Re-Housing Component Projects



The deadline for submission of this application is Friday, July 20, 2018 by 12.00 pm.
 Applicants must submit a complete application including all additional materials referenced in the RFP to be considered.

I. AGENCY AND PROJECT INFORMATION

Name of Applicant Agency:			
Project Name:			
Check one box:		<input type="checkbox"/> NEW PROJECT	<input type="checkbox"/> RENEWAL PROJECT
Project Location: <i>(Physical address of the project; if project is scattered site, write "scattered site.")</i>			
HUD Component Type:		<input type="checkbox"/> Permanent Housing	<input type="checkbox"/> Rapid Re-Housing
		<input type="checkbox"/> JTH/RRH	<input type="checkbox"/> SSO-CES
Total Amount Requested:			
Agency DUNS Number:		Tax ID or EIN (format: 12-3456789)	

Project Contact Information:

Project Contact Person:			
Job Title of Contact Person:			
Agency Mailing Address:			
Contact Phone Number:		Fax number:	
Email Address:			

# of Units Proposed:	
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# of Beds Proposed:	
----------------------------	--

II. PROJECT APPLICATION SUMMARY BUDGET

Eligible Costs			Total Assistance Requested for Grant Term (Applicant)
a. Leased Units			\$
b. Leased Structures			\$
Housing Relocation and Stabilization			\$
Short-term/Medium-term Assistance			\$
Long-term Rental Assistance			\$
Supportive Services			\$
Operating			\$
HMIS			\$
Sub-Total Costs Requested			\$
Admin (Up to 10%)			\$
. Total Assistance plus Admin Requested			\$
. Cash Match			\$
. In-Kind Match			\$
. Total Match			\$
. Total Budget			\$

III. PROJECT NARRATIVE

SUMMARY: Please provide a brief summary of your project. What data/evidence do you have as to the need within this CoC and how does your project meet that need? [Character limit 500]

Describe how your project aligns with Opening Doors - the Federal Strategies to End Homelessness.

www.usich.gov/opening_doors/.

Objective 1: Increase Progress towards Ending Chronic Homelessness	YES	NO
Will/Does the project prioritize client selection based on duration of homelessness and vulnerability?	<input type="checkbox"/>	<input type="checkbox"/>
Will/Does the project accept all clients regardless of substance use history, or current use?	<input type="checkbox"/>	<input type="checkbox"/>
Will/Does the project accept clients who are diagnosed with, or show symptoms of, a mental illness?	<input type="checkbox"/>	<input type="checkbox"/>
Will/Does the project accept clients regardless of criminal history?	<input type="checkbox"/>	<input type="checkbox"/>
Will/Does the project accept clients regardless of income or financial resources?	<input type="checkbox"/>	<input type="checkbox"/>
Will/Does the project use a harm-reduction model for drugs and/or alcohol use?	<input type="checkbox"/>	<input type="checkbox"/>
Will/Does the project include mandatory case management as a condition of remaining in the program?	<input type="checkbox"/>	<input type="checkbox"/>

Briefly explain any "no" answers for a-f, and "yes" answer for item g.

TARGET POPULATION: Describe the target population(s) served by this project. Why do they need the proposed assistance provided by this project? (Include age, gender, special needs, etc.). *[Character limit 500]*

PRIORITIZING HIGHEST NEED: Project applicant must demonstrate that the proposed program will first serve the chronically homeless according to the order of priority established in Section III.A. of Notice CPD-14-012: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status. To receive full points, the applicant must clearly describe the system it currently uses to determine severity of need for the chronically homeless, its process for prioritizing persons with the most severe needs, and the outreach process used to engage chronically homeless persons living on the streets and in shelter. *[Character limit 500]*

HOUSING FIRST APPROACH: *[Character limit 1,000]*

Please check any of the following situations in which a tenant in your proposed housing would NOT be terminated:

- | | |
|--|--------------------------|
| Failure to participate in supportive services | <input type="checkbox"/> |
| Failure to make progress on a service plan | <input type="checkbox"/> |
| Loss of income or failure to improve income | <input type="checkbox"/> |
| Being a victim of domestic violence | <input type="checkbox"/> |
| Other activity <u>not</u> covered in typical lease agreement | <input type="checkbox"/> |
| None of the above | <input type="checkbox"/> |

Demonstrate the agency's understanding of the Housing First approach and the extent to which a Housing First model will be used in operating the proposed housing. To receive full points in this section, the applicant must also demonstrate it has experience in operating a successful Housing First Program, clearly describe the proposed program design and identify how it meets the definition of Housing First as described in Section III.A.3.d. of the FY 2018 CoC Funding Notice.

MAINSTREAM SERVICES: Applicants must demonstrate the extent to which the project is fully leveraging mainstream resources for supportive services. To receive full points, applicants must demonstrate the leveraging of available Medicaid resources. Applicants should demonstrate that specific activities are in place to identify and enroll all Medicaid-eligible program participants regardless of whether the project applicant's state is participating in Medicaid expansion under the Affordable Care Act; and that the project includes Medicaid-financed services, including case management, tenancy supports, behavioral health services, or other services important to supporting housing stability. *[Character limit 500]*

AGENCY EXPERIENCE and CAPACITY: In five sentences or less, tell how your organization has the capacity and resources to continue the proposed program and achieve/exceed your performance goals, noting deficiencies, if any.

FOR RENEWAL APPLICATIONS, ONLY: PERFORMANCE: Review the performance results in question #36 of the APR you are submitting with this application. In five sentences or less, describe how your agency will work to maintain or increase its performance metrics in the coming grant year.

IV. PROJECT ELIGIBILITY TYPE (NEW PROJECTS ONLY)

Eligible Types for NEW CoC Projects-Permanent Housing Bonus OR DV Bonus (*Pick applicable project type and answer questions specific to that selection*):

New Permanent Housing

- Tenant-Based Rental Assistance [RA]
- Sponsor-Based RA
- Project-Based RA
- Project-Based/Leasing [*leases building/units*]
- Project-Based/Operations [*owns building*]

Rental Assistance Administrator:

- Local PHA
- Unit of Local Government
- State

Pick one or more: Individuals Families Unaccompanied Youth (18-24)

Pick one or more: Severe/Persistent Mental Health

- Chronic Substance Abuse Disorder
- Other:

New Permanent Housing - Rapid Re-housing (*Tenant Based Rental Assistance only/Literally Homeless*)

- Pick one or more:
- Individuals
 - Families
 - Unaccompanied Youth (18-24)
 - Fleeing Domestic Violence

New Joint Transitional Housing & Rapid Re-Housing (*Individuals and families experiencing homelessness - more details will be available subsequent to the release of the FY2018 CoC NOFA*).

- Pick one or more:
- Individuals
 - Families
 - Unaccompanied Youth (18-24)
 - Fleeing Domestic Violence

Rental Assistance Administrator:

- Local PHA
- Unit of Local Government
- State

All proposals, regardless of selections above, must complete the following: [*check all appropriate boxes*]

Low Barrier- Are participants screened based upon any of the following?

- Too Little or No Income
- Active or History of Substance Abuse
- Criminal record with exceptions for state-mandated restrictions
- History of DV (e.g. lack of a protective order, period of sep. from abuser or law enforcement involvement)
- None of the Above

New Permanent Housing DV Bonus

- Rapid Rehousing
- JTH & RRH
- SSO-CES

If your new program is selected will it....	YES	NO
Quickly move participants into Permanent Housing (PH)?	<input type="checkbox"/>	<input type="checkbox"/>
Require participants to live in a particular structure/unit/locality?	<input type="checkbox"/>	<input type="checkbox"/>
Use an existing homeless facility or activities?	<input type="checkbox"/>	<input type="checkbox"/>
Have at least 80% of CoC PH participants remain in or exit to PH destinations?	<input type="checkbox"/>	<input type="checkbox"/>
Actively participate in New Bedford's Coordinated Entry?	<input type="checkbox"/>	<input type="checkbox"/>
Actively participate in New Bedford's HMIS?	<input type="checkbox"/>	<input type="checkbox"/>
Ensure that a 25% match requirement is met?	<input type="checkbox"/>	<input type="checkbox"/>

V. FISCAL INFORMATION (RENEWAL PROJECTS ONLY)

1. Do you anticipate you will have unexpended funds at the expiration date of your current contract?

Yes No If yes, how much? \$_____

2. Have you had unexpended HUD funds at the expiration of grant terms in the past two (2) years?

Yes No If yes, how much was unexpended?
2014 \$_____
2015 \$_____

If money was returned in the current or previous years, explain why dollars were returned and how that would change in the coming grant cycle if renewal funding is granted. *Character limit 500*

3. Have you provided a signed letter(s) by your agency or provided other documentation of public/private, and/or mainstream program funding?

Yes No

VI. MATCH

PLEASE NOTE:

Final match letters are not due with this application. However, final letters will be required at the time of your e-snaps Application and must be dated in accordance with HUD requirements.

MATCH

You will be required to provide a SIGNED LETTER(s) on agency letterhead detailing the source and amount of the required 25% match. Match can include in-kind components that are exclusively and directly part of the project and may be cash or non-cash (in-kind) resources provided by the recipient toward the actual costs of operating the project. Cash can come from other grant funding, unrestricted general funds, fundraising activities, private donations, etc. Enter the Source, amount of your match and when the funds will be available for one year. All grant funds must be matched with an amount no less than 25% of the awarded grant amount (excluding the amount awarded to the leasing budget line item) with cash or in-kind resources. Cash and In-Kind Match entered into the budget must qualify as eligible program expenses under the CoC Program interim rule.

Amount of Match Being Provided: \$_____

VII. AGENCY QUESTIONNAIRE

Please check either yes or no to the questions below:

	Yes	No
In the past ten (10) years, has your organization ever had its nonprofit status revoked or withheld by the IRS, the Secretary of State, or the State Attorney General?	<input type="checkbox"/>	<input type="checkbox"/>
Have you completed the annual update to your organization's registration with the federal government at www.sam.gov	<input type="checkbox"/>	<input type="checkbox"/>
Have all due IRS 990 filings been submitted to the IRS?	<input type="checkbox"/>	<input type="checkbox"/>
Does your organization currently have any unresolved fiscal reporting, or program issues with any of its funding sources?	<input type="checkbox"/>	<input type="checkbox"/>
Have you attached all of the materials required this application?	<input type="checkbox"/>	<input type="checkbox"/>

VIII. ASSURANCES

To the best of my knowledge and belief, all information in this application is true and correct. The governing body of the applicant has duly authorized this document and the applicant will comply with the following:

- Applicant agrees to complete the HUD Project Application forms with the same information as contained in this application unless the Application Review Committee has made adjustments during the rating/ranking process. Those adjustments would supersede this document and are included in the Project Ranking Letter sent to each applicant.
- Applicant agrees to participate fully in the New Bedford Continuum of Care's Homeless Management Information System (HMIS) and coordinated entry system.
- Applicant understands that HUD CoC funded homeless projects are monitored by City of New Bedford as the CoC lead. This can include an annual site visit and submission annually of the applicant's most recent Annual Performance Reports (APR) submitted to HUD and most recent audited financial statement.

If awarded funding, the applicant agrees to inform the City of New Bedford when the following occurs:

- Organization has staff vacancies that are of a duration that could affect the projected number of participants served or result in HUD funds not being fully expended;
- Changes to an existing project that are significantly different than what the funds were originally approved for, including any budget amendments/modifications submitted to HUD and agrees to bring these to the city's DPHCD for approval prior to the final 30 days of the grant year;

- Any increase/decrease in match funding for the project that could affect the projected number of participants served, services provided, ability to meet matching requirements, etc. and
- Significant delays in the start-up or operation of a project.

Name:	
Title:	
Phone:	
Email:	
Signature of Authorized Representative:	
<input type="checkbox"/> "X" indicates electronic signature submitted	
Date:	

IMPORTANT!

PLEASE ENSURE THAT YOUR APPLICATION IS COMPLETE; ANY ATTACHED MATERIALS REQUIRED AND REFERENCED WITHIN THE RFP SHOULD BE INCLUDED AND SUBMITTED WITH THIS APPLICATION AS ONE PDF DOCUMENT.

Attachment 1E-4

New Bedford Continuum of Care
MA-505

CoC's Reallocation Process



NEW BEDFORD COC REALLOCATION PLAN 2018

Background

The U.S. Department of Housing and Urban Development (HUD) requires that CoCs carefully evaluate and review all renewal projects and to develop a reallocation process for projects funded with CoC funds. Reallocating funds is an important tool used by CoCs to make strategic improvements to their homelessness system. Through reallocation, the CoC can create new projects that are aligned with HUD's goals, by eliminating projects that are underperforming or are more appropriately funded from other sources. Reallocation is particularly important when new resources are not available.

A. Reallocation Policy

All renewal projects are reviewed by the Department of Planning, Housing and Community Development (DPHCD) and the Performance Review Committee (PRC) of the Homeless Service Provider Network (HSPN) to determine how the project performed and determine if a project should be considered for reallocation. The HSPN develops annual performance standards for all programs and the review of performance through quarterly and annual performance reports is integral to the evaluation process. The DPHCD staff monitors all programs through review of quarterly reports and comprehensive assessment of agency capacity and ability to implement performance measure goals and objectives. The DPHCD provides technical assistance to the PRC to assist in the overall evaluation process.

The recommendation for reallocation is based on any one of the following HUD criteria and the overall score of the project evaluation:

- 1) Outstanding obligation to HUD that is in arrears or for which a payment schedule has not been agreed upon;
- 2) Audit finding(s) for which a response is overdue or unsatisfactory;
- 3) History of inadequate financial management accounting practices;
- 4) Evidence of untimely expenditures on prior award;
- 5) History of other major capacity issues that have significantly impacted the operation of the project and its performance;
- 6) Timeliness in reimbursing sub recipients for eligible costs. HUD will consider a project applicant as meeting this standard if it has drawn down grant funds at least once per month;
- 7) History of serving ineligible persons, expending funds on ineligible costs, or failing to expend funds within statutorily established timeframes; or
- 8) Programs did not consistently meet the CoC performance measures.

B. Involuntary and Voluntary Reallocations

Involuntary Reallocations are primarily based on two criteria:

- Programs that have the lowest score in the evaluation process
- Programs that have unspent funds in the most recent FY ending.

The PRC will evaluate and determine if programs will have a full or partial reallocation of funding. Well performing programs that have unspent funding will be subject to review of possible partial reallocation of unspent funds.

All funds freed through involuntary reallocations may be made available for one or more new projects. If no new project applications are submitted, funds will remain available for the original renewal projects.

Project applicants that are subject to partial involuntary reallocation must develop a plan to continue with their renewal project, with the reduced level of funding. This includes HUD contract compliance for numbers of persons served and the types of services provided. It may be possible to seek a contract amendment from HUD for some changes; applicants should contact their HUD representative to discuss any options for amendment. If the reduction in funding will result in loss of assistance for persons currently served by the program, the applicant must develop a transition plan for these persons.

C. Voluntary Reallocation

For projects not listed above for involuntary reallocation, an applicant may choose to reallocate funds from an existing renewal project, to free additional funds for one or more new projects. If the same applicant wishes to apply for a new project using those same funds, the following parameters apply:

- The applicant may choose to reallocate all or a portion of their renewal funds to create the new project.
- The applicant will have “first rights” to the funds that are freed as a result.

The applicant may also choose to compete for a portion or all of the funds available to the CoC through involuntary reallocation of other projects or bonus funds.

Through the reallocation process, the CoC ensures that projects submitted with the CoC Collaborative Application best align with the HUD CoC funding priorities and contribute to a competitive application that secures HUD CoC dollars to address and end homelessness in New Bedford. The CoC will make decisions based on alignment with HUD guidelines, performance measures, and unspent project funds.

Attachment 1E-5

New Bedford Continuum of Care
MA-505

Notifications Outside ESNAPS of
projects accepted.

NOTE:

All project applicants (*except for the HMIS applicant as the Collaborative Applicant was the HMIS applicant*) were advised of their projects' acceptance in person on August 16, 2018.

Formal follow up letters were sent to each applicant as well.
Copies of those letters sent to each project applicant follows.



City of New Bedford

Department of Planning, Housing & Community Development

608 Pleasant St, New Bedford, Massachusetts 02740

Telephone: (508) 979.1500 Facsimile: (508) 979.1575

PATRICK J. SULLIVAN
DIRECTOR

August 17, 2018

Kathleen Schedler-Clark
Executive Director
Steppingstone, Inc.
522 North Main Street
Fall River, MA 02720-3509

RE: APPLICATION FOR RENEWAL
WELCOME HOME PSH

Dear Ms. Schedler-Clark:

This letter is intended to formally advise you that the above-captioned proposal Steppingstone submitted for funding consideration in this year's Continuum of Care [CoC] competition in New Bedford was ranked at the August Homeless Service Provider's Network [HSPN] meeting held on Thursday, August 16, 2018.

The HSPN's Performance Review Committee [PRC] met and conducted reviews and evaluations of all proposals submitted for consideration and ranking in this year's 2018 CoC Funding Competition. Its recommendation for project ranking to the HSPN membership included scoring for each of the proposals submitted for renewal funding. The scoring was such that Steppingstone's "Welcome Home" program was ranked as the first permanent housing project, coming in as second in the CoC's rankings behind only the Continuum's HMIS project.

As a result, Steppingstone's proposed renewal program will be included in this year's CoC application as a Tier 1 project.

Staff from this office will be in touch with your organization within the next few days via email to advise regarding your required completion of the e-snaps application for this project. Otherwise, should you have any questions concerning this ranking, please contact Patrick Sullivan at PatrickS@newbedford-ma.gov.

Respectfully,


Jennifer Clarke, AICP
Deputy Director Community Development



City of New Bedford

Department of Planning, Housing & Community Development

608 Pleasant St, New Bedford, Massachusetts 02740

Telephone: (508) 979.1500 Facsimile: (508) 979.1575

PATRICK J. SULLIVAN
DIRECTOR

August 17, 2018

Susan Mazzearella, M.A., L.S.W.
Chief Executive Officer
Catholic Social Services
1600 Bay Street
P.O. Box M/So. Station
Fall River, MA 02724

RE: APPLICATION FOR RENEWAL
THE CALL

Dear Ms. Mazzearella:

This letter is intended to formally advise you that the above-captioned proposal Steppingstone submitted for funding consideration in this year's Continuum of Care [CoC] competition in New Bedford was ranked at the August Homeless Service Provider's Network [HSPN] meeting held on Thursday, August 16, 2018.

The HSPN's Performance Review Committee [PRC] met and conducted reviews and evaluations of all proposals submitted for consideration and ranking in this year's 2018 CoC Funding Competition. Its recommendation for project ranking to the HSPN membership included scoring for each of the proposals submitted for renewal funding. The scoring was such that Catholic Social Services' "The CALL" SSO program was ranked as the third project in the CoC's rankings.

As a result, Catholic Social Service's proposed renewal program will be included in this year's CoC application as a Tier 1 project.

Staff from this office will be in touch with your organization within the next few days via email to advise regarding your required completion of the e-snaps application for this project. Otherwise, should you have any questions concerning this ranking, please contact Patrick Sullivan at PatrickS@newbedford-ma.gov.

Respectfully,


Jennifer Clarke, AICP
Deputy Director Community Development



City of New Bedford

Department of Planning, Housing & Community Development

608 Pleasant St, New Bedford, Massachusetts 02740

Telephone: (508) 979.1500 Facsimile: (508) 979.1575

PATRICK J. SULLIVAN
DIRECTOR

August 17, 2018

Steven Montembault, VP & COO
Southeast Regional Network and SEMCOA
80 Rivet Street
New Bedford, MA 02744

RE: APPLICATION FOR RENEWAL
FAMILY PRESERVATION PROGRAM

Dear Mr. Montembault:

This letter is intended to formally advise you that the above-captioned proposal submitted for funding consideration in this year's Continuum of Care [CoC] competition in New Bedford was ranked at the August Homeless Service Provider's Network [HSPN] meeting held on Thursday, August 16, 2018.

The HSPN's Performance Review Committee [PRC] met and conducted reviews and evaluations of all proposals submitted for consideration and ranking in this year's 2018 CoC Funding Competition. Its recommendation for project ranking to the HSPN membership included scoring for each of the proposals submitted for renewal funding. The scoring was such that the Family Preservation Program ranked as fourth overall in the CoC's rankings.

As a result, Southeast Family Services' proposed renewal program will be included in this year's CoC application as a Tier 1 project.

Staff from this office will be in touch with your organization within the next few days via email to advise regarding your required completion of the e-snaps application for this project. Otherwise, should you have any questions concerning this ranking, please contact Patrick Sullivan at PatrickS@newbedford-ma.gov.

Respectfully,


Jennifer Clarke, AICP
Deputy Director Community Development



City of New Bedford

Department of Planning, Housing & Community Development

608 Pleasant St, New Bedford, Massachusetts 02740

Telephone: (508) 979.1500 Facsimile: (508) 979.1575

PATRICK J. SULLIVAN
DIRECTOR

August 17, 2018

Carl J. Alves
Executive Director
PAACA, Inc.
360 Coggeshall Street
New Bedford, MA 02746

RE: APPLICATION FOR RENEWAL
STEP UP PROGRAM PSH

Dear Mr. Alves:

This letter is intended to formally advise you that the above-captioned proposal submitted for funding consideration in this year's Continuum of Care [CoC] competition in New Bedford was ranked at the August Homeless Service Provider's Network [HSPN] meeting held on Thursday, August 16, 2018.

The HSPN's Performance Review Committee [PRC] met and conducted reviews and evaluations of all proposals submitted for consideration and ranking in this year's 2018 CoC Funding Competition. Its recommendation for project ranking to the HSPN membership included scoring for each of the proposals submitted for renewal funding. The scoring was such that the Step Up Program ranked as fifth overall in the CoC's rankings.

As a result, PAACA's proposed renewal program will be included in this year's CoC application as a Tier 1 project.

Staff from this office will be in touch with your organization within the next few days via email to advise regarding your required completion of the e-snaps application for this project. Otherwise, should you have any questions concerning this ranking, please contact Patrick Sullivan at PatrickS@newbedford-ma.gov.

Respectfully,


Jennifer Clarke, AICP
Deputy Director Community Development



City of New Bedford
Department of Planning, Housing & Community Development
608 Pleasant St, New Bedford, Massachusetts 02740
Telephone: (508) 979.1500 Facsimile: (508) 979.1575

PATRICK J. SULLIVAN
DIRECTOR

August 17, 2018

Susan Mazzeella, M.A., L.S.W.
Chief Executive Officer
Catholic Social Services
1600 Bay Street
P.O. Box M/So. Station
Fall River, MA 02724

RE: APPLICATION FOR RENEWAL
PORTICO

Dear Ms. Mazzeella:

This letter is intended to formally advise you that the above-captioned proposal submitted for funding consideration in this year's Continuum of Care [CoC] competition in New Bedford was ranked at the August Homeless Service Provider's Network [HSPN] meeting held on Thursday, August 16, 2018.

The HSPN's Performance Review Committee [PRC] met and conducted reviews and evaluations of all proposals submitted for consideration and ranking in this year's 2018 CoC Funding Competition. Its recommendation for project ranking to the HSPN membership included scoring for each of the proposals submitted for renewal funding. The scoring was such that the Portico project ranked as sixth overall in the CoC's rankings.

As a result, Catholic Social Services' proposed renewal program will be included in this year's CoC application as a Tier 1 project.

Staff from this office will be in touch with your organization within the next few days via email to advise regarding your required completion of the e-snaps application for this project. Otherwise, should you have any questions concerning this ranking, please contact Patrick Sullivan at PatrickS@newbedford-ma.gov.

Respectfully,


Jennifer Clarke, AICP
Deputy Director Community Development



City of New Bedford

Department of Planning, Housing & Community Development

608 Pleasant St, New Bedford, Massachusetts 02740

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PATRICK J. SULLIVAN
DIRECTOR

August 17, 2018

Susan Mazzearella, M.A., L.S.W.
Chief Executive Officer
Catholic Social Services
1600 Bay Street
P.O. Box M/So. Station
Fall River, MA 02724

RE: APPLICATION FOR RENEWAL
TRANSITION TO STABILITY RRH

Dear Ms. Mazzearella:

This letter is intended to formally advise you that the above-captioned proposal submitted for funding consideration in this year's Continuum of Care [CoC] competition in New Bedford was ranked at the August Homeless Service Provider's Network [HSPN] meeting held on Thursday, August 16, 2018.

The HSPN's Performance Review Committee [PRC] met and conducted reviews and evaluations of all proposals submitted for consideration and ranking in this year's 2018 CoC Funding Competition. Its recommendation for project ranking to the HSPN membership included scoring for each of the proposals submitted for renewal funding. The scoring was such that Transition to Stability ranked as seventh overall in the CoC's rankings.

As a result, CSS' proposed renewal program will be included in this year's CoC application as a Tier 1 project.

Staff from this office will be in touch with your organization within the next few days via email to advise regarding your required completion of the e-snaps application for this project. Otherwise, should you have any questions concerning this ranking, please contact Patrick Sullivan at PatrickS@newbedford-ma.gov.

Respectfully,


Jennifer Clarke, AICP
Deputy Director Planning & Community Development



City of New Bedford
Department of Planning, Housing & Community Development

608 Pleasant St, New Bedford, Massachusetts 02740
Telephone: (508) 979.1500 Facsimile: (508) 979.1575

PATRICK J. SULLIVAN
DIRECTOR

August 17, 2018

Susan Mazarella, M.A., L.S.W.
Chief Executive Officer
Catholic Social Services
1600 Bay Street
P.O. Box M/So. Station
Fall River, MA 02724

RE: APPLICATION FOR RENEWAL
PRISM

Dear Ms. Mazarella:

This letter is intended to formally advise you that the above-captioned proposal submitted for funding consideration in this year's Continuum of Care [CoC] competition in New Bedford was ranked at the August Homeless Service Provider's Network [HSPN] meeting held on Thursday, August 16, 2018.

The HSPN's Performance Review Committee [PRC] met and conducted reviews and evaluations of all proposals submitted for consideration and ranking in this year's 2018 CoC Funding Competition. Its recommendation for project ranking to the HSPN membership included scoring for each of the proposals submitted for renewal funding. The scoring was such that the Prism project ranked as eighth overall in the CoC's rankings.

As a result, CSS' proposed renewal program will be included in this year's CoC application as a project split between Tier 1 (at an amount of \$8,005) and Tier 2 (representing the project balance of \$117,035).

Staff from this office will be in touch with your organization within the next few days via email to advise regarding your required completion of the e-snaps application for this project. Otherwise, should you have any questions concerning this ranking, please contact Patrick Sullivan at PatrickS@newbedford-ma.gov.

Respectfully,


Jennifer Clarke, AICP
Deputy Director Planning & Community Development



City of New Bedford

Department of Planning, Housing & Community Development

608 Pleasant St, New Bedford, Massachusetts 02740

Telephone: (508) 979.1500 Facsimile: (508) 979.1575

PATRICK J. SULLIVAN
DIRECTOR

August 17, 2017

Ms. Pamela MacLeod-Lima
New Bedford Women's Center (dba The Women's Center)
405 County Street
New Bedford, MA 02740

RE: APPLICATION FOR DV BONUS PROJECT
HOMEPORT PROJECT

Dear Ms. MacLeod-Lima:

This letter is intended to memorialize the information provided to you previously at the August Homeless Service Provider's Network [HSPN] meeting on Thursday, August 16, 2018 relative to the above-captioned proposal The New Bedford Women's Center submitted for funding consideration as a DV Bonus Project in this year's Continuum of Care [CoC] competition in New Bedford.

The HSPN's Performance Review Committee [PRC] met and conducted reviews and evaluations of all proposals submitted for consideration and ranking in this year's 2018 CoC Funding Competition. Its recommendation for project ranking to the HSPN membership included scoring for each of the proposals submitted for new and renewal funding. The scoring was such that the Homeport program ranked as eighth in the CoC's rankings.

As a result, The Women's Center's new application/DV Bonus project will be included in this year's CoC application within Tier 2.

Staff from this office will be in touch with your organization within the next few days via email to advise regarding your required completion of the e-snaps application for this project. Otherwise, should you have any questions concerning this ranking, please contact Patrick Sullivan at PatrickS@newbedford-ma.gov.

Respectfully,

Jennifer Clarke, AICP
Deputy Director Community Development

Attachment 1E-5

New Bedford Continuum of Care
MA-505

Notifications Outside ESNAPS of
projects rejected or reduced .

NOTE:

This attachment is not applicable as the CoC did not reject or reduce any applications,
as such, no notification was made outside of e-snaps.

Attachment 1E-5

New Bedford Continuum of Care
MA-505

Public Posting-Local Competition Deadline.

Evidence of Project Application Deadline Posting

CoC Website screenshot from July 9, 2018

COMPETITION TIMELINE.2018

July 9, 2018 By NBHSPN

Date	Event
June 29, 2018	The City of New Bedford's Department of Planning, Housing & Community Development (DPHCD) issues RFP for Renewals and New Projects.
July 20, 2018	RFP Due Date for Renewals and New Projects to the City of New Bedford's DPHCD.
August 16, 2018	HSPN Meeting to review and approve Application Review Committee recommendations for new projects, renewal projects and priority rankings.
August 17, 2018	2018 Ranking and Selection Results posted on Network website and sent to project applicants in working copy and all appeals due to DPHCD by 4:00pm. Agencies that are not ranked will be notified via email.
August 27, 2018	Final Application Submission Date. All applicants to submit a PDF file to DPHCD of the ESNAPS application by 4:00pm.
September 15, 2018	Final HUD Submission Date. All applicants may submit a PDF Application directly to HUD following this same deadline. (Actual HUD deadline is September 18 th but HUD recommends submitting several days earlier to ensure ease of transmission of materials.)

Initial new/renewal project applications were due July 20, 2018.

Final project applications in esnaps were due August 27, 2018.

This year's Continuum of Care (CoC) funding competition in New Bedford's own CoC begins at the end of June and runs through the September deadline set by the U.S. Department of Housing and Urban Development (HUD). Check out the entire Notice of Funding Availability (NOFA) CoC

8:39 AM
7/9/2018

Attachment 2A-1

New Bedford Continuum of Care

MA-505

CoC and HMIS Lead Governance

NOTE:

The roles and responsibilities of the CoC and HMIS Lead can be found in the attached document on pages 1 – 7.



NEW BEDFORD CONTINUUM OF CARE HMIS GOVERNANCE CHARTER

Updated July 19, 2018



NEW BEDFORD CONTINUUM OF CARE HMIS GOVERNANCE CHARTER

1.0 PURPOSE

The purpose of this document is to establish the governance structure for the operation of the Homeless Management Information System (heretofore referred to as “HMIS”) in a manner that supports the New Bedford Continuum of Care (CoC). The primary purpose of this Governance Charter is to articulate the New Bedford CoC’s decision-making process for its HMIS.

HMIS is used to aggregate data about the extent and nature of homelessness over time; produce an unduplicated count of homeless persons; understand patterns of service use; and measure the effectiveness of homeless assistance projects and programs. Data produced is used for planning and education.

2.0 GOVERNANCE RESPONSIBILITIES

	HMIS Lead	Data Com	Particip Agency	Vendor	CoC
Planning and Software Selection					
HMIS Planning and Strategic Activities Ensures that activities related to HMIS growth and use are developed, reviewed regularly, and in accordance with the CoC’s goals.	x				
HMIS Program Milestones Development Identifies general milestones for project management, including training, expanded system functionality, etc.	x				
Universal Data Elements Ensures that the HMIS is able to manage the collection of each data variable and corresponding response categories for the Universal Data Elements as outlined in the HMIS Data and Technical Standards.				x	
Program Specific Data Elements Ensures that the HMIS is able to manage the collection of each data variable and corresponding response categories for the Program-specific data elements as outlined in the HMIS Data and Technical Standards				x	
Unduplicated Client Records Ensures the HMIS is able to generate a summary report of the number of unduplicated client records that have been entered into the HMIS.				x	
APR Reporting Ensures the HMIS is consistently able to produce a reliable APR.				x	
HMIS Reports Ensures the HMIS generates other client served, utilization summary, system performance measures and demographic reports both at the system and program levels for the purpose of understanding the nature and extent of homelessness in the CoC.	x			x	x

	HMIS Lead	Data Com	Particip Agency	Vendor	CoC
HMIS Management and Operations (Governance & Management)					
HMIS Governance Structure Ensures an HMIS governance model is active and functional between the HMIS Lead and the CoC. Ensures that a formal relationship exists ensuring management processes, responsibilities, decision-making structures and oversight of the HMIS project are undertaken.	x				x
HMIS Oversight Inclusive Participation Ensures the membership of the HMIS Data Committee is inclusive of decision makers representing the CoC and Community.		x			
HMIS Technical Support :: General Operation <ul style="list-style-type: none"> ▪ Ensures the HMIS design meets HUD HMIS Data Standards. ▪ Develop a manual and provide other documentation of programs created. ▪ Provide ongoing support to the HMIS Lead pertaining to the needs of end users to mine the database, generate reports and other interface needs. ▪ Administers the product servers, including web and database servers. ▪ Monitors access to HMIS through auditing. ▪ Monitors functionality, speed and database backup procedures. ▪ Provides backup and recovery of internal and external networks. ▪ Maintains the system twenty-four hours a day, seven days a week. ▪ Communicates any planned or unplanned interruption of service to the HMIS Lead Agency and Participating Agencies. ▪ Take all steps needed to secure the system against breaches of security and system crashes. 				x	
HMIS Technical Support :: Software Provides technical expertise commensurate with general HMIS program oversight; provides timely support on high level technical matters; reviews and authorizes HMIS software changes in response to the changing requirements of participating agencies and generally review s and authorizes special issues brought to it by participating agencies.				x	
HMIS Software Technical Support Provides technical expertise commensurate with the requirements of the HMIS software and/or system; provides timely support on software technical matters; is responsible for implementation of authorized changes to the HMIS software and processes; and generally implements resolutions to any special issues authorized by the HMIS Technical Support Entity within the software and/or overall system.				x	
HMIS IT Issue Tracking Maintains a regularly updated list of HMIS system service requests, activities, deliverables and resolutions.				x	
HMIS IT Issue Monitoring (Community Level) Regularly reviews HMIS System service requests, activities, deliverables and resolutions. Provides authoritative support when necessary to expedite IT issue resolution.				x	
HMIS Staff Organizational Chart Maintains a current and accurate organizational chart clearly identifying all team members, roles and responsibilities and general work activities/functions.	x				

	HMIS Lead	Data Com	Particip Agency	Vendor	CoC
HMIS Management and Operations (Governance & Management) <i>Continued</i>					
HMIS Software Training Provides regular training on software usage, software and data security and data entry techniques to participating agencies. Develops, updates and disseminates data entry tools and training materials. Monitors and insures system efficacy.				x	
HMIS User Feedback Manages and maintains mechanisms for soliciting, collecting and analyzing feedback from end users, program managers, agency executive directors and those experiencing homelessness. Feedback includes impressions of operational milestones and progress, system functionality and general HMIS operations as gathered through surveys, questionnaires, focus groups, etc.	x				
System Operation Responsible for the day to day use of the HMIS by participating agencies	x			x	
HUD Funding Serve as the applicant to HUD for grant funds to be used for HMIS activities for the New Bedford Continuum of Care, as directed by the New Bedford Continuum of Care, and enter into a grant agreement with HUD to carry out the HUD-approved activities.	x				

	HMIS Lead	Data Com	Particip Agency	Vendor	CoC
HMIS Management and Operations :: Compliance Monitoring					
HMIS Management Issues Ensures that the HMIS is managed in accordance with CoC policies, protocols and goals, that the HMIS Lead enters into written HMIS Participation Agreements and ensures HMIS is administered in accordance with requirements prescribed by federal legislation and the CoC.	x				
HMIS Program Milestones Monitoring Monitors milestones, notes variances and reports variances to CoC membership.	x				
New Bedford CoC HMIS Monitoring Develops a plan for monitoring the HMIS to ensure that all HMIS participating agencies consistently participate in HMIS, that the system is satisfying the requirements of all regulations and notices issued by HUD and that the HMIS lead is fulfilling the obligations outlined in this Governance Charter.		x			
Agency and Program HMIS Capacity Ensures that the HMIS is able to manage the collection of each data variable and corresponding response categories for the Universal Data Elements as outline in the HMIS Data and Technical Standards.	x				
Program Specific Data Elements Regularly monitors program and agency level participation in HMIS via comparison of point-in-time census of beds/slots versus clients served and reports findings to CoC. Evidence of monitoring reports are available for review.	x				

	HMIS Lead	Data Com	Particip Agency	Vendor	CoC
HMIS Management and Operations :: Compliance Monitoring, <i>Continued</i>					
HMIS Participation Agreements Ensures execution of, and compliance with a written HMIS Participation Agreement which includes: <ul style="list-style-type: none"> ▪ Obligations and authority of HMIS Lead Agency and each HMIS participating agency; ▪ Requirements of the security plan with which each HMIS participating agency must abide; ▪ Requirements of the privacy policy with which each HMIS participating agency must abide; ▪ Sanctions for violating the HMIS Participation Agreement (<i>e.g.</i>, imposing a financial penalty, requiring completion of standardized or specialized training, suspending or revoking user licenses, suspending or revoking system privileges, or pursuing criminal prosecution); ▪ Agreement that HMIS Lead Agency and HMIS participating agencies will process Protected Identifying Information consistent with the agreement. 	x		x		
Program Specific Data Elements Regularly monitors program and agency level participation in HMIS via comparison of point-in-time census of beds/slots versus clients served and reports findings to CoC. Evidence of monitoring reports are available for review.	x				
AHAR Participation Ensures participation in the AHAR (Annual Homeless Assessment Report).	x				
Reporting Ensures periodic, no less than annual, production of unduplicated client counts with an analysis as may be required. Additional reporting shall include, but not be limited to, the production of: <ul style="list-style-type: none"> ▪ Sheltered point-in-time count ▪ Housing Inventory Chart ▪ Annual Homeless Assessment Report (AHAR) ▪ Annual Performance Reports (APRs) ▪ Data Quality Monitoring Reports. 	x				
Client Consent Ensures the completion and documentation of client consent as appropriate and in keeping with the CoC's client consent policies and protocols.			x		
Data and System Security :: Program Level Ensures adherence by agency staff with the HMIS data and system security protocols as outlined by the CoC and HUD HMIS Data and Technical Standards. Includes compliance with all policies and procedures developed by the HMIS Lead Agency, including data quality, privacy, and security plans.			x		
Data and System Security :: Oversight Development of a security plan, a data quality plan, and a privacy policy for the New Bedford CoC's approval within 6 months of the effective date of the HMIS final rule and within 6 months after the date that any change is made to the local HMIS. Plan/policy shall be reviewed and revised (as may be necessary) on an annual basis.	x				

	HMIS Lead	Data Com	Particip Agency	Vendor	CoC
HMIS Management and Operations :: Data Quality					
Data Quality Standards Develops and enforces community level data quality plan and stds.					x
Universal Data Elements Ensures collection of each data variable/response categories specific to their project type on all clients served by McKinney Vento funding.			x		
Data Quality Reports Regularly runs and disseminates data quality reports to <u>participating programs</u> that indicate levels of data entry completion, consistency with program model and timeliness	x				
Data Quality Reports Provides technical assistance and training in response to data quality reports to <u>participating programs</u> indicating levels of data entry completion, consistency with program model and timeliness	x				
Data Quality Reports Regularly runs and disseminates data quality reports to the <u>CoC</u> that indicate levels of data entry completion, consistency with program model and timeliness	x				
Data Quality Reports Provides technical assistance and training in response to data quality reports to the <u>CoC</u> .	x				

	HMIS Lead	Data Com	Particip Agency	Vendor	CoC
HMIS Policy Development and Oversight					
HMIS Lead Designation Responsible for designating the HMIS Lead entity.					x
Client Confidentiality and Privacy Training Provides regular training on client confidentiality and privacy requirements to intake staff, data entry staff and reporting staff at participating agencies. Ensures all agencies have sufficient privacy policies and protocols.	x				
Oversight of System Periodically review the HMIS needs of the Continuum of Care and approve any substantial changes to the HMIS system.	x				
Performance Measurement Training Provides regular training and guidance on program performance measurement.	x			x	
Community Planning Goals and Objectives Reviews the progress of the continuum's goals and objectives through HMIS data that includes system performance measures.					x
Best Practices Training Provides training and guidance on best practices to support CoC and HMIS policies including, but not limited to, ethics, strategies for communication, etc.	x				
Project Specific Training Provides training to all McKinney-Vento funded projects.	x				
Participating Agency Documentation Maintains documentation as to the participating agencies (utilizing the system) and system users, ensuring that it is up to date.	x			x	

	HMIS Lead	Data Com	Particip Agency	Vendor	CoC
HMIS Policy Development and Oversight, Continued					
Participation Rates Regularly reviews and monitors the HMIS coverage rates of the CoC noting that if the coverage rates are at 75% or below, an explanation as to the barriers at specific agencies is documented. Ensures that ongoing engagement activities and barrier resolution are occurring with non-participating agencies.	X				
Participation Rates Provides periodic reports on HMIS participation rates to the Data SubCommittee who then analyzes the nature of agency specific barriers and develops potential solutions in order to increase HMIS participation.	X	X			
Policies and Procedures Review, revise, approve and ensure the use of HMIS Policies and Procedures including: data quality, privacy, and security plans.	X	X			X
Agency Participation Agreement Ensures and maintains written agreements with participating agencies that describes the protocols for participation in the HMIS.	X				
Data Sharing Agreements Ensures and maintains written agreements with participating agencies who share client level data that describes the level of data element or program information sharing among the data sharing HMIS agencies.	X	X	X		
HMIS End-User Agreement Ensures and maintains a written agreement with each authorized user of the HMIS that defines participation protocols, including training criteria, consent protocols, system use and privacy and security standards.	X				
Client Consent/Data Release Ensures that the CoC and/or implementing jurisdiction geography of the HMIS grantee has a defined and documented client consent protocol and data release protocol for use as a baseline practice among all participating HMIS users.	X				

	HMIS Lead	Data Com	Particip Agency	Vendor	CoC
Other State and/or Federal Requirements					
State Data Warehouse Ensures that the CoC is represented (member and alternate) on the statewide governance board for HMIS data sharing	X				X
State Data Warehouse Ensures that the CoC exports HMIS data on a periodic basis to the statewide data warehouse in accordance with accepted protocols and standards.	X				
Drug-Free Workplace The HMIS Grantee has adopted a drug-free workplace policy.	X		X		
Homeless Client Participation Ensures at least one person who is or has formerly experienced homelessness participates in policymaking which may include governing board leadership, advisory committees, staff positions, subcommittee positions, etc.	X		X		

	HMIS Lead	Data Com	Particip Agency	Vendor	CoC
Other State and/or Federal Requirements, Continued					
Conflict of Interest The HMIS Grantee has adopted a conflict of interest policy for board members, staff and volunteers.	x				
Equal Opportunity and Non-Discrimination Policy The HMIS Grantee has adopted an equal opportunity and non discrimination policy.	x				

3.0 DECLARATION OF ROLES

The New Bedford CoC, (acting through the Homeless Service Provider’s Network (HSPN)) is the primary decision-making body for HUD funded programs for those experiencing homelessness in New Bedford, Massachusetts.

The New Bedford CoC designates the City of New Bedford’s Department of Planning, Housing and Community Development (DPHCD) as the HMIS Lead Agency to operate the New Bedford CoC’s HMIS.

The CoC, through the DPHCD, designates CaseWorthy as the official HMIS vendor for the New Bedford CoC beginning in the summer of 2018 during which period CaseWorthy is assisting the New Bedford CoC with training and acclimating to this system. This work includes, but is not limited to, migration of its data from its legacy system (previous vendors, HousingWorks HMIS, Inc. and SimTech) into its new software package. Once the system has been fully converted to CaseWorthy, this Governance document may be further revised/updated.

4.0 COMPLIANCE WITH HOMELESS INFORMATION STANDARD SYSTEMS

The HMIS is operated in compliance with HUD HMIS Data and Technical Standards and any other applicable laws. The parties anticipate that HUD will periodically release revised HMIS Standards.

As such changes, or other circumstances of the New Bedford Continuum warrant, the parties agree to make changes to this HMIS Governance Charter, the HMIS Policies & Procedures, and other HMIS operational documents, to comply with the revised standards within the HUD-specified timeframe for such changes.

5.0 PERIOD OF AGREEMENT AND MODIFICATION/TERMINATION


5.1 Period of Operation and Termination. This HMIS Governance Charter supersedes the July 28, 2016 New Bedford HMIS Governance Charter and will become effective upon signature of all parties. It shall remain in effect until terminated by the parties. Each party shall have the right to terminate this agreement as to itself only upon 30 days prior written notice to the HMIS Sub Committee in care of the HMIS Lead Agency. Violation of any component may be grounds for immediate termination of this Agreement.

5.2 Amendments, including additions, deletions, or modifications to this HMIS Governance Charter must be agreed to by all parties to this Agreement.

--Signature block continues on following page--

IN WITNESS WHEREOF, the parties have executed this Governance Charter in agreement on this 19th day of July, 2018.

**NEW BEDFORD CONTINUUM OF CARE
HOMELESS SERVICE PROVIDER NETWORK (HSPN)**




The Rev. David Lima, Chair, New Bedford Homeless Service Provider Network

July 19, 2018

Date

**HMIS LEAD – CITY OF NEW BEDFORD
DEPARTMENT OF PLANNING, HOUSING AND COMMUNITY DEVELOPMENT**



Patrick J. Sullivan, Director

July 19, 2018

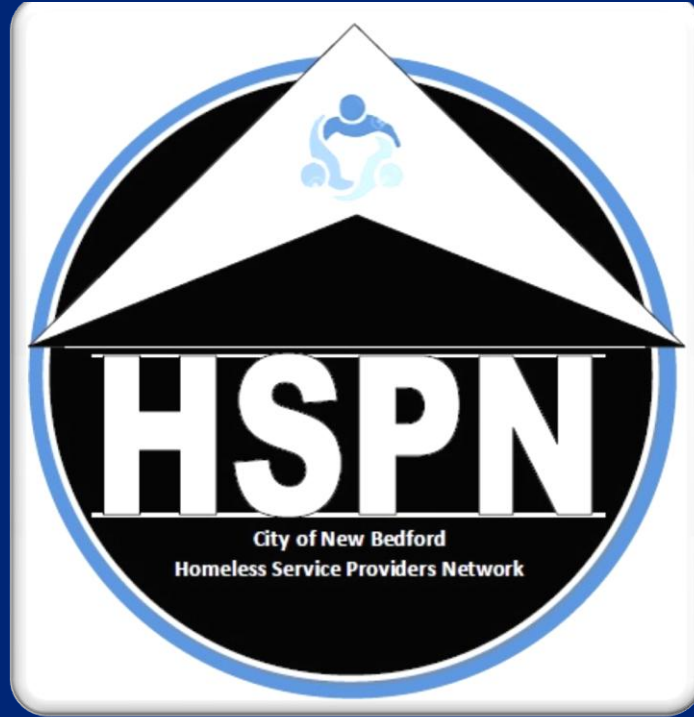
Date

Attachment 2A-2

New Bedford Continuum of Care

MA-505

HMIS-Policy and Procedures Manual



NEW BEDFORD CONTINUUM OF CARE HMIS POLICIES and PROCEDURES

Updated July 19.2018



NEW BEDFORD CONTINUUM OF CARE HMIS POLICIES and PROCEDURES

1.0 PURPOSE

The purpose of this document is to provide policies and procedures for the operation of the Homeless Management Information System (hereafter referred to as “HMIS”) in a manner that supports the New Bedford Continuum of Care’s HMIS Governance Charter.

HMIS is used to aggregate data about the extent and nature of homelessness over time; produce an unduplicated count of homeless persons; understand patterns of service use; and measure the effectiveness of homeless assistance projects and programs. Data produced is used for planning and education.

2.0 DECLARATION OF RESPONSIBILITIES

The New Bedford Continuum of Care and its HMIS Lead Agency, the City’s Department of Planning, Housing & Community Development (DPHCD), together, have adopted a Governance Charter that articulates the responsibilities for system governance for the following categories:

- ❑ Planning and Software Selection
- ❑ HMIS Management and Operations (Governance & Management)
- ❑ HMIS Management and Operations :: Compliance Monitoring
- ❑ HMIS Management and Operations :: Data Quality
- ❑ HMIS Policy Development and Oversight
- ❑ Other State and/or Federal Requirements

Each responsibility within each of these categories then identifies who is responsible for the task noted. The responsibilities are divided between the HMIS Lead (the DPHCD), the Data Subcommittee of the CoC, the Participating Agencies, the Vendor and the CoC.

Anything within these policies and procedures that contradicts the HMIS Governance Charter shall be superseded by the Governance Charter.

3.0 HMIS TECHNICAL PRIVACY, SECURITY AND DATA QUALITY STANDARDS

3.1 The HMIS vendor shall ensure that the most current HMIS data standards are relied upon in the execution of its HMIS system. As of 2018, the HUD HMIS Data Standards Manual is available online at: <https://www.hudexchange.info/resources/documents/HMIS-Data-Standards-Manual.pdf>

3.2 The most recent data and technical standards shall always be relied upon in the execution, administration and operation of the New Bedford CoC’s HMIS. Such an expectation extends to the HMIS lead, the HMIS vendor (software provider) and participating agencies. The most current information as to the standards can be found online at: <https://www.hudexchange.info/programs/hmis/hmis-data-and-technical-standards/>

3.3 All security standards are intended to ensure the confidentiality, integrity, and availability of all HMIS information, protect against any reasonably anticipated threats or hazards to security, and ensure compliance by end users. At a minimum, New Bedford's HMIS participating agencies will comply with the following:

3.31 Security Plan. See [Appendix A, the "Participating Agency Agreement."](#)

3.32 Administrative Safeguards. The administrative actions, policies, and procedures required to manage the selection, development, implementation, and maintenance of security measures to protect HMIS information, at a minimum will meet the following:

- (a) Security Officer - A designated security officer ensuring compliance with standards.
- (b) Security Awareness Training and Follow-up – CoC HMIS Lead will provide/ensure training to the participating HMIS agencies.
- (c) Reporting Security Incidents – See [Appendix A, "Participating Agency Agreement"](#) (Section: User Responsibilities) for the policy and communication plan for reporting.
- (d) Disaster Recovery Plan – Protocol for communication with staff, participating agencies and COC.
- (e) Security Review – HMIS Lead will complete periodic reviews using security checklist.
- (f) Contracts and other arrangements – HMIS lead will administer and retain copies of all contracts and agreements executed as part of the administration and management of the HMIS.

3.33 All participating agencies will comply with any Federal, State and local laws requiring additional confidentiality protections, including but not limited to:

- (a) The Health Insurance Portability and Accountability Act (HIPAA) of 1996 (45 CFR parts 160 and 164)
- (b) Violence Against Women and Department of Justice Reauthorization Act: victim service providers are exempted from entering data directly into the CoC's HMIS because of privacy and confidentiality considerations. While they may still be exempt from direct client-level data entry into HMIS, victim service providers must keep required data in a comparable database.

3.34 CoC Program and ESG funded subrecipients will follow procedures to ensure confidentiality of data for both HMIS and comparable databases in accordance with 24 CFR Part 578.103(b)(i).

3.4 Data Quality Standards (24 CFR 580.37) ensure the completeness, accuracy and consistency of the data in the HMIS. The CoC is responsible for the quality of the data produced. The HMIS Lead will develop and implement data quality benchmarks for participating agencies for all project types.

The HMIS is capable of producing reports required by HUD to assist the HMIS Lead in monitoring data quality.

Appendix A
Participating Agency Agreement

Homeless Management Information System Participating Agency Agreement



This Agreement is entered into on ____/____/____ (MM/DD/YYYY) between the City of New Bedford's Continuum of Care acting through its HMIS Lead, the Department of Planning, Housing & Community Development (hereafter, DPHCD"), and _____ (Name of Participating Agency, hereafter, "Agency").

Purpose

The New Bedford Continuum of Care recognizes the privacy of client needs in the design and management of the Homeless Management Information System (HMIS). This includes the need to continually improve the quality of homeless and housing services with the goal of eliminating homelessness in the community, vigilantly maintaining client confidentiality, and treating personal data with respect and care.

Entrusted with this personal data, HMIS Users (which hereafter includes those users utilizing HMIS on behalf of an Agency) have a moral and a legal obligation to ensure that data is being collected, accessed and used appropriately. It is also the responsibility of each HMIS user to ensure that client data is only used to the ends to which it was collected, ends that have been made explicit to the client and are consistent with the mission to assist families and individuals in our community resolve their housing crisis.

Proper user training, adherence to the HMIS Policies and Procedure Manual, and a clear understanding of client confidentiality are vital to achieving these goals. Finally, all HMIS users shall comply with all applicable laws governing HMIS as formulated by the Department of Housing and Urban Development (HUD) and as further stipulated in the HSPN's HMIS Governance Charter and its HMIS Policies and Procedures as may be amended.

Client Confidentiality

A Multiparty Authorization form must be signed by each agency whose data is to be shared within HMIS. Clients must also be notified that their information will be shared between member agencies.

- HMIS Users may not share client data with individuals and agencies that have not entered into an HMIS Agency Agreement with this agency without obtaining written permission from that client.
- HMIS Users will maintain HMIS data in such a way as to protect against revealing the identity of clients to unauthorized agencies, individuals or entities.
- Any hard copies of HMIS information must be kept in a secure file and or disposed properly.
- No client may be denied services for failure to provide authorization for HMIS data collection. Clients have a right to inspect, copy, and request changes in their HMIS records.
- Confidential information obtained from HMIS is to remain confidential, even if the individual's relationship with the participating agency changes or concludes.
- Discriminatory comments based on race, color, religion, national origin, ancestry, handicap, age, sex and sexual orientation are not permitted in HMIS.
- Misrepresentation of the client's data by entering known or inaccurate information is prohibited. Any information that is not given by the client should be marked unknown.

- Any HMIS User found to be in violation of the HMIS Policies and Procedures, or client confidentiality in this User Agreement, may be denied access to the HMIS System.
- HMIS Users and Participating Agencies shall clearly make clients aware of their opportunity to file a grievance by using the [Grievance Form](#) available in the HMIS Policies and Procedures [Appendix B](#).

User Responsibilities

The participating agency assures that all Users that it permits on the HMIS system:

- Have received training in using HMIS by the approved HMIS vendor and/or HMIS lead.
- Have participated in any training sessions as provided by the approved HMIS vendor and HUD.
- Have read and will abide by the HMIS Policies and Procedures and HMIS Governance Charter documents.
- Will maintain the confidentiality of client data in HMIS as outlined in the HMIS Policies and Procedures and HMIS Governance Charter.
- Will only collect, enter and extract HMIS data relevant to the delivery of services to people in housing crisis in the New Bedford area, agreeing to use HMIS data for the purposes of homeless service delivery, only.
- Understands that their individual User ID and Password are for their individual use only and must not be shared with anyone, and further agree to take all reasonable precautions in keeping their respective passwords physically secure.
- Will refrain from leaving their respective computer/s unattended while logged into the system and further agree to log out of the system before leaving my work area.
- Shall properly protect/store in a secure location any client specific hardcopy information printed from HMIS.
- Shall immediately notify their Agency Administrator and/or HMIS System Administrator should they notice or suspect a security breach that HMIS security has been compromised.

Data Quality & Reporting Responsibilities

The participating agency, and all Users permitted by the agency on the HMIS system, will,

- Enter and maintain accurate information into HMIS to the best of their ability.
- Understand that client level data must be entered into HMIS in a timely and ongoing basis in order to maintain data quality and integrity with the goal being real-time (up to date) data for real-time reporting.
- Perform Monthly Data Quality checks and ensure all data must be free of missing or don't know responses.
- Agree to submit a Data Quality Report, HMIS Quarterly Performance Report (QPR) and DPHCD Quarterly Progress Report on a quarterly basis and according to the agreed submission schedule.
- Agree to submit a final draft Data Quality Report and Annual Performance Report (APR) within 45 days of the end of the program year to DPHCD for review and approval. Further, I understand final APRs must be submitted in SAGE within 90 days of the end of the program year.
- Will comply with any other reporting requirements/deadlines as set by HUD, DPHCD and the HMIS vendor.

Security Responsibilities

The DPHCD (acting as HMIS lead on behalf of the New Bedford Continuum of Care) and Participant are parties to this Participating Agency Agreement which contains assurances from both parties about the safeguarding of

protected health information (PHI) disclosed to, created by or received by an Agency/their Users in the course of the Agency providing services to their Clients. As used herein "Participant Agreement" shall mean each of the Agreements described in the preceding sentence.

Both parties desire to include, as part of their Participant Agreement, assurances from the Agency concerning electronic PHI, as required by the Security Standards (45 CFR parts 160, 162 and 164) promulgated pursuant to the Health Insurance Portability and Accountability Act.

Compliance with Security Regulations. Beginning no later than the date this Agreement is executed by both parties and continuing thereafter, with respect to any electronic PHI that Agency creates, receives, maintains, or transmits, the Agency shall:

- Implement administrative safeguards, physical safeguards and technical safeguards that reasonably and appropriately protect the confidentiality, integrity and availability of the electronic PHI, as required by the Security Standards;
- Ensure that any agent, including a subcontractor, to whom it provides such electronic PHI agrees to implement reasonable and appropriate safeguards to protect it; and
- Report to the DPHCD any attempt or successful unauthorized access, use, disclosure, modification, or destruction of electronic PHI, or interference with system operations in an information system, of which it becomes aware.

Coordinated Entry Responsibilities

The participating agency agrees:

- To participate in New Bedford’s Coordinated Entry System.
- To sign a Memorandum of Understanding that allows client level information to be shared between participating agencies while maintaining confidentiality. This MOU must be signed and renewed on an annual basis.

I affirm the following:

The signature(s) below indicate an agreement to comply with client confidentiality, user responsibilities, data quality/reporting, coordinated entry responsibilities and all HUD applicable laws. I have read this User Agreement and am aware on my responsibilities and that of the agency so noted. This agreement must be renewed annually before the start of the program year or if a new HMIS User is requested.

Agency Name:	
Program Name:	
Executive Director Name (Print):	
Executive Director Signature:	
Date:	

Appendix B
Grievance Form

Homeless Management Information System Grievance Form



If you think that your privacy rights have been violated or disagree with a decision made about access to your "Protected Information," you should complete this form.

It is against the law for any agency to take retaliatory action against you if you file this grievance. You can expect a response within 30 days via the method of your choice.

Grievances must be submitted using this form in writing to:

Department of Planning, Housing and Community Development
608 Pleasant Street 2nd Floor
New Bedford, Massachusetts 02740

Your Name:	
Mailing Address:	
Phone Number:	
Best way to reach you:	
Name of Individual who you believe violated your privacy rights:	
Date of the offense:	
Nature of the offense:	
Date:	
SECTION TO BE COMPLETED BY THE HMIS LEAD ONLY	
Review Date:	
Recommendation/Action:	

Attachment 3A-6

New Bedford Continuum of Care
MA-505

HDX 2018 Competition Report

**2018 HDX Competition Report
PIT Count Data for MA-505 - New Bedford CoC**

Total Population PIT Count Data

	2016 PIT	2017 PIT	2018 PIT
Total Sheltered and Unsheltered Count	489	352	409
Emergency Shelter Total	195	213	262
Safe Haven Total	0	0	0
Transitional Housing Total	219	90	98
Total Sheltered Count	414	303	360
Total Unsheltered Count	55	49	49

Chronically Homeless PIT Counts

	2016 PIT	2017 PIT	2018 PIT
Total Sheltered and Unsheltered Count of Chronically Homeless Persons	56	30	29
Sheltered Count of Chronically Homeless Persons	36	10	12
Unsheltered Count of Chronically Homeless Persons	20	20	17

**2018 HDX Competition Report
PIT Count Data for MA-505 - New Bedford CoC**

Homeless Households with Children PIT Counts

	2016 PIT	2017 PIT	2018 PIT
Total Sheltered and Unsheltered Count of the Number of Homeless Households with Children	51	52	57
Sheltered Count of Homeless Households with Children	51	52	57
Unsheltered Count of Homeless Households with Children	0	0	0

Homeless Veteran PIT Counts

	2011	2016	2017	2018
Total Sheltered and Unsheltered Count of the Number of Homeless Veterans	50	61	46	52
Sheltered Count of Homeless Veterans	50	56	43	50
Unsheltered Count of Homeless Veterans	0	5	3	2

2018 HDX Competition Report
HIC Data for MA-505 - New Bedford CoC

HMIS Bed Coverage Rate

Project Type	Total Beds In 2018 HIC	Total Beds In 2018 HIC Dedicated for DV	Total Beds In HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ES) Beds	276	28	228	91.54%
Safe Haven (SH) Beds	0	0	0	NA
Transitional Housing (TH) Beds	123	14	109	100.00%
Rapid Re-Housing (RRH) Beds	280	0	28	10.00%
Permanent Supportive Housing (PSH) Beds	294	0	247	84.01%
Other Permanent Housing (OPH) Beds	0	0	0	NA
Total Beds	973	42	612	65.74%

**2018 HDX Competition Report
HIC Data for MA-505 - New Bedford CoC**

PSH Beds Dedicated to Persons Experiencing Chronic Homelessness

Chronically Homeless Bed Counts	2016 HIC	2017 HIC	2018 HIC
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homeless persons identified on the HIC	194	243	242

Rapid Rehousing (RRH) Units Dedicated to Persons in Household with Children

Households with Children	2016 HIC	2017 HIC	2018 HIC
RRH units available to serve families on the HIC	10	370	116

Rapid Rehousing Beds Dedicated to All Persons

All Household Types	2016 HIC	2017 HIC	2018 HIC
RRH beds available to serve all populations on the HIC	22	386	280

2018 HDX Competition Report FY2017 - Performance Measurement Module (Sys PM)

Summary Report for MA-505 - New Bedford CoC

For each measure enter results in each table from the System Performance Measures report generated out of your CoCs HMIS System. There are seven performance measures. Each measure may have one or more "metrics" used to measure the system performance. Click through each tab above to enter FY2017 data for each measure and associated metrics.

RESUBMITTING FY2017 DATA: If you provided revised FY2017 data, the original FY2017 submissions will be displayed for reference on each of the following screens, but will not be retained for analysis or review by HUD.

ERRORS AND WARNINGS: If data are uploaded that creates selected fatal errors, the HDX will prevent the CoC from submitting the System Performance Measures report. The CoC will need to review and correct the original HMIS data and generate a new HMIS report for submission.

Some validation checks will result in warnings that require explanation, but will not prevent submission. Users should enter a note of explanation for each validation warning received. To enter a note of explanation, move the cursor over the data entry field and click on the note box. Enter a note of explanation and "save" before closing.

Measure 1: Length of Time Persons Remain Homeless

This measures the number of clients active in the report date range across ES, SH (Metric 1.1) and then ES, SH and TH (Metric 1.2) along with their average and median length of time homeless. This includes time homeless during the report date range as well as prior to the report start date, going back no further than October, 1, 2012.

Metric 1.1: Change in the average and median length of time persons are homeless in ES and SH projects.

Metric 1.2: Change in the average and median length of time persons are homeless in ES, SH, and TH projects.

- a. This measure is of the client's entry, exit, and bed night dates strictly as entered in the HMIS system.

2018 HDX Competition Report
 FY2017 - Performance Measurement Module (Sys PM)

	Universe (Persons)		Average LOT Homesteads (bed nights)			Median LOT Homesteads (bed nights)		
	Submitted FY 2016	Revised FY 2016	Submitted FY 2016	Revised FY 2016	FY 2017 Difference	Submitted FY 2016	Revised FY 2016	FY 2017 Difference
1.1 Persons in ES and SH	880	933	75	69	-6	19	30	11
1.2 Persons in ES, SH, and TH	1149	1219	100	92	-8	46	55	9

b. This measure is based on data element 3.17.

This measure includes data from each client's Living Situation (Data Standards element 3.917) response as well as time spent in permanent housing projects between Project Start and Housing Move-In. This information is added to the client's entry date, effectively extending the client's entry date backward in time. This "adjusted entry date" is then used in the calculations just as if it were the client's actual entry date.

The construction of this measure changed, per HUD's specifications, between FY 2016 and FY 2017. HUD is aware that this may impact the change between these two years.

	Universe (Persons)		Average LOT Homesteads (bed nights)			Median LOT Homesteads (bed nights)		
	Submitted FY 2016	Revised FY 2016	Submitted FY 2016	Revised FY 2016	FY 2017 Difference	Submitted FY 2016	Revised FY 2016	FY 2017 Difference
1.1 Persons in ES, SH, and PH (prior to "housing move in")	1044	1134	253	340	87	144	176	32
1.2 Persons in ES, SH, TH, and PH (prior to "housing move in")	1059	1169	258	347	89	151	193	42

2018 HDX Competition Report FY2017 - Performance Measurement Module (Sys PM)

Measure 2: The Extent to which Persons who Exit Homelessness to Permanent Housing Destinations Return to Homelessness

This measures clients who exited SO, ES, TH, SH or PH to a permanent housing destination in the date range two years prior to the report date range. Of those clients, the measure reports on how many of them returned to homelessness as indicated in the HMIS for up to two years after their initial exit.

After entering data, please review and confirm your entries and totals. Some HMIS reports may not list the project types in exactly the same order as they are displayed below.

	Total # of Persons who Exited to a Permanent Housing Destination (2 Years Prior)		Returns to Homelessness in Less than 6 Months		Returns to Homelessness from 6 to 12 Months		Returns to Homelessness from 13 to 24 Months		Number of Returns in 2 Years	
	Revised FY 2016	FY 2017	Revised FY 2016	FY 2017	Revised FY 2016	FY 2017	Revised FY 2016	FY 2017	FY 2017	% of Returns
Exit was from SO		0		0		0			0	0
Exit was from ES		231		5		4		15	24	10%
Exit was from TH		96		8		5		7	20	21%
Exit was from SH		0		0		0		0	0	
Exit was from PH		145		4		0		3	7	5%
TOTAL Returns to Homelessness		472		17		9		25	51	11%

Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts

2018 HDX Competition Report FY2017 - Performance Measurement Module (Sys PM)

This measures the change in PIT counts of sheltered and unsheltered homeless persons as reported on the PIT (not from HMIS).

	January 2016 PIT Count	January 2017 PIT Count	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	469	352	-117
Emergency Shelter Total	195	213	18
Safe Haven Total	0	0	0
Transitional Housing Total	219	90	-129
Total Sheltered Count	414	303	-111
Unsheltered Count	55	49	-6

Metric 3.2 – Change in Annual Counts

This measures the change in annual counts of sheltered homeless persons in HMIS.

	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
Universe: Unduplicated Total sheltered homeless persons	1159		1226	67
Emergency Shelter Total	888		938	50
Safe Haven Total	0		0	0
Transitional Housing Total	268		306	18

2018 HDX Competition Report FY2017 - Performance Measurement Module (Sys PM)

Measure 4: Employment and Income Growth for Homeless Persons in CoC Program-funded Projects

Metric 4.1 – Change in earned income for adult system stayers during the reporting period

	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
Universe: Number of adults (system stayers)	87		92	5
Number of adults with increased earned income	16		19	3
Percentage of adults who increased earned income	18%		21%	3%

Metric 4.2 – Change in non-employment cash income for adult system stayers during the reporting period

	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
Universe: Number of adults (system stayers)	87		92	5
Number of adults with increased non-employment cash income	11		20	9
Percentage of adults who increased non-employment cash income	13%		22%	9%

Metric 4.3 – Change in total income for adult system stayers during the reporting period

	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
Universe: Number of adults (system stayers)	87		92	5
Number of adults with increased total income	26		35	9
Percentage of adults who increased total income	30%		38%	8%

**2018 HDX Competition Report
FY2017 - Performance Measurement Module (Sys PM)**

Metric 4.4 – Change in earned income for adult system leavers

	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
Universe: Number of adults who exited (system leavers)	101		117	16
Number of adults who exited with increased earned income	29		21	-8
Percentage of adults who increased earned income	29%		18%	-11%

Metric 4.5 – Change in non-employment cash income for adult system leavers

	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
Universe: Number of adults who exited (system leavers)	101		117	16
Number of adults who exited with increased non-employment cash income	35		29	-6
Percentage of adults who increased non-employment cash income	35%		25%	-10%

Metric 4.6 – Change in total income for adult system leavers

	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
Universe: Number of adults who exited (system leavers)	101		117	16
Number of adults who exited with increased total income	61		47	-14
Percentage of adults who increased total income	60%		40%	-20%

**2018 HDX Competition Report
FY2017 - Performance Measurement Module (Sys PM)**

Measure 5: Number of persons who become homeless for the 1st time

Metric 5.1 – Change in the number of persons entering ES, SH, and TH projects with no prior enrollments in HMIS

	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
Universe: Person with entries into ES, SH or TH during the reporting period.	978		1002	24
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	11		116	105
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time.)	967		886	-81

Metric 5.2 – Change in the number of persons entering ES, SH, TH, and PH projects with no prior enrollments in HMIS

	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
Universe: Person with entries into ES, SH, TH or PH during the reporting period.	1130		1168	38
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	141		168	27
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time.)	989		1000	11

2018 HDX Competition Report
 FY2017 - Performance Measurement Module (Sys PM)

Measure 6: Homeless Prevention and Housing Placement of Persons defined by category 3 of HUD's Homeless Definition in CoC Program-funded Projects

This Measure is not applicable to CoCs in FY2017 (Oct 1, 2016 - Sept 30, 2017) reporting period.

Measure 7: Successful Placement from Street Outreach and Successful Placement in or Retention of Permanent Housing

Metric 7a.1 – Change in exits to permanent housing destinations

	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
Unless: Persons who exit Street Outreach	0		0	0
Of persons above, those who exited to temporary & some institutional destinations	0		0	0
Of the persons above, those who exited to permanent housing destinations	0		0	0
% Successful exits				

Metric 7b.1 – Change in exits to permanent housing destinations

**2018 HDX Competition Report
FY2017 - Performance Measurement Module (Sys PM)**

	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
Universe: Persons in ES, SH, TH and PH-80H who exited, plus persons in other PH projects who exited without moving into housing	1032		1179	147
Of the persons above, those who exited to permanent housing destinations	515		575	60
% Successful exits	50%		49%	-1%

Metric 7b.2 - Change in exit to or retention of permanent housing

	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
Universe: Persons in all PH projects except PH-80H	298		316	18
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations	296		315	19
% Successful exits/retention	99%		100%	1%

**2018 HDX Competition Report
FY2017 - SysPM Data Quality
MA-505 - New Bedford CoC**

This is a new tab for FY 2016 submissions only. Submission must be performed manually (data cannot be uploaded). Data coverage and quality will allow HUD to better interpret your Sys PIM submissions.

Your bed coverage data has been imported from the HIC module. The remainder of the data quality points should be pulled from data quality reports made available by your vendor according to the specifications provided in the HUDIS Standard Reporting Terminology Glossary. You may need to run multiple reports into order to get data for each combination of year and project type.

You may enter a note about any field if you wish to provide an explanation about your data quality results. This is not required.

2018 HDX Competition Report
 FY2017 - SysPM Data Quality

	All ES, SH			All YH			All PSH, OPH			All RRH			All Street Outreach			
	2013-2014	2014-2015	2015-2016	2013-2014	2014-2015	2015-2016	2013-2014	2014-2015	2015-2016	2013-2014	2014-2015	2015-2016	2013-2014	2014-2015	2015-2016	2016-2017
1. Number of non-DV Beds on HIC	100	152	186	201	234	259	239	111	281	308	294	262			22	386
2. Number of HMIS Beds	91	152	177	192	234	259	203	111	281	278	294	262			20	26
3. HMIS Participation Rate from HIC (%)	91.00	100.00	95.16	95.52	100.00	100.00	84.94	100.00	100.00	90.26	100.00	100.00			90.91	6.74
4. Unduplicated Persons Served (HMIS)	548	668	888	938	296	292	298	335	401	433	326	342	48	87	64	66
5. Total Leavers (HMIS)	408	513	699	775	201	193	195	249	104	146	84	91	22	50	51	47
6. Destination of Don't Know, Refused, or Missing (HMIS)	152	142	135	108	13	23	26	25	17	1	0	4	11	18	11	9
7. Destination Error Rate (%)	37.25	27.60	19.31	13.94	6.47	11.52	13.33	10.04	16.35	0.60	0.00	4.40	50.00	26.00	21.57	19.15

2018 HDX Competition Report
Submission and Count Dates for MA-505 - New Bedford CoC

Date of PIT Count

	Date	Received HUD Waiver
Date CoC Conducted 2018 PIT Count	1/24/2018	

Report Submission Date in HDX

	Submitted On	Met Deadline
2018 PIT Count Submittal Date	4/30/2018	Yes
2018 HIC Count Submittal Date	4/30/2018	Yes
2017 System PM Submittal Date	5/31/2018	Yes

Attachment 1C-8b

New Bedford Continuum of Care
MA-505

CoC's Standard Assessment Tool

NOTE:

The New Bedford CoC uses two standard assessment tools, one for families, one for singles.

Here the SPDAT Family Form follows.

There is also a SPDAT Form for Families that is used (also using orgcode model).

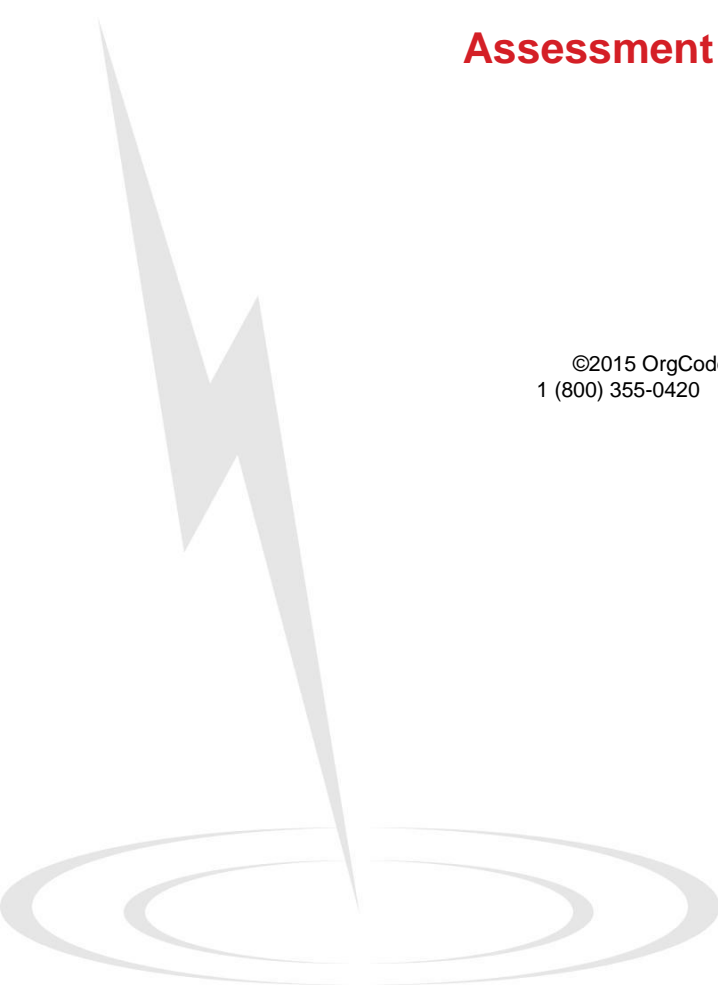
Please find that under separate attachment #1C-8a

Service Prioritization Decision Assistance Tool (SPDAT)

Assessment Tool for Single Adults

VERSION 4.01

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1 (800) 355-0420 info@orgcode.com www.orgcode.com



Welcome to the SPDAT Line of Products

The Service Prioritization Decision Assistance Tool (SPDAT) has been around in various incarnations for over a decade, before being released to the public in 2010. Since its initial release, the use of the SPDAT has been expanding exponentially and is now used in over one thousand communities across the United States, Canada, and Australia.

More communities using the tool means there is an unprecedented demand for versions of the SPDAT, customized for specific client groups or service delivery contexts. With the release of SPDAT V4, there have been more current versions of SPDAT products than ever before.

VI-SPDAT Series

The **Vulnerability Index – Service Prioritization Decision Assistance Tool** (VI-SPDAT) was developed as a pre-screening tool for communities that are very busy and may not have the resources to conduct a full SPDAT assessment for every client. It was made in collaboration with Community Solutions, creators of the Vulnerability Index, as a brief survey that can be conducted to quickly determine whether a client has high, moderate, or low acuity. The use of this survey can help prioritize which clients should be given a full SPDAT assessment first. Because it is a self-reported survey, no special training is required to use the VI-SPDAT.

Current versions available:

- VI-SPDAT V 2.0 for Individuals
- VI-SPDAT V 2.0 for Families
- VI-SPDAT V 1.0 for Youth

All versions are available online at

www.orgcode.com/products/vi-spdat/

SPDAT Series

The **Service Prioritization Decision Assistance Tool** (SPDAT) was developed as an assessment tool for frontline workers at agencies that work with homeless clients to prioritize which of those clients should receive assistance first. It is an in-depth assessment that relies on the assessor's ability to interpret responses and corroborate those with evidence. As a result, this tool may only be used by those who have received proper, up-to-date training provided by OrgCode Consulting, Inc. or an OrgCode certified trainer.

Current versions available:

- SPDAT V 4.0 for Individuals
- SPDAT V 2.0 for Families
- SPDAT V 1.0 for Youth

Information about all versions is available online at

www.orgcode.com/products/spdat/

SPDAT Training Series

To use the SPDAT, training by OrgCode or an OrgCode certified trainer is required. We provide training on a wide variety of topics over a variety of mediums.

The full-day in-person SPDAT Level 1 training provides you the opportunity to bring together as many people as you want to be trained for one low fee. The webinar training allows for a maximum of 15 different computers to be logged into the training at one time. We also offer online courses for individuals that you can do at your own speed.

The training gives you the manual, case studies, application to current practice, a review of each component of the tool, conversation guidance with prospective clients – and more!

Current SPDAT training available:

- Level 0 SPDAT Training: VI-SPDAT for Frontline Workers
- Level 1 SPDAT Training: SPDAT for Frontline Workers
- Level 2 SPDAT Training: SPDAT for Supervisors
- Level 3 SPDAT Training: SPDAT for Trainers

Other related training available:

- Excellence in Housing-Based Case Management
- Coordinated Access & Common Assessment
- Motivational Interviewing
- Objective-Based Interactions

More information about SPDAT training, including pricing, is available online at

<http://www.orgcode.com/product-category/training/spdat/>

Terms and Conditions Governing the Use of the SPDAT

SPDAT products have been developed by OrgCode Consulting, Inc. with extensive feedback from key community partners including people with lived experience. The tools are provided free of charge to communities to improve the client centered services dedicated to increasing housing stability and wellness. Training is indeed required for the administration and interpretation of these assessment tools. Use of the SPDAT products without authorized training is strictly prohibited.

By using this tool, you accept and agree to be bound by the terms of this expectation.

No sharing, reproduction, use or duplication of the information herein is permitted without the express written consent of OrgCode Consulting, Inc.

Ownership

The Service Prioritization Decision Assistance Tool (“SPDAT”) and accompanying documentation is owned by OrgCode Consulting, Inc.

Training

Although the SPDAT Series is provided free of charge to communities, training by OrgCode Consulting, Inc. or a third party trainer, authorized by OrgCode, must be successfully completed. After meeting the training requirements required to administer and interpret the SPDAT Series, practitioners are permitted to implement the SPDAT in their work with clients.

Restrictions on Use

You may not use or copy the SPDAT prior to successfully completing training on its use, provided by OrgCode Consulting, Inc. or a third-party trainer authorized by OrgCode. You may not share the SPDAT with other individuals not trained on its use. You may not train others on the use of the SPDAT, unless specifically authorized by OrgCode Consulting, Inc.

Restrictions on Alteration

You may not modify the SPDAT or create any derivative work of the SPDAT or its accompanying documentation, without the express written consent of OrgCode Consulting, Inc. Derivative works include but are not limited to translations.

Disclaimer

The management and staff of OrgCode Consulting, Inc. (OrgCode) do not control the way in which the Service Prioritization Decision Assistance Tool (SPDAT) will be used, applied or integrated into related client processes by communities, agency management or frontline workers. OrgCode assumes no legal responsibility or liability for the misuse of the SPDAT, decisions that are made or services that are received in conjunction with the assessment tool.

A. Mental Health & Wellness & Cognitive Functioning

PROMPTS	CLIENT SCORE: <input style="width: 100px;" type="text"/>
<ul style="list-style-type: none"> • <i>Have you ever received any help with your mental wellness?</i> • <i>Do you feel you are getting all the help you need for your mental health or stress?</i> • <i>Has a doctor ever prescribed you pills for nerves, anxiety, depression or anything like that?</i> • <i>Have you ever gone to an emergency room or stayed in a hospital because you weren't feeling 100% emotionally?</i> • <i>Do you have trouble learning or paying attention?</i> • <i>Have you ever had testing done to identify learning disabilities?</i> • <i>Do you know if, when pregnant with you, your mother did anything that we now know can have negative effects on the baby?</i> • <i>Have you ever hurt your brain or head?</i> • <i>Do you have any documents or papers about your mental health or brain functioning?</i> • <i>Are there other professionals we could speak with that have knowledge of your mental health?</i> 	<div style="background-color: #e91e63; color: white; padding: 5px; text-align: center; font-weight: bold;">NOTES</div> <div style="border: 1px solid #e91e63; height: 200px; margin-top: 5px;"></div>

SCORING

4	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> "Serious and persistent mental illness (2+ hospitalizations in a mental health facility or psychiatric ward in the past 2 years) and not in a heightened state of recovery currently <input type="checkbox"/> "Major barriers to performing tasks and functions of daily living or communicating intent because of a brain injury, learning disability or developmental disability
3	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> "Heightened concerns about state of mental health, but fewer than 2 hospitalizations, and/or without knowledge of presence of a diagnosable mental health condition <input type="checkbox"/> "Diminished ability to perform tasks and functions of daily living or communicating intent because of a brain injury, learning disability or developmental disability
2	<p>While there may be concern for overall mental health or mild impairments to performing tasks and functions of daily living or communicating intent, all of the following are true:</p> <ul style="list-style-type: none"> <input type="checkbox"/> "No major concerns about safety or ability to be housed without intensive supports to assist with mental health or cognitive functioning <input type="checkbox"/> "No major concerns for the health and safety of others because of mental health or cognitive functioning ability <input type="checkbox"/> "No compelling reason for screening by an expert in mental health or cognitive functioning prior to housing to fully understand capacity
1	<ul style="list-style-type: none"> <input type="checkbox"/> "In a heightened state of recovery, has a Wellness Recovery Action Plan (WRAP) or similar plan for promoting wellness, understands symptoms and strategies for coping with them, and is engaged with mental health supports as necessary.
0	<ul style="list-style-type: none"> <input type="checkbox"/> "No mental health or cognitive functioning issues disclosed, suspected or observed.

B. Physical Health & Wellness

PROMPTS	CLIENT SCORE: <input style="width: 100px;" type="text"/>
<ul style="list-style-type: none"> • <i>How is your health?</i> • <i>Are you getting any help with your health? How often?</i> • <i>Do you feel you are getting all the care you need for your health?</i> • <i>Any illness like diabetes, HIV, Hep C or anything like that going on?</i> • <i>Ever had a doctor tell you that you have problems with blood pressure or heart or lungs or anything like that?</i> • <i>When was the last time you saw a doctor? What was that for?</i> • <i>Do you have a clinic or doctor that you usually go to?</i> • <i>Anything going on right now with your health that you think would prevent you from living a full, healthy, happy life?</i> • <i>Are there other professionals we could speak with that have knowledge of your health?</i> • <i>Do you have any documents or papers about your health or past stays in hospital because of your health?</i> 	<p>NOTES</p> <div style="border: 1px solid #e91e63; height: 200px; width: 100%;"></div>

SCORING	
4	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> "Co-occurring chronic health conditions <input type="checkbox"/> "Attempting a treatment protocol for a chronic health condition, but the treatment is not improving health <input type="checkbox"/> "Palliative health condition
3	<p>Presence of a health issue with any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> "Not connected with professional resources to assist with a real or perceived serious health issue, by choice <input type="checkbox"/> "Single chronic or serious health concern but does not connect with professional resources because of insufficient community resources (e.g. lack of availability or affordability) <input type="checkbox"/> "Unable to follow the treatment plan as a direct result of homeless status
2	<ul style="list-style-type: none"> <input type="checkbox"/> "Presence of a relatively minor physical health issue, which is managed and/or cared for with appropriate professional resources or through informed self-care <input type="checkbox"/> "Presence of a physical health issue, for which appropriate treatment protocols are followed, but there is still a moderate impact on their daily living
1	<p>Single chronic or serious health condition, but all of the following are true:</p> <ul style="list-style-type: none"> <input type="checkbox"/> "Able to manage the health issue and live a relatively active and healthy life <input type="checkbox"/> "Connected to appropriate health supports <input type="checkbox"/> "Educated and informed on how to manage the health issue, take medication as necessary related to the condition, and consistently follow these requirements.
0	<ul style="list-style-type: none"> <input type="checkbox"/> "No serious or chronic health condition disclosed, observed, or suspected <input type="checkbox"/> "If any minor health condition, they are managed appropriately

C. Medication

PROMPTS	CLIENT SCORE: <input style="width: 100px;" type="text"/>
<ul style="list-style-type: none"> • <i>Have you recently been prescribed any medications by a health care professional?</i> • <i>Do you take any medications prescribed to you by a doctor?</i> • <i>Have you ever sold some or all of your prescription?</i> • <i>Have you ever had a doctor prescribe you medication that you didn't have filled at a pharmacy or didn't take?</i> • <i>Were any of your medications changed in the last month? If yes: How did that make you feel?</i> • <i>Do other people ever steal your medications?</i> • <i>Do you ever share your medications with other people?</i> • <i>How do you store your medications and make sure you take the right medication at the right time each day?</i> • <i>What do you do if you realize you've forgotten to take your medications?</i> • <i>Do you have any papers or documents about the medications you take?</i> 	NOTES <div style="border: 1px solid #e91e63; height: 150px; width: 100%;"></div>

SCORING	
4	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> "In the past 30 days, started taking a prescription which is having any negative impact on day to day living, socialization or mood <input type="checkbox"/> "Shares or sells prescription, but keeps less than is sold or shared <input type="checkbox"/> "Regularly misuses medication (e.g. frequently forgets; often takes the wrong dosage; uses some or all of medication to get high) <input type="checkbox"/> "Has had a medication prescribed in the last 90 days that remains unfilled, for any reason
3	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> "In the past 30 days, started taking a prescription which is not having any negative impact on day to day living, socialization or mood <input type="checkbox"/> "Shares or sells prescription, but keeps more than is sold or shared <input type="checkbox"/> "Requires intensive assistance to manage or take medication (e.g., assistance organizing in a pillbox; working with pharmacist to blister-pack; adapting the living environment to be more conducive to taking medications at the right time for the right purpose, like keeping nighttime medications on the bedside table and morning medications by the coffeemaker) <input type="checkbox"/> "Medications are stored and distributed by a third-party
2	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> "Fails to take medication at the appropriate time or appropriate dosage, 1-2 times per week <input type="checkbox"/> "Self-manages medications except for requiring reminders or assistance for refills <input type="checkbox"/> "Successfully self-managing medication for fewer than 30 consecutive days
1	<ul style="list-style-type: none"> <input type="checkbox"/> "Successfully self-managing medications for more than 30, but less than 180, consecutive days
0	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> "No medication prescribed to them <input type="checkbox"/> "Successfully self-managing medication for 181+ consecutive days

D. Substance Use

PROMPTS	CLIENT SCORE: <input style="width: 100px;" type="text"/>
<ul style="list-style-type: none"> • <i>When was the last time you had a drink or used drugs?</i> • <i>Is there anything we should keep in mind related to drugs or alcohol?</i> • <i>[If they disclose use of drugs and/or alcohol] How frequently would you say you use [specific substance] in a week?</i> • <i>Ever have a doctor tell you that your health may be at risk because you drink or use drugs?</i> • <i>Have you engaged with anyone professionally related to your substance use that we could speak with?</i> • <i>Ever get into fights, fall down and bang your head, or pass out when drinking or using other drugs?</i> • <i>Have you ever used alcohol or other drugs in a way that may be considered less than safe?</i> • <i>Do you ever end up doing things you later regret after you have gotten really hammered?</i> • <i>Do you ever drink mouthwash or cooking wine or hand sanitizer or anything like that?</i> 	<p style="text-align: center; margin: 0;">NOTES</p> <div style="border: 1px solid #e91e63; height: 200px; width: 100%;"></div>

Note: Consumption thresholds: 2 drinks per day or 14 total drinks in any one week period for men; 2 drinks per day or 9 total drinks in any one week period for women.

SCORING	
4	<input type="checkbox"/> In a life-threatening health situation as a direct result of substance use, or , In the past 30 days, any of the following are true... <ul style="list-style-type: none"> <input type="checkbox"/> Substance use is almost daily (21+ times) and often to the point of complete inebriation <input type="checkbox"/> Binge drinking, non-beverage alcohol use, or inhalant use 4+ times <input type="checkbox"/> Substance use resulting in passing out 2+ times
3	<input type="checkbox"/> Experiencing serious health impacts as a direct result of substance use, though not (yet) in a life-threatening position as a result, or , In the past 30 days, any of the following are true... <ul style="list-style-type: none"> <input type="checkbox"/> Drug use reached the point of complete inebriation 12+ times <input type="checkbox"/> Alcohol use usually exceeded the consumption thresholds (at least 5+ times), but usually not to the point of complete inebriation <input type="checkbox"/> Binge drinking, non-beverage alcohol use, or inhalant use occurred 1-3 times
2	In the past 30 days, any of the following are true... <ul style="list-style-type: none"> <input type="checkbox"/> Drug use reached the point of complete inebriation fewer than 12 times <input type="checkbox"/> Alcohol use exceeded the consumption thresholds fewer than 5 times
1	<ul style="list-style-type: none"> <input type="checkbox"/> In the past 365 days, no alcohol use beyond consumption thresholds, or, <input type="checkbox"/> If making claims to sobriety, no substance use in the past 30 days <input type="checkbox"/> In the past 365 days, no substance use

E. Experience of Abuse & Trauma

PROMPTS	CLIENT SCORE: <input style="width: 100px;" type="text"/>
NOTES	
<p><i>*To avoid re-traumatizing the individual, ask selected approved questions as written. Do not probe for details of the trauma/abuse. This section is entirely self-reported.</i></p> <ul style="list-style-type: none"> • <i>“I don’t need you to go into any details, but has there been any point in your life where you experienced emotional, physical, sexual or psychological abuse?”</i> • <i>“Are you currently or have you ever received professional assistance to address that abuse?”</i> • <i>“Does the experience of abuse or trauma impact your day to day living in any way?”</i> • <i>“Does the experience of abuse or trauma impact your ability to hold down a job, maintain housing or engage in meaningful relationships with friends or family?”</i> • <i>“Have you ever found yourself feeling or acting in a certain way that you think is caused by a history of abuse or trauma?”</i> • <i>“Have you ever become homeless as a direct result of experiencing abuse or trauma?”</i> 	

SCORING	
4	<input type="checkbox"/> A reported experience of abuse or trauma, believed to be a direct cause of their homelessness
3	<input type="checkbox"/> The experience of abuse or trauma is not believed to be a direct cause of homelessness, but abuse or trauma (experienced before, during, or after homelessness) is impacting daily functioning and/or ability to get out of homelessness
Any of the following:	
2	<input type="checkbox"/> A reported experience of abuse or trauma, but is not believed to impact daily functioning and/or ability to get out of homelessness <input type="checkbox"/> Engaged in therapeutic attempts at recovery, but does not consider self to be recovered
1	<input type="checkbox"/> A reported experience of abuse or trauma, and considers self to be recovered
0	<input type="checkbox"/> No reported experience of abuse or trauma

F. Risk of Harm to Self or Others

PROMPTS	CLIENT SCORE: <input style="width: 100px;" type="text"/>
<ul style="list-style-type: none"> • <i>Do you have thoughts about hurting yourself or anyone else? Have you ever acted on these thoughts? When was the last time?</i> • <i>What was occurring when you had these feelings or took these actions?</i> • <i>Have you ever received professional help – including maybe a stay at hospital – as a result of thinking about or attempting to hurt yourself or others? How long ago was that? Does that happen often?</i> • <i>Have you recently left a situation you felt was abusive or unsafe? How long ago was that?</i> • <i>Have you been in any fights recently - whether you started it or someone else did? How long ago was that? How often do you get into fights?</i> 	NOTES <div style="border: 1px solid #e91e63; height: 150px;"></div>

SCORING	
4	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> In the past 90 days, left an abusive situation <input type="checkbox"/> In the past 30 days, attempted, threatened, or actually harmed self or others <input type="checkbox"/> In the past 30 days, involved in a physical altercation (instigator or participant)
3	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> In the past 180 days, left an abusive situation, but no exposure to abuse in the past 90 days <input type="checkbox"/> Most recently attempted, threatened, or actually harmed self or others in the past 180 days, but not in the past 30 days <input type="checkbox"/> In the past 365 days, involved in a physical altercation (instigator or participant), but not in the past 30 days
2	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> In the past 365 days, left an abusive situation, but no exposure to abuse in the past 180 days <input type="checkbox"/> Most recently attempted, threatened, or actually harmed self or others in the past 365 days, but not in the past 180 days <input type="checkbox"/> 366+ days ago, 4+ involvements in physical alterations
1	<ul style="list-style-type: none"> <input type="checkbox"/> 366+ days ago, 1-3 involvements in physical alterations <input type="checkbox"/> Reports no instance of harming self, being harmed, or harming others

G. Involvement in Higher Risk and/or Exploitive Situations

PROMPTS	CLIENT SCORE: <input style="width: 100px;" type="text"/>
<ul style="list-style-type: none"> • <i>[Observe, don't ask] Any abscesses or track marks from injection substance use?</i> • <i>Does anybody force or trick you to do something that you don't want to do?</i> • <i>Do you ever do stuff that could be considered dangerous like drinking until you pass out outside, or delivering drugs for someone, having sex without a condom with a casual partner, or anything like that?</i> • <i>Do you ever find yourself in situations that may be considered at a high risk for violence?</i> • <i>Do you ever sleep outside? How do you dress and prepare for that? Where do you tend to sleep?</i> 	<div style="background-color: #e91e63; color: white; padding: 5px; text-align: center; font-weight: bold;">NOTES</div> <div style="border: 1px solid #e91e63; height: 150px; margin-top: 5px;"></div>

SCORING

4	<p>Any of the following:</p> <p><input type="checkbox"/> In the past 180 days, engaged in 10+ higher risk and/or exploitive events <input type="checkbox"/> In the past 90 days, left an abusive situation</p>
3	<p>Any of the following:</p> <p><input type="checkbox"/> In the past 180 days, engaged in 4-9 higher risk and/or exploitive events <input type="checkbox"/> In the past 180 days, left an abusive situation, but not in the past 90 days</p>
2	<p>Any of the following:</p> <p><input type="checkbox"/> In the past 180 days, engaged in 1-3 higher risk and/or exploitive events <input type="checkbox"/> 181+ days ago, left an abusive situation</p>
1	<p><input type="checkbox"/> Any involvement in higher risk and/or exploitive situations occurred more than 180 days ago but less than 365 days ago</p>
0	<p><input type="checkbox"/> In the past 365 days, no involvement in higher risk and/or exploitive events</p>

H. Interaction with Emergency Services

PROMPTS	CLIENT SCORE: <input style="width: 100px;" type="text"/>
<ul style="list-style-type: none"> • How often do you go to emergency rooms? • How many times have you had the police speak to you over the past 180 days? • Have you used an ambulance or needed the fire department at any time in the past 180 days? • How many times have you called or visited a crisis team or a crisis counselor in the last 180 days? • How many times have you been admitted to hospital in the last 180 days? How long did you stay? 	<div style="background-color: #e91e63; color: white; padding: 5px; text-align: center;">NOTES</div> <div style="border: 1px solid #e91e63; height: 200px; width: 100%;"></div>

Note: Emergency service use includes: admittance to emergency room/department; hospitalizations; trips to a hospital in an ambulance; crisis service, distress centers, suicide prevention service, sexual assault crisis service, sex worker crisis service, or similar service; interactions with police for the purpose of law enforcement; interactions with fire service in emergency situations.

SCORING	
4	<input type="checkbox"/> In the past 180 days, cumulative total of 10+ interactions with emergency services
3	<input type="checkbox"/> In the past 180 days, cumulative total of 4-9 interactions with emergency services
2	<input type="checkbox"/> In the past 180 days, cumulative total of 1-3 interactions with emergency services
1	<input type="checkbox"/> Any interaction with emergency services occurred more than 180 days ago but less than 365 days ago
0	<input type="checkbox"/> In the past 365 days, no interaction with emergency services

I. Legal

PROMPTS	CLIENT SCORE: <input style="width: 100px;" type="text"/>
<ul style="list-style-type: none"> • Do you have any “legal stuff” going on? • Have you had a lawyer assigned to you by a court? • Do you have any upcoming court dates? Do you think there’s a chance you will do time? • Any involvement with family court or child custody matters? • Any outstanding fines? • Have you paid any fines in the last 12 months for anything? • Have you done any community service in the last 12 months? • Is anybody expecting you to do community service for anything right now? • Did you have any legal stuff in the last year that got dismissed? • Is your housing at risk in any way right now because of legal issues? 	<div style="background-color: #e91e63; color: white; padding: 5px; text-align: center;">NOTES</div> <div style="border: 1px solid #e91e63; height: 150px; margin-top: 5px;"></div>

SCORING

4	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Current outstanding legal issue(s), likely to result in fines of \$500+ <input type="checkbox"/> Current outstanding legal issue(s), likely to result in incarceration of 3+ months (cumulatively), inclusive of any time held on remand
3	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Current outstanding legal issue(s), likely to result in fines less than \$500 <input type="checkbox"/> Current outstanding legal issue(s), likely to result in incarceration of less than 90 days (cumulatively), inclusive of any time held on remand
2	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> In the past 365 days, relatively minor legal issue has occurred and was resolved through community service or payment of fine(s) <input type="checkbox"/> Currently outstanding relatively minor legal issue that is unlikely to result in incarceration (but may result in community service)
1	<ul style="list-style-type: none"> <input type="checkbox"/> There are no current legal issues, and any legal issues that have historically occurred have been resolved without community service, payment of fine, or incarceration
0	<ul style="list-style-type: none"> <input type="checkbox"/> No legal issues within the past 365 days, and currently no conditions of release

J. Managing Tenancy

PROMPTS	CLIENT SCORE: <input style="width: 100px;" type="text"/>
<ul style="list-style-type: none"> • Are you currently homeless? • [If the person is housed] Do you have an eviction notice? • [If the person is housed] Do you think that your housing is at risk? • How is your relationship with your neighbors? • How do you normally get along with landlords? • How have you been doing with taking care of your place? 	<p style="text-align: center; background-color: #e91e63; color: white; margin: 0;">NOTES</p> <div style="border: 1px solid #e91e63; height: 150px; width: 100%;"></div>

Note: Housing matters include: conflict with landlord and/or neighbors, damages to the unit, payment of rent on time and in full. Payment of rent through a third party is not considered to be a short-coming or deficiency in the ability to pay rent.

SCORING	
4	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> "Currently homeless <input type="checkbox"/> "In the next 30 days, will be re-housed or return to homelessness <input type="checkbox"/> "In the past 365 days, was re-housed 6+ times <input type="checkbox"/> "In the past 90 days, support worker(s) have been cumulatively involved 10+ times with housing matters
3	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> "In the next 60 days, will be re-housed or return to homelessness, but not in next 30 days <input type="checkbox"/> "In the past 365 days, was re-housed 3-5 times <input type="checkbox"/> "In the past 90 days, support worker(s) have been cumulatively involved 4-9 times with housing matters
2	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> "In the past 365 days, was re-housed 2 times <input type="checkbox"/> "In the past 180 days, was re-housed 1+ times, but not in the past 60 days <input type="checkbox"/> "Continuously housed for at least 90 days but not more than 180 days <input type="checkbox"/> "In the past 90 days, support worker(s) have been cumulatively involved 1-3 times with housing matters
1	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> "In the past 365 days, was re-housed 1 time <input type="checkbox"/> "Continuously housed, with no assistance on housing matters, for at least 180 days but not more than 365 days
0	<ul style="list-style-type: none"> <input type="checkbox"/> "Continuously housed, with no assistance on housing matters, for at least 365 days

K. Personal Administration & Money Management

PROMPTS	CLIENT SCORE: <input style="width: 100px;" type="text"/>
<ul style="list-style-type: none"> • How are you with taking care of money? • How are you with paying bills on time and taking care of other financial stuff? • Do you have any street debts? • Do you have any drug or gambling debts? • Is there anybody that thinks you owe them money? • Do you budget every single month for every single thing you need? Including cigarettes? Booze? Drugs? • Do you try to pay your rent before paying for anything else? • Are you behind in any payments like child support or student loans or anything like that? 	<div style="background-color: #e91e63; color: white; text-align: center; padding: 2px;">NOTES</div> <div style="border: 1px solid #e91e63; height: 150px;"></div>

SCORING	
4	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> "Cannot create or follow a budget, regardless of supports provided <input type="checkbox"/> "Does not comprehend financial obligations <input type="checkbox"/> "Does not have an income (including formal and informal sources) <input type="checkbox"/> "Not aware of the full amount spent on substances, if they use substances <input type="checkbox"/> "Substantial real or perceived debts of \$1,000+, past due or requiring monthly payments
3	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> "Requires intensive assistance to create and manage a budget (including any legally mandated guardian/trustee that provides assistance or manages access to money) <input type="checkbox"/> "Only understands their financial obligations with the assistance of a 3rd party <input type="checkbox"/> "Not budgeting for substance use, if they are a substance user <input type="checkbox"/> "Real or perceived debts of \$999 or less, past due or requiring monthly payments
2	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> "In the past 365 days, source of income has changed 2+ times <input type="checkbox"/> "Budgeting to the best of ability (including formal and informal sources), but still short of money every month for essential needs <input type="checkbox"/> "Voluntarily receives assistance creating and managing a budget or restricts access to their own money (e.g. guardian/trusteeship) <input type="checkbox"/> "Has been self-managing financial resources and taking care of associated administrative tasks for less than 90 days
1	<ul style="list-style-type: none"> <input type="checkbox"/> "Has been self-managing financial resources and taking care of associated administrative tasks for at least 90 days, but for less than 180 days
0	<ul style="list-style-type: none"> <input type="checkbox"/> "Has been self-managing financial resources and taking care of associated administrative tasks for at least 180 days

L. Social Relationships & Networks

PROMPTS	CLIENT SCORE: <input style="width: 100px;" type="text"/>
<ul style="list-style-type: none"> • Tell me about your friends, family or other people in your life. • How often do you get together or chat? • When you go to doctor's appointments or meet with other professionals like that, what is that like? • Are there any people in your life that you feel are just using you? • Are there any of your closer friends that you feel are always asking you for money, smokes, drugs, food or anything like that? • Have you ever had people crash at your place that you did not want staying there? • Have you ever been threatened with an eviction or lost a place because of something that friends or family did in your apartment? • Have you ever been concerned about not following your lease agreement because of your friends or family? 	<p style="text-align: center; margin: 0;">NOTES</p> <div style="border: 1px solid #e91e63; height: 200px; width: 100%;"></div>

SCORING	
4	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> "In the past 90 days, left an exploitive, abusive or dependent relationship <input type="checkbox"/> "Friends, family or other people are placing security of housing at imminent risk, or impacting life, wellness, or safety <input type="checkbox"/> "No friends or family and demonstrates no ability to follow social norms <input type="checkbox"/> "Currently homeless and would classify most of friends and family as homeless
3	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> "In the past 90-180 days, left an exploitive, abusive or dependent relationship <input type="checkbox"/> "Friends, family or other people are having some negative consequences on wellness or housing stability <input type="checkbox"/> "No friends or family but demonstrating ability to follow social norms <input type="checkbox"/> "Meeting new people with an intention of forming friendships <input type="checkbox"/> "Reconnecting with previous friends or family members, but experiencing difficulty advancing the relationship <input type="checkbox"/> "Currently homeless, and would classify some of friends and family as being housed, while others are homeless
2	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> "More than 180 days ago, left an exploitive, abusive or dependent relationship <input type="checkbox"/> "Developing relationships with new people but not yet fully trusting them <input type="checkbox"/> "Currently homeless, and would classify friends and family as being housed
1	<ul style="list-style-type: none"> <input type="checkbox"/> "Has been housed for less than 180 days, and is engaged with friends or family, who are having no negative consequences on the individual's housing stability
0	<ul style="list-style-type: none"> <input type="checkbox"/> "Has been housed for at least 180 days, and is engaged with friends or family, who are having no negative consequences on the individual's housing stability

M. Self Care & Daily Living Skills

PROMPTS	CLIENT SCORE: <input style="width: 100px;" type="text"/>
<ul style="list-style-type: none"> • Do you have any worries about taking care of yourself? • Do you have any concerns about cooking, cleaning, laundry or anything like that? • Do you ever need reminders to do things like shower or clean up? • Describe your last apartment. • Do you know how to shop for nutritious food on a budget? • Do you know how to make low cost meals that can result in leftovers to freeze or save for another day? • Do you tend to keep all of your clothes clean? • Have you ever had a problem with mice or other bugs like cockroaches as a result of a dirty apartment? • When you have had a place where you have made a meal, do you tend to clean up dishes and the like before they get crusty? 	<div style="background-color: #e91e63; color: white; padding: 5px; text-align: center; font-weight: bold;">NOTES</div> <div style="border: 1px solid #e91e63; height: 150px; margin-top: 5px;"></div>

SCORING

4	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> "No insight into how to care for themselves, their apartment or their surroundings <input type="checkbox"/> "Currently homeless and relies upon others to meet basic needs (e.g. access to shelter, showers, toilet, laundry, food, and/or clothing) on an almost daily basis <input type="checkbox"/> "Engaged in hoarding or collecting behavior and is not aware that it is an issue in her/his life
3	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> "Has insight into some areas of how to care for themselves, their apartment or their surroundings, but misses other areas because of lack of insight <input type="checkbox"/> "In the past 180 days, relied upon others to meet basic needs (e.g. access to shelter, showers, toilet, laundry, food, and/or clothing), 14+ days in any 30-day period <input type="checkbox"/> "Engaged in hoarding or collecting behavior and is aware that it is an issue in her/his life
2	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> "Fully aware and has insight in all that is required to take care of themselves, their apartment and their surroundings, but has not yet mastered the skills or time management to fully execute this on a regular basis <input type="checkbox"/> "In the past 180 days, relied upon others to meet basic needs (e.g. access to shelter, showers, toilet, laundry, food, and/or clothing), fewer than 14 days in every 30-day period
1	<ul style="list-style-type: none"> <input type="checkbox"/> "In the past 365 days, accessed community resources 4 or fewer times, and is fully taking care of all their daily needs
0	<ul style="list-style-type: none"> <input type="checkbox"/> "For the past 365+ days, fully taking care of all their daily needs independently

N. Meaningful Daily Activity

PROMPTS	CLIENT SCORE: <input style="width: 100px;" type="text"/>
<ul style="list-style-type: none"> • <i>How do you spend your day?</i> • <i>How do you spend your free time?</i> • <i>Does that make you feel happy/fulfilled?</i> • <i>How many days a week would you say you have things to do that make you feel happy/fulfilled?</i> • <i>How much time in a week would you say you are totally bored?</i> • <i>When you wake up in the morning, do you tend to have an idea of what you plan to do that day?</i> • <i>How much time in a week would you say you spend doing stuff to fill up the time rather than doing things that you love?</i> • <i>Are there any things that get in the way of you doing the sorts of activities you would like to be doing?</i> 	<div style="background-color: #e91e63; color: white; padding: 5px; text-align: center; font-weight: bold;">NOTES</div> <div style="border: 1px solid #e91e63; height: 200px; margin-top: 5px;"></div>

SCORING	
4	<input type="checkbox"/> "No planned, legal activities described as providing fulfillment or happiness"
3	<input type="checkbox"/> "Discussing, exploring, signing up for and/or preparing for new activities or to re-engage with planned, legal activities that used to provide fulfillment or happiness"
2	<input type="checkbox"/> "Attempting new or re-engaging with planned, legal activities that used to provide fulfillment or happiness, but uncertain that activities selected are currently providing fulfillment or happiness, or the individual is not fully committed to continuing the activities."
1	<input type="checkbox"/> "Has planned, legal activities described as providing fulfillment or happiness 1-3 days per week"
0	<input type="checkbox"/> "Has planned, legal activities described as providing fulfillment or happiness 4+ days per week"

O. History of Homelessness & Housing

PROMPTS	CLIENT SCORE: <input style="width: 100px;" type="text"/>
<ul style="list-style-type: none"> • <i>How long have you been homeless?</i> • <i>How many times have you been homeless in your life other than this most recent time?</i> • <i>Have you spent any time sleeping on a friend's couch or floor? And if so, during those times did you consider that to be your permanent address?</i> • <i>Have you ever spent time sleeping in a car or alleyway or garage or barn or bus shelter or anything like that?</i> • <i>Have you ever spent time sleeping in an abandoned building?</i> • <i>Were you ever in hospital or jail for a period of time when you didn't have a permanent address to go to when you got out?</i> 	<div style="background-color: #e91e63; color: white; padding: 5px; text-align: center;">NOTES</div> <div style="border: 1px solid #e91e63; height: 150px; width: 100%;"></div>

SCORING	
4	<input type="checkbox"/> Over the past 10 years, cumulative total of 5+ years of homelessness
3	<input type="checkbox"/> Over the past 10 years, cumulative total of 2+ years but fewer than 5 years of homelessness
2	<input type="checkbox"/> Over the past 4 years, cumulative total of 30+ days but fewer than 2 years of homelessness
1	<input type="checkbox"/> Over the past 4 years, cumulative total of 7+ days but fewer than 30 days of homelessness
0	<input type="checkbox"/> Over the past 4 years, cumulative total of 7 or fewer days of homelessness

SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (SPDAT)

SINGLE ADULTS

VERSION 4.01

Client:	Worker:	Version:	Date:
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COMPONENT	SCORE	COMMENTS
MENTAL HEALTH & WELLNESS AND COGNITIVE FUNCTIONING	0	
PHYSICAL HEALTH & WELLNESS	0	
MEDICATION	0	
SUBSTANCE USE	0	
EXPERIENCE OF ABUSE AND/OR TRAUMA	0	
RISK OF HARM TO SELF OR OTHERS	0	
INVOLVEMENT IN HIGHER RISK AND/OR EXPLOITIVE SITUATIONS	0	
INTERACTION WITH EMERGENCY SERVICES	0	

SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (SPDAT)

SINGLE ADULTS

VERSION 4.01

Client:	Worker:	Version:	Date:
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COMPONENT	SCORE	COMMENTS
LEGAL INVOLVEMENT	0	
MANAGING TENANCY	0	
PERSONAL ADMINISTRATION & MONEY MANAGEMENT	0	
SOCIAL RELATIONSHIPS & NETWORKS	0	
SELF-CARE & DAILY LIVING SKILLS	0	
MEANINGFUL DAILY ACTIVITIES	0	
HISTORY OF HOUSING & HOMELESSNESS	0	
TOTAL		No housing intervention

Appendix A: About the SPDAT

OrgCode Consulting, Inc. is pleased to announce the release of Version 4 of the Service Prioritization Decision Assistance Tool (SPDAT). Since its release in 2010, the SPDAT has been used with over 10,000 unique individuals in over 100 communities across North America and in select locations around the world.

Originally designed as a tool to help prioritize housing services for homeless individuals based upon their acuity, the SPDAT has been successfully adapted to other fields of practice, including: discharge planning from hospitals, work with youth, survivors of domestic violence, health research, planning supports for consumer survivors of psychiatric care systems, and in work supporting people with fetal alcohol spectrum disorders. We are encouraged that so many service providers and communities are expanding the use of this tool, and OrgCode will continue to support the innovative use of the SPDAT to meet local needs.

SPDAT Design

The SPDAT is designed to:

- Help prioritize which clients should receive what type of housing assistance intervention, and assist in determining the intensity of case management services
- Prioritize the sequence of clients receiving those services
- Help prioritize the time and resources of Frontline Workers
- Allow Team Leaders and program supervisors to better match client needs to the strengths of specific Frontline Workers on their team
- Assist Team Leaders and program supervisors to support Frontline Workers and establish service priorities across their team
- Provide assistance with case planning and encourage reflection on the prioritization of different elements within a case plan
- Track the depth of need and service responses to clients over time

The SPDAT is NOT designed to:

- Provide a diagnosis
- Assess current risk or be a predictive index for future risk
- Take the place of other valid and reliable instruments used in clinical research and care

The SPDAT is only used with those clients who meet program eligibility criteria. For example, if there is an eligibility criterion that requires prospective clients to be homeless at time of intake to be eligible for Housing First, then the pre-condition must be met before pursuing the application of the SPDAT. For that reason, we have also created the VI-SPDAT as an initial screening tool.

The SPDAT is not intended to replace clinical expertise or clinical assessment tools. The tool complements existing clinical approaches by incorporating a wide array of components that provide both a global and detailed picture of a client's acuity. Certain components of the SPDAT relate to clinical concerns, and it is expected that intake professionals and clinicians will work together to ensure the accurate assessment of these issues. In fact, many organizations and communities have found the SPDAT to be a useful method for bridging the gap between housing, social services and clinical services.

Version 4

The SPDAT has been influenced by the experience of practitioners in its use, persons with lived experience that have had the SPDAT implemented with them, as well as a number of other excellent tools such as (but not limited to) the Outcome Star, Health of the Nation Outcome Scale, Denver Acuity Scale, Camberwell Assessment of Needs, Vulnerability Index, and Transition Aged Youth Triage Tool.

In preparing SPDAT v4, we have adopted a comprehensive and collaborative approach to changing and improving the SPDAT. Communities that have used the tool for three months or more have provided us with their feedback. OrgCode staff have observed the tool in operation to better understand its implementation in the field. An independent committee composed of service practitioners and academics review enhancements to the SPDAT. Furthermore, we continue to test the validity of SPDAT results through the use of control groups. Overall, we consistently see that groups assessed with the SPDAT have better long-term housing and life stability outcomes than those assessed with other tools, or no tools at all.

OrgCode intends to continue working with communities and persons with lived experience to make future versions of the SPDAT even better. We hope all those communities and agencies that choose to use this tool will remain committed to collaborating with us to make those improvements over time.

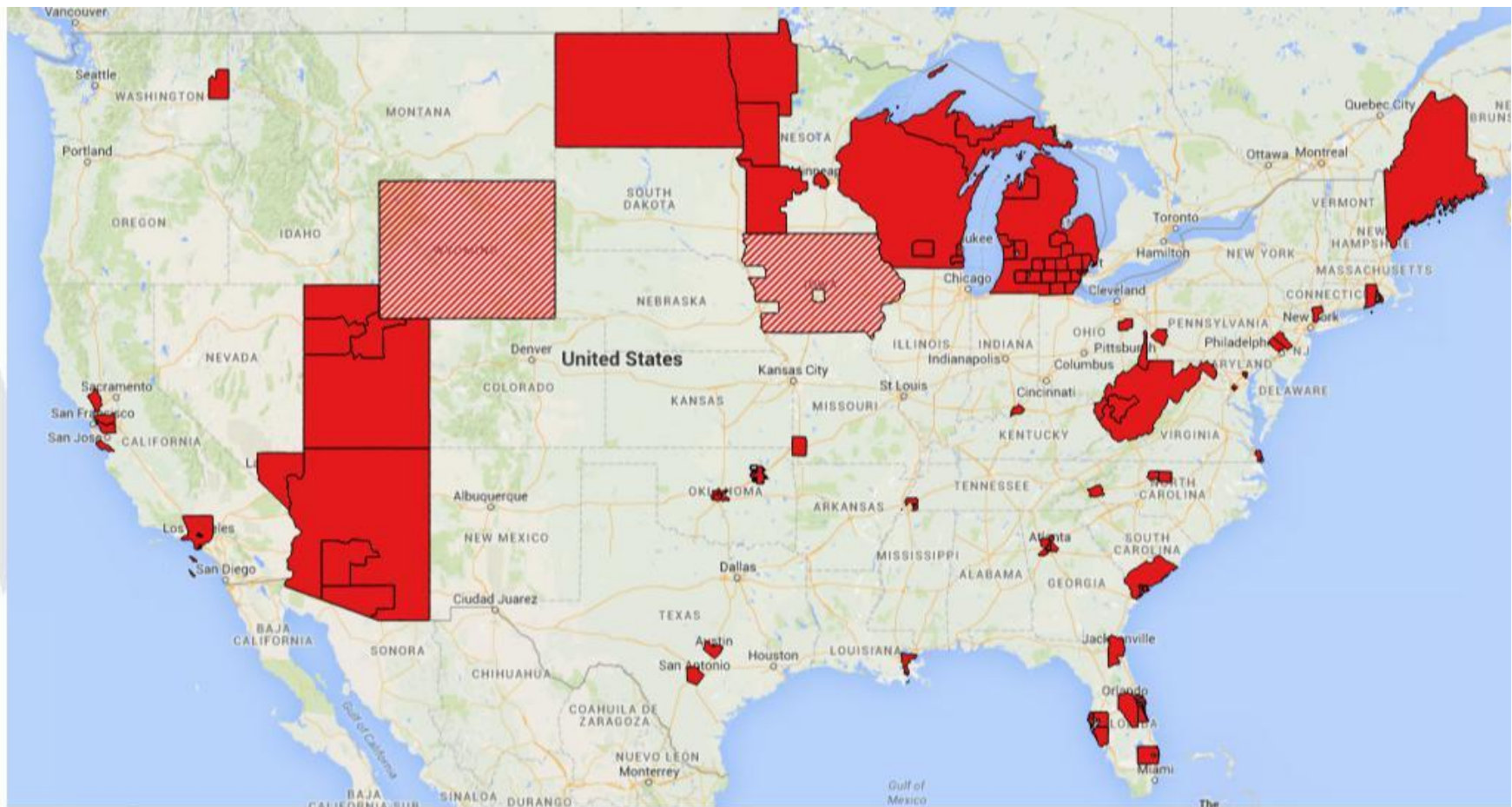
Version 4 builds upon the success of Version 3 of the SPDAT with some refinements. Starting in August 2014, a survey was launched of existing SPDAT users to get their input on what should be amended, improved, or maintained in the tool. Analysis was completed across all of these responses. Further research was conducted. Questions were tested and refined over several months, again including the direct voice of persons with lived experience and frontline practitioners. Input was also gathered from senior government officials that create policy and programs to help ensure alignment with guidelines and funding requirements.

The major differences from Version 3 to Version 4 include:

- The structure of the tools is the same: four domains (five for families) with components aligned to specific domains. The names of the domains and the components remain unchanged.
- The scoring of the tools is the same: 60 points for singles, and 80 points for families.
- The scoring tables used to run from 0 through to 4. They are now reversed with each table starting at 4 and working their way down to 0. This increases the speed of assessment.
- The order of the tools has changed, grouped together by domain.
- Language has been simplified.
- Days are used rather than months to provide greater clarification and alignment to how most databases capture periods of time in service.
- Greater specificity has been provided in some components such as amount of debts.

Appendix B: Where the SPDAT is being used (as of May 2015)

United States of America



SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (SPDAT)

SINGLE ADULTS

VERSION 4.01

Arizona

- Statewide

California

- Oakland/Alameda County CoC
- Richmond/Contra Costa County CoC
- Watsonville/Santa Cruz City & County CoC
- Napa City & County CoC
- Los Angeles City & County CoC
- Pasadena CoC
- Glendale CoC

District of Columbia

- District of Columbia CoC

Florida

- Sarasota/Bradenton/Manatee, Sarasota Counties CoC
- Tampa/Hillsborough County CoC
- St. Petersburg/Clearwater/Largo/Pinellas County CoC
- Orlando/Orange, Osceola, Seminole Counties CoC
- Jacksonville-Duval, Clay Counties CoC
- Palm Bay/Melbourne/Brevard County CoC
- West Palm Beach/Palm Beach County CoC

Georgia

- Atlanta County CoC
- Fulton County CoC
- Marietta/Cobb County CoC
- DeKalb County CoC

Iowa

- Parts of Iowa Balance of State CoC

Kentucky

- Louisville/Jefferson County CoC

Louisiana

- New Orleans/Jefferson Parish CoC

Maryland

- Baltimore City CoC

Maine

- Statewide

Michigan

- Statewide

Minnesota

- Minneapolis/Hennepin County CoC
- Northwest Minnesota CoC
- Moorhead/West Central Minnesota CoC
- Southwest Minnesota CoC

Missouri

- Joplin/Jasper, Newton Counties CoC

North Carolina

- Winston Salem/Forsyth County CoC
- Asheville/Buncombe County CoC
- Greensboro/High Point CoC

North Dakota

- Statewide

Nevada

- Las Vegas/Clark County CoC

New York

- Yonkers/Mount Vernon/New Rochelle/Westchester County CoC

Ohio

- Canton/Massillon/Alliance/Stark County CoC
- Toledo/Lucas County CoC

Oklahoma

- Tulsa City & County/Broken Arrow CoC
- Oklahoma City CoC

Pennsylvania

- Lower Marion/Norristown/Abington/Montgomery County CoC

- Bristol/Bensalem/Bucks County CoC
- Pittsburgh/McKeesport/Penn Hills/Allegheny County CoC

Rhode Island

- Statewide

South Carolina

- Charleston/Low Country CoC

Tennessee

- Memphis/Shelby County CoC

Texas

- San Antonio/Bexar County CoC
- Austin/Travis County CoC

Utah

- Salt Lake City & County CoC
- Utah Balance of State CoC
- Provo/Mountainland CoC

Virginia

- Virginia Beach CoC
- Arlington County CoC

Washington

- Spokane City & County CoC

Wisconsin

- Statewide

West Virginia

- Statewide

Wyoming

- Wyoming is in the process of implementing statewide

Canada

Alberta

- Province-wide

Manitoba

- City of Winnipeg

New Brunswick

- City of Fredericton
- City of Saint John

Newfoundland and Labrador

- Province-wide

Northwest Territories

- City of Yellowknife

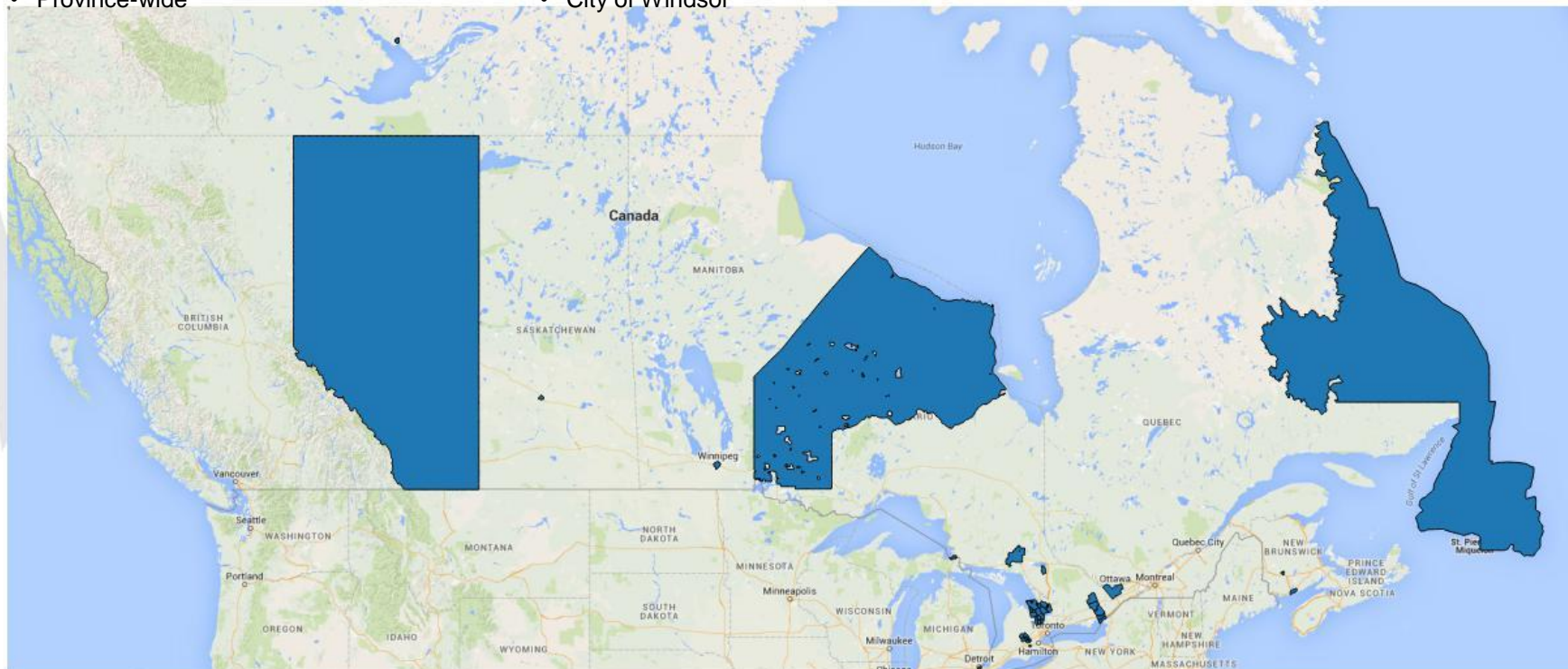
Ontario

- City of Barrie/Simcoe County
- City of Brantford/Brant County
- City of Greater Sudbury
- City of Kingston/Frontenac County
- City of Ottawa
- City of Windsor

- District of Kenora
- District of Parry Sound
- District of Sault Ste Marie
- Regional Municipality of Waterloo
- Regional Municipality of York

Saskatchewan

- Saskatoon



Australia

- Queensland
- Brisbane



Attachment 3B-2

New Bedford Continuum of Care

MA-505

Order of Priority - Written Standards

NOTE:

A copy of the New Bedford CoC's Written Standards are attached.
The Order of Priority begins on page 15.



Continuum of Care Standards City of New Bedford

2018



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Continuum of Care Standards for the City of New Bedford

Introduction

The Continuum of Care (CoC) is responsible for coordinating and implementing a system by which it agrees to abide in order to meet the needs of the population and subpopulations experiencing homelessness within the geographic area of the Continuum, that being the City of New Bedford. Both the Emergency Solutions Grant (ESG) Rules and Regulations and the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Continuum of Care Program Interim Rules state that the Continuum of Care (CoC), in consultation with recipients of Emergency Solutions Grants program funds within the geographic area, (1) establish and consistently follow written standards for providing Continuum of Care assistance, (2) establish performance targets appropriate for population and program type, and (3) monitor recipient and sub-recipient performance.

These CoC Standards (as amended) for the City of New Bedford are this continuum's adopted guidelines for such consistency, targets and performance and are intended to compliment and reflect the CoC's Performance Management Plan developed by the City's Department of Planning, Housing & Community Development.

All programs that receive ESG or CoC funding in the City of New Bedford are required to abide by these written standards. In addition, in order to achieve the highest level of efficiency and performance throughout the New Bedford Continuum, the CoC strongly encourages programs that do not receive either of these sources of funds to accept and utilize these written standards. Separate governance standards, policies and procedures exist for the Continuum's HMIS system.

These written standards have been established to ensure that persons experiencing homelessness who enter programs throughout the CoC will be given similar information and support to access and maintain permanent housing.

These Continuum of Care Standards will:

- Establish community-wide expectations on the operations of projects within the community.
- Ensure that the system is transparent to users and operators.
- Establish a minimum set of standards and expectations in terms of the quality expected of projects.
- Assist with the coordination of service delivery across the geographic area and will be serve as the foundation of for the coordinated entry system;
- Assist in assessing individuals and families consistently to determine program eligibility;
- Assist in administering programs fairly and methodically;
- Establish common performance measurements for all CoC components; and
- Provide the basis for the monitoring of all CoC and ESG funded projects.

These Continuum of Care Standards for the City of New Bedford have been developed in conjunction with ESG recipients and with CoC and other community service providers to allow for input on standards, performance measures and the process for full implementation of the standards throughout the CoC so as to ensure the prospective of those organizations that are directly providing homeless housing and services, Emergency Shelter (ES), Permanent Supportive Housing (PSH), Rapid Re-Housing (RRH) and Supportive Service Only (SSO) programs. Adopted coordinated entry operational protocols were also reviewed and considered in the development and amendment of these written standards to ensure consistency between systems and expectations.

General Requirements for all Programs

- Programs providing housing for those experiencing homelessness must use the CoC's coordinated intake system, "The CALL," for the intake of all program participants working cooperatively with that coordinated entry system as it relates to the determination of eligibility and amount and type of assistance needed to regain stability in permanent housing.
- Programs must coordinate with other targeted homeless services within the CoC
- Programs must coordinate with mainstream resources in and outside of the CoC including housing, social services, employment, education and youth programs for which participants may be eligible
- Programs must have written policies and procedures, reviewed and updated as may be needed annually, and must consistently apply them to all participants
- Programs that serve households with children:
 - ✓ Must have a staff person designated as the educational liaison that will ensure that children are enrolled in school and connected with appropriate services in the community, including early childhood program such as Head Start, Part C of the Individuals with Disabilities Education Act, and the McKinney Vento education services
 - ✓ Must not use the age and gender of a child under age 18 as a basis for denying any family's admission to a project that provides shelter for families with children
- Programs receiving ESG and/or CoC funding must participate in HMIS (Homeless Management Information System); programs providing housing and/or services in some way to individuals and families experiencing homelessness are strongly encouraged to participate in HMIS to ensure ease of client assistance, greater system coordination, service delivery and data excellence.
 - ✓ Programs must meet minimum HMIS data quality standards
 - ✓ Programs providing Domestic Violence or Legal Services may opt out of HMIS participation but must utilize a comparable database to collect HUD required data elements to be reported in the aggregate rather than at the client level
- Program rules and regulations adopted by each program should be designed in the spirit of inclusion rather than as grounds for denial or termination. Programs should exercise judgment and examine all extenuating circumstances in determining when violations are serious enough to warrant termination so that a program participant's assistance is terminated only in the most severe cases.
- Programs must have a formal written procedure for terminating assistance to a participant that recognizes the rights of the participant(s) involved.
 - ✓ Programs must demonstrate the use of judgment in examining all extenuating circumstances in determining that a violation should result in termination.
 - ✓ Every effort should be made to allow the participant to remain in the program; termination should only be exercised in the most severe cases.
 - ✓ Termination does not necessarily preclude assistance at a future date.

- Programs must make known that use of the facilities and services are available to all on a nondiscriminatory basis
- Programs may not engage in inherently religious activities such as worship, religious instruction or proselytization as part of the programs or services funded under the CoC or ESG. These activities can be conducted but must be separate and voluntary for program participants.

Recordkeeping Requirements for All Programs

- Participant records containing personally identifying information must be kept secure and confidential.
- Participant Recordkeeping Requirements shall include:
 - ✓ A written confidentiality/privacy notice, a copy of which should be made available to participants if requested
 - ✓ Documentation of homelessness (following HUDs guidelines)
 - ✓ A record of services and assistance provided to each participant
 - ✓ Documentation of any applicable requirements for providing services/assistance
 - ✓ Documentation of use of coordinated assessment system
 - ✓ Documentation of use of HMIS
 - ✓ Records must be retained for the appropriate amount of time as prescribed by HUD
- Financial Recordkeeping Requirements shall include:
 - ✓ Documentation for all costs charged to the grant
 - ✓ Documentation that funds were spent on allowable costs
 - ✓ Documentation of the receipt and use of program income
 - ✓ Documentation of compliance with expenditure limits and deadlines
 - ✓ Retain copies of all procurement contracts as applicable
 - ✓ Documentation of amount, source and use of resources for each match contribution

Occupancy Standards for All Programs

- All housing units, including scattered site programs owned and managed by private landlords, must meet applicable state or local government health and safety codes and have current certificate of occupancy for the current use and meet or exceed the following minimum standards: (For more details refer to ESG regulations 24 CFR 576.403 (b) Minimum Standards)
 - ✓ Buildings must be structurally sound to protect from the elements and not pose any threat to health and safety of the residents
 - ✓ Must be accessible in accordance with Section 504 of the Rehabilitation Act, the Fair Housing Act and the Americans with Disabilities Act where applicable
 - ✓ Must provide an acceptable place to sleep and adequate space and security for themselves and their belongings
 - ✓ Each room must have a natural or mechanical means of ventilation
 - ✓ Must provide access to sanitary facilities that are in operating condition, private and clean
 - ✓ Water supply must be free of contamination
 - ✓ Heating/cooling equipment must be in working condition
 - ✓ Must have adequate natural or artificial illumination and adequate electrical resources to permit safe use of electrical appliances
 - ✓ Food preparation areas must have suitable space and equipment to store, prepare and serve food in safe and sanitary manner
 - ✓ Building must be maintained in a sanitary condition

- ✓ Must be at least one smoke detector in each occupied unit of the program; and where possible near sleeping areas. The fire alarm system must be designed for hearing-impaired participants. There must be a second means of exiting the building in case of fire or other emergency.

The Program, Record Keeping and Occupancy Standards as represented above apply to all programs regardless of the type of services/housing that they provide. Below are the minimum standards that apply to each specific component of the homeless system in addition to the above.

System Performance Measures that are Continuum-Wide

A critical aspect of the McKinney-Vento Homeless Assistance Act, (the “Act”) as amended, is a focus on viewing the local homeless response as a coordinated system of homeless assistance options as opposed to homeless assistance programs and funding sources that operate independently in a community. To facilitate this perspective the Act now requires communities to measure their performance as a coordinated system in addition to analyzing performance by specific projects or project types.

To this end, the Act established a set of criteria for HUD to use that require all CoCs to report their system-level performance to HUD. The intent of this criteria or “system performance measures, is to encourage CoCs and ESG program recipients, as well as all other homeless assistance stakeholders in the CoC, to regularly measure their progress in meeting the needs of people experiencing homelessness in their community and to report this progress to HUD.

With the 2016 CoC funding round, HUD introduced a series of system performance measures requiring each CoC to provide reporting that aggregates data from each individual program in response to a series of performance based elements describing the efficacy of the CoC. The following provides the resulting system performance measures that each program—emergency, rapid rehousing, transitional and permanent housing—will similarly be measured, as applicable to program type. *(These measures and correlating goals are subject to change per HUD and/or guidance from the City’s Department of Planning, Housing & Community Development [DPHCD]. Programs are responsible for confirming these measures and goals periodically with DPHCD.)*

RELEVANT PROJECT TYPE*					SYSTEM PERFORMANCE MEASURES and CoC GOALS
ES	TH	RRH	PH		
1	X	X			Length of Time Persons Remain Homeless <ul style="list-style-type: none"> ▪ Average length of time homeless previous to entering ES in days. Goal: ≤240 ▪ Average length of time homeless previous to entering TH in days. Goal: ≤240
2	X	X	X	X	Returns to Homelessness <ul style="list-style-type: none"> ▪ Measurement of clients exiting from any project type to a permanent housing destination in the date range two years prior to the production of the system performance report as follows: <ul style="list-style-type: none"> ○ Percentage of those exiting from ES who returned to homelessness. Goal: ≤25% ○ Percentage of those exiting from RRH returning to homelessness. Goal: ≤10% ○ Percentage of those exiting from TH returning to homelessness. Goal: ≤10% ○ Percentage of those exiting from PH returning to homelessness. Goal: ≤5%
3	X	X			Number of Homeless Persons <ul style="list-style-type: none"> ▪ Measurement of the change in the CoC’s total annual count of sheltered ES and TH homeless persons in HMIS. This metric only has relevance in the aggregate, as such, individual projects are not expected to use this measure.

System Performance Measurement chart, continued.

RELEVANT PROJECT TYPE*					SYSTEM PERFORMANCE MEASURES and CoC GOALS
ES	TH	RRH	PH		
4		X	X	X	Employment and Income Growth for Persons in CoC Programs during the reporting period <ul style="list-style-type: none"> ▪ Measurement of the percentage of adults (among stayers) who increased their earned income. Goal: 10% ▪ Measurement of the percentage of adult stayers who increased their non-employment cash income. Goal: 75% ▪ Measurement of the percentage of adult stayers who increased their total income Goal: 85% <hr/> <ul style="list-style-type: none"> ▪ Measurement of the percentage of adults (among leavers) who increased their earned income. Goal: 15% ▪ Measurement of the percentage of adult leavers who increased their non-employment cash income. Goal: 85% ▪ Measurement of the percentage of adult leavers who increased their total income. Goal: 95%
5	X	X	X	X	Number of Persons who Become Homeless for the First Time <ul style="list-style-type: none"> ▪ Measurement of the percent of active participants in ES and TH projects who were not previously enrolled in HMIS. Goal: 15% ▪ Measurement of the percent of persons entering ES, TH and PH with no prior enrollment in HMIS. Goal: 20%
6					Homeless Prevention and Housing Placement of Persons Defined by Category 3 of HUD’s Homeless Definition. <ul style="list-style-type: none"> ▪ NOTE: Measurement is not applicable (N/A) in the CoC’s 2016 System Performance Measurement Report.
7	X	X	X	X	Successful Placement from Street Outreach and Successful Placement in or Retention of Permanent Housing. <ul style="list-style-type: none"> ▪ Measurement of the change in leavers who exited from Street Outreach to temporary or institutional destinations. Goal: N/A ▪ Measurement of the change in exits to permanent housing destinations. Goal: 60% ▪ Measurement of the change in exits or retention of permanent housing. Goal: 75%

* NOTE: Project type boxes denoting an “x” identify performance measures relevant to each particular type of housing within the New Bedford CoC. Supportive service only projects such as coordinated entry do not, themselves, get counted, and since there is no formal Street Outreach project within the CoC, no column has been provided for it.

Project Performance Measures

Whereas system performance measures are intended to provide a snapshot into the homeless response system as an entire coordinated initiative, project performance measures takes a closer look at each project within the CoC. The standards provided in this section highlight eligibility criteria, minimum standards, operational standards and the goals and performance standards set by this CoC in assessing and evaluating each project’s performance, individually.

Emergency Solutions Grant (ESG) Programs

Emergency Shelter

Evaluating Eligibility for Emergency Shelter Assistance--Eligibility Criteria:

- Participants must meet the HUD definition of homelessness
- Currently, each individual shelter/program has its own eligibility criteria. At entry, this may be based on the sub-population served, i.e. – age, gender, family composition, severity of behavioral health issues, etc. Once Coordinated Entry System is established all referrals to shelters and assessment for type and level of services will come through that system.
- DV programs will be exempt from participating in the coordinated entry system due to issues of confidentiality and homeless youth (12 – 18 yrs. of age).

Minimum Standards for Emergency Shelters:

- Minimum hours of operation 8PM – 7AM
- Staff supervision whether paid or volunteer must be provided during hours of operation of program
- Provide a minimum of one meal per day
- A minimal amount of personal information must be collected to establish a daily client roster to be kept in case of emergency and/or building needs to be evacuated
 - ✓ At intake each participant shall be informed of evacuation procedures.
 - ✓ Maps/diagrams of exits should be prominently placed throughout the facility

Standard Outcomes: *(Goals identified here are subject to change per HUD and/or DPHCD guidance).*

GOALS	PERFORMANCE STANDARD
EMERGENCY SHELTER	
1. Housing Stability - Households exit shelter timely. Goal: 85%	The % of persons who's length of stay is no longer than 40 days
2. Increase Income - Persons will maintain or increase earned (wages) and unearned (mainstream resources) income. Goal 20%	The % of persons age 18 or older who increased their earned (wages) and unearned (mainstream resources) income as of the end of the operating year or program exit
3. Exit to Permanent Housing Goal 20%	The % of persons age 18-61 who exit to permanent housing as of the end of the operating year or program exit.
4. Utilization Rate - Program operates at full capacity, with low vacancy rate, and quickly fills vacancies. Goal 90%	Average daily utilization rate during the operating year.
5. HMIS - Program maintains adequate data quality in HMIS	See Data Quality Report

Street Outreach

GOALS	PERFORMANCE STANDARD
STREET OUTREACH	
1. Street Outreach – Unduplicated # of persons served with street outreach funds. Goal: 30 Persons	The # of persons served through initial intake and assessment as of the end of the operating year or program exit.
2. Case Management – Unduplicated # of persons receiving case management services. Goal 90%	The % of persons served who received case management services as of the end of the operating year or program exit.
3. Housing Destination —Unduplicated persons placed in temporary or transitional housing destinations or permanent housing destinations as a result of street outreach services. Goal 20%	The % of persons age 18 or older who were placed in housing or shelter destinations.

Homeless Prevention

GOALS	PERFORMANCE STANDARD
HOMELESS PREVENTION	
<p>1. Housing Stability – Ability to maintain the housing they had at project entry—with/without a subsidy (Q23b – first 4 categories).</p> <p style="text-align: right;">Goal: 75%</p>	<p>The % of persons who have maintained the same housing at program entry.</p>

Rapid Re-Housing (RRH)¹

Rapid Re-Housing is an intervention designed to help individuals and families exit homelessness quickly by returning to permanent housing without preconditions (including, but not limited to, sobriety, employment, absence of a criminal record, or income). Additionally, the resources and services provided are tailored to the unique needs of the household being assisted.

There are three core components that together constitute a rapid rehousing program, all of which must be available in some way in order to have a rapid re-housing program. Although RRH programs must have each of the three components available, it is *not* required that a single entity provides all three services. Similarly, it is also not required that any one household utilize all three in order to be considered using rapid rehousing.

Rapid Rehousing core components include the following: Housing Identification, Rent/Move-In Assistance (Financial) and Rapid Re-housing Case Management and Services. Actions constituting these components are, as follows:

Housing Identification	Rent/Move-In Assistance	Rapid Re-housing Case Management and Services
<ul style="list-style-type: none"> • Recruit landlords to provide housing opportunities for individuals and families experiencing homelessness. • Address potential barriers to landlord participation such as concern about short term nature of rental assistance and tenant qualifications. • Assist households to find and secure appropriate rental housing. 	<ul style="list-style-type: none"> • Provide assistance to cover move-in costs, deposits, and the rental and/or utility assistance (typically six months or less) necessary to allow individuals and families to move immediately out of homelessness and to stabilize in permanent housing. 	<ul style="list-style-type: none"> • Help individuals and families experiencing homelessness identify and select among various permanent housing options based on their unique needs, preferences, and financial resources. • Help individuals and families experiencing homelessness address issues that may impede access to housing (such as credit history, arrears, and legal issues). • Help individuals and families negotiate manageable and appropriate lease agreements with landlords. • Make appropriate and time-limited services and supports available to families and individuals to allow them to stabilize quickly in permanent housing. • Monitor participants’ housing stability and be available to resolve crises, at a minimum during the time rapid re-housing assistance is provided. • Provide or assist the household with connections to resources that help them improve their safety and well-being and achieve their long-term goals. This includes providing or ensuring that the household has access to resources related to benefits, employment and community-based services (if needed/appropriate) so that they can sustain rent payments independently when rental assistance ends. • Ensure that services provided are client-directed, respectful of individuals’ right to self-determination, and voluntary. Unless basic, program-related case management is required by statute or regulation, participation in services should not be required to receive rapid re-housing assistance.

¹ Both the Emergency Solutions Grant and the Continuum of Care Grants provide for rapid re-housing programs. Though the premise of rapid re-housing remains consistent between these two funding streams, rapid re-housing is handled differently depending on the funding source (ESG vs. CoC).

Evaluating Eligibility for Assistance--Eligibility Criteria:

- Participants must meet the HUD definition of homelessness
- Participants must be in an emergency shelter or residing in a place not meant for human habitation
- Participants will generally have a minimum of 4-7 identified barriers to accessing/retaining perm. housing
- Household income must be at or below <50% AMI
- Participants must be able to produce required documents at intake or within 90 days:
- All participants must be screened in to programs based on adopted Coordinated Intake Procedures including the use of the most recent version of the V-SPDAT assessment tool

Minimum Standards

- Maximum participation in a rapid rehousing program cannot exceed 24 months
- Services that must be provided include landlord outreach, assessment of housing barriers, financial assistance, and case management
- Support services must be provided throughout the duration of stay in housing
- In accordance with HUD regulations 24 CFR Part 578, participants may receive eligible supportive services for no longer than 6 months after rental assistance stops.

Length of Rental Assistance, Amount Limits, Amount of Assistance, Limits on Assistance

- Typical length of assistance: 12 months
- Extensions may be approved up to 24 months
- Length of assistance - After program exit for at least 6 months, participants can re-enroll once.
- All participants receiving rental assistance subsidies must contribute a minimum of 30% of their monthly adjusted household income towards their monthly rent. This tenant rent contribution may be adjusted at any time based on changes to household income, including, but not limited to at each 90 day reassessment. There is no minimum rent requirement and tenant rent contribution may be zero, for households with no income.
- Maximum amount of assistance Determined by Fair Market Rent of appropriate-sized unit for Household
 - Fair Market Rent x 24 months lifetime maximum
 - Maximum number of months the program participant receives assistance
 - Assistance approved in 3-month increments, with reassessment every 90 days.
 - Average rental assistance to be 12 months.
 - Extensions can be approved up to 24 months
- Maximum number of times the program participant may receive assistance
 - Twice, the original enrollment and no more than one return enrollment.

GOALS	PERFORMANCE STANDARD
<u>RAPID RE-HOUSING under ESG</u>	
1. Housing Stability – Persons residing in rapid re-housing will remain in this housing for a minimum of one year or exit to other permanent housing. Goal: 85%	The % of persons who remain in the RRH program as of the end of the operating year or exited to PH during the operating year.
2. Length of Time Between Entry and Move-In - Persons length of time between program entry and placement shall be timely (Q22C) Goal 80%	The % of persons who’s length of time between project entry and housing placement will be no longer than 14 days.
3. Increase Unearned Income – Persons will maintain or increase unearned (mainstream resources) income. Goal 20%	The % of persons age 18 or older who increased their unearned income (mainstream resources) as of the end of the operating year or program exit.
4. Utilization Rate - Program operates at full capacity, with low vacancy rate, and quickly fills vacancies. Goal 90%	Average daily utilization rate during the operating year.
5. HMIS – Program maintains adequate data quality in HMIS.	See Data Quality Report.

Continuum of Care (CoC) Programs

Rapid Re-Housing (RRH)¹

As noted under the previous rapid re-housing section, rapid rehousing funded out of the CoC program is an intervention designed to help individuals and families exit homelessness quickly by returning to permanent housing without preconditions (including, but not limited to, sobriety, employment, absence of a criminal record, or income). Additionally, the resources and services provided are tailored to the unique needs of the household being assisted. Core components of the CoC Rapid Re-Housing program are consistent with that of the ESG Rapid Re-Housing program presented in the previous section but there are differences between the two programs. Eligibility Criteria and Eligible Cost differences is as follows:

Eligibility Criteria Summary for ESG and CoC Rapid Re-Housing				
Criterion	Initial Evaluation		Re-Evaluation	
	ESG RRH	CoC RRH	ESG RRH	CoC RRH
Homeless Eligibility				
Literally homeless	x	x		
Imminent risk of homelessness		x		
Homeless under other Federal statutes		x		
Fleeing/attempting to flee domestic violence	x*	x		
Income Evaluation Required			x	
Need (amount and type of assistance)	x	x	x	x
Lacking Resources and Support Networks			x	x
<i>*Eligible only if also literally homeless</i>				

Eligible Costs Summary for ESG and CoC Rapid Re-Housing		
	ESG RRH	CoC RRH
Rental Assistance	<ul style="list-style-type: none"> ▪ Short-term rental assistance (up to 3 mos) ▪ Medium-term rental assistance (4-24 months) ▪ Rental arrears (one-time payment up to 6 months of arrearage including late fees on the arrearage) 	<ul style="list-style-type: none"> ▪ Short-term rental assistance (up to 3 mos) ▪ Medium-term rental assistance (4-24 months)
Rental Assistance Type	<ul style="list-style-type: none"> ▪ Tenant-based rental assistance ▪ Project-based rental assistance 	<ul style="list-style-type: none"> ▪ Tenant-based rental assistance, only

Eligible Costs Summary for ESG and CoC Rapid Re-Housing, *Continued*

Eligible Costs	Housing Relocation and Stabilization Services	
	<p>Financial assistance costs</p> <ul style="list-style-type: none"> ▪ Rental application fees ▪ Security deposits (up to 2 months) ▪ Last month’s rent ▪ Utility deposits and payments (up to 24 months, including up to 6 months for payments in arrears) ▪ Moving costs <p>Service costs</p> <ul style="list-style-type: none"> ▪ Housing search and placement ▪ Housing stability and case management ▪ Mediation ▪ Legal services ▪ Credit repair 	<p>Financial assistance (Eligible under rental assistance)</p> <ul style="list-style-type: none"> ▪ Security deposits (up to 2 months) ▪ First and last month’s rent ▪ Property damage <p>Supportive Services</p> <ul style="list-style-type: none"> ▪ Case management ▪ Child care ▪ Education services ▪ Employment assistance and job training ▪ Food ▪ Housing search and counseling services including mediation, credit repair and payment or rental application fee ▪ Legal services ▪ Life skills training ▪ Mental health services ▪ Moving costs ▪ Outpatient health services ▪ Outreach services ▪ Substance abuse treatment services ▪ Transportation ▪ Utility deposits

For further information, including a summary of eligible RRH supportive Services for both the ESG-RRH and the CoC-RRH, please refer to additional guidance published by HUD regarding rapid rehousing programs in ESG versus CoC funded settings here:

https://www.hudexchange.info/resources/documents/Rapid_Re-Housing_ESG_vs_CoC.pdf.

IMPORTANT!

Please note that although HUD does not have an income evaluation requirement for initial CoC RRH Evaluations or Re-Evaluations, the New Bedford CoC does have such a requirement with an income limit of 50% of the area median income for all CoC RRH participants.

The following performance standards apply to RRH under the CoC:

GOALS	PERFORMANCE STANDARD
<u>RAPID RE-HOUSING under CoC</u>	
1. Housing Stability - Persons residing in rapid rehousing will remain in this housing for a minimum of 1 year or exit to other permanent housing. Goal 85%	The % of persons who remain in the RRH program as of the end of the operating year or exited to PH during the operating year.
2. Increase Total Income - Persons will maintain or increase earned (wages) and unearned (mainstream resources) income. Goal 85%	The % of persons age 18 and older who maintain or increased their total income (from all sources) as of the end of the operating year or program exit.
3. Increase earned Income - Adults will obtain or maintain employment income. Goal 20%	The % of persons age 18 – 61 who maintained or increased their income(i.e. employment income) as of the end of the operating year or program exit.
4. Mainstream Resources – People will maintain or obtain mainstream non-cash benefits. Goal 85%	The % maintaining or obtaining mainstream non-cash benefits at exit or annually.
5. Homeless Returns – People exiting Rapid Rehousing will not return to homelessness (including transitional housing) Goal <10%	The percentage of those persons in the RRH program returning to homelessness shall be ≤10%.
6. Utilization Rate - Program operates at full capacity, with low vacancy rate, and quickly fills vacancies. Goal 90%	Average daily utilization rate during the operating year.
7. HMIS - Program maintains adequate data quality in HMIS	See Data Quality Report
8. Chronic Homelessness – <i>The Target percentage and means by which this performance standard will be measured will be determined in working with new HMIS provider, CaseWorthy.</i>	

Transitional Housing

Transitional Housing (TH) facilitates the movement of homeless individuals and families to permanent housing within 24 months of entering TH. At this time there are no TH programs funded under the ESG or CoC programs in the New Bedford CoC; however, these standards remain as a guide for any future non-funded TH programs within the CoC.

Evaluating Eligibility for Assistance--Eligibility Criteria:

- Participants must meet the HUD definition of homelessness
- Participants will generally have a minimum of 6-9 identified barriers to accessing/retaining permanent housing

Minimum Standards

- Maximum length of stay cannot exceed 24 months although rapid placement within 90 days or less from TH programs into permanent housing is the target turnaround time.
- Assistance in transitioning to permanent housing must be provided
- Support services must be provided throughout the duration of stay in transitional housing
- Program participants in transitional housing must enter into a lease agreement for a term of at least one month. The lease must be automatically renewable upon expiration, except on prior notice by either party, up to a maximum term of 24 months

Transitional Housing, continued

Accessing Transitional Housing Programs

- All referrals for TH programs will come through The CALL Coordinated Entry System
- Each TH program in the CoC will provide accurate and up-to-date information on eligibility criteria for the program; ie. – gender specific, individuals/families

GOALS	PERFORMANCE STANDARD
TRANSITIONAL HOUSING	
1. Housing Stability - Households exiting transitional housing will move directly to permanent housing. <p style="text-align: right;">Goal: 75%</p>	% of persons who exited to permanent housing(subsidized or unsubsidized) during the operating year
2. Increase Total Income - Persons will maintain or increase earned (<i>wages</i>) and unearned income. (<i>includes mainstream resources</i>) <p style="text-align: right;">Goal 54%</p>	The % of persons age 18 or older who increased their total(from all sources) as of the end of the operating year or program exit
3. Increased Earned Income – Persons who increased employment income. <p style="text-align: right;">Goal 20%</p>	The % of persons age 18-61 who increased their income(i.e. employment income) as of the end of the operating year or program exit.
4. Utilization Rate - Program operates at full capacity, with low vacancy rate, and quickly fills vacancies. <p style="text-align: right;">Goal 90%</p>	Average daily utilization rate during the operating year.
5. HMIS - Program maintains adequate data quality in HMIS	See Data Quality Report
6. Chronic Homelessness – <i>The Target percentage and means by which this performance standard will be measured will be determined in working with new HMIS provider, CaseWorthy.</i>	

Permanent Supportive Housing

Under the HEARTH Interim Rule Permanent Housing (PH) is one of the eligible program components. Permanent housing is community-based housing, the purpose of which is to provide housing without a designated length of stay. Permanent Supportive Housing is one of the two types of Permanent Housing eligible for CoC Homeless Assistance Program funding.

Evaluating Eligibility for Assistance--Eligibility Criteria:

- Participants must meet the HUD definition of homelessness
- PSH can only provide assistance to individuals with disabilities and families in which at least one adult or child has a disability
- Participants will generally have a minimum of 9-12 identified barriers to accessing/retaining permanent housing

All referrals to permanent supportive housing shall come through the CALL coordinated entry system.

Minimum Standards

- There can be no predetermined length of stay for a PSH program
- Supportive services designed to meet the needs of the program participants must be made available to the program participants throughout the duration of stay in PSH
- Program participants in PSH must enter into a lease agreement for an initial term of at least one year. The lease must be automatically renewable upon expiration, except on prior notice by either party, up to a maximum term of 24 months

Permanent Supportive Housing, continued

- Turnover beds in PSH projects will be prioritized for the chronically homeless
- PSH programs will utilize housing first approaches

Accessing PSH Programs

- All referrals for PSH programs will come through The CALL Coordinated Entry System
- Each PSH program in the CoC will provide accurate and up-to-date information on eligibility criteria for the program; ie. – gender specific, individuals/families

GOALS	PERFORMANCE STANDARD
1. Housing Stability - Persons residing in permanent housing will remain in this housing for a minimum of 1 year or exit to other permanent housing. <p style="text-align: right;">Goal: 85%</p>	The % of persons who remain in the PH program as of the end of the operating year or exited to PH during the operating year.
2. Returns to Homelessness – Persons exiting permanent housing will not return to homelessness (including transitional housing). <p style="text-align: right;">Goal: ≤10%</p>	≤10% of persons exiting permanent housing return to homelessness.
3. Increase Total Income - Persons will maintain or increase earned (<i>wages</i>) and unearned income. (<i>includes mainstream resources</i>) <p style="text-align: right;">Goal: 85%</p>	The % of persons age 18 and older who maintain or increased their total income(from all sources) as of the end of the operating year or program exit.
4. Increase earned Income - Adults will obtain or maintain employment income. <p style="text-align: right;">Goal: 20%</p>	The % of persons age 18 – 61 who maintained or increased their income (i.e. employment income) as of the end of the operating year or program exit.
5. Mainstream resources – Persons will maintain or obtain mainstream non-cash benefits. <p style="text-align: right;">Goal: 85%</p>	% maintaining or obtaining mainstream non-cash benefits at exit or annually.
6. Utilization Rate - Program operates at full capacity, with low vacancy rate, and quickly fills vacancies. <p style="text-align: right;">Goal: 90%</p>	Average daily utilization rate during the operating year.
7. HMIS - Program maintains adequate data quality in HMIS	See Data Quality Report
8. Chronic Homelessness – <i>The Target percentage and means by which this performance standard will be measured will be determined in working with new HMIS provider, CaseWorthy.</i>	

Prioritization (Order of Priorities)

Determining and Prioritizing which eligible individuals and families will receive assistance

The New Bedford CoC and its member agencies providing services and permanent housing for those experiencing homelessness shall prioritize individuals and families as follows:

PERMANENT HOUSING for those who are experiencing homelessness	
Priority Level	Description
1	Individuals and families who are chronically homeless with the longest histories of homelessness, disabilities and most severe service needs. Of these, survivors of domestic violence/sexual assault/trafficking/stalking, veterans, families and unaccompanied youth shall have the highest priority within this category.
2	Individuals and families who are chronically homeless with disabilities and service needs. Of these, survivors of domestic violence/sexual assault/trafficking/stalking, veterans, families and unaccompanied youth shall have the highest priority within this category.
3	Individuals and families who are chronically homeless with disabilities. Of these, survivors of domestic violence/sexual assault/trafficking/stalking, veterans, families and unaccompanied youth shall have the highest priority within this category.
4	Individuals and families who are homeless with the longest history of homelessness, disabilities and most severe service needs. Of these, survivors of domestic violence/sexual assault/trafficking/stalking, veterans, families and unaccompanied youth shall have the highest priority within this category.
5	Individuals and families who are homeless with disabilities and service needs. Of these, survivors of domestic violence/sexual assault/trafficking/stalking, veterans, families and unaccompanied youth shall have the highest priority within this category.
6	Individuals and families who are homeless with disabilities. Of these, survivors of domestic violence/sexual assault/trafficking/stalking, veterans, families and unaccompanied youth shall have the highest priority within this category.

The New Bedford CoC and its member agencies providing services and rapid rehousing for those experiencing homelessness shall prioritize individuals and families as follows:

RAPID REHOUSING for those who are at risk of homelessness	
Priority Level	Description
1	Individuals and families with higher barriers to housing and higher service needs who are waiting to obtain another permanent housing subsidy.
2	Individuals and families with lower barriers to housing and less service needs who are expected to stabilize in permanent housing with no additional assistance.

Order of Priorities continues on the next page.

For those who are at risk of becoming homeless, the following priorities shall be observed and diversion shall be used as the first method of intervention:

For those who are at risk of homelessness	
Priority Level	Description
1	Individuals and families who spend the night in an emergency shelter or on the streets without assistance. Of these, survivors of domestic violence/sexual assault/trafficking/stalking, veterans, families and unaccompanied youth shall have the highest priority within this category.
2	Individuals and families who have the most severe service and housing needs. Of these, survivors of domestic violence/sexual assault/trafficking/stalking, veterans, families and unaccompanied youth shall have the highest priority within this category.
3	Individuals and families who have service and housing needs. Of these, survivors of domestic violence/sexual assault/trafficking/stalking, veterans, families and unaccompanied youth shall have the highest priority within this category.

In addition to the foregoing priorities for both those who are experiencing homelessness and those who are at risk of homelessness, individuals (and their children as may be appropriate) who are victims of domestic violence, dating violence, sexual assault and/or stalking and in need of *immediate shelter and safety planning* shall be considered before all others in those programs equipped to address such needs and immediate safety issues (typically emergency and/or transitional programs for victims).

These written standards and prioritization descriptors are intended to align with, and fully include, the U.S. Department of Housing & Urban Development’s CPD-16-11 Notice dated July 25, 2016 regarding “...Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing.” The City of New Bedford’s CoC adopts this Notice and incorporates it as part of its written standards.

In establishing these priorities and by updating these written standards on August 16, 2018, the New Bedford CoC hereby formally acknowledges its commitment to the four major goals articulated in *Opening Doors: Federal Strategic Plan* as amended: ending chronic homelessness, ending veterans homelessness, ending family and youth homelessness and setting a path to preventing and ending all homelessness.

Future Review, Updates and Amendments

These written standards are not only intended to be specific and detailed, addressing unique eligibility requirements for the housing and service resources available, but they are also relevant in the Continuum’s work today. To ensure the relevancy of these standards against HUD requirements, the CoC’s homeless population and both local and national targeting priorities, the CoC will regularly review and update these written standards.

Changes to forms: The Continuum of Care Program Standards Group will meet quarterly. Proposed changes to forms will be brought to this quarterly meeting. Changes will be considered and agreed to by working

consensus. Any conflicts will be discussed and resolved in person. The relevant Emergency Solutions Grants or Continuum of Care regulations will rule first. On other issues working consensus will be the required process for resolving disputes. If no consensus can be found within a reasonable length of time, the majority will rule. When reviewing these standards in the future, the CoC's consideration may include, but not be limited to:

- Provider feedback on the current written standards
- Program participant feedback on the intake/coordinated entry process
- The effectiveness and appropriateness of housing and services for current program participants
- The CoC's success at meeting the performance standards in Section 427 of the McKinney-Vento Act
- Changes in the characteristics of the homeless population within the CoC
- Changes in the housing and service resources available

Before Starting the Project Listings for the CoC Priority Listing

The FY 2018 CoC Consolidated Application requires TWO submissions. Both this Project Priority Listing AND the CoC Application MUST be submitted prior to the CoC Program Competition deadline as required by the FY 2018 CoC Program Competition NOFA.

The FY 2018 CoC Priority Listing includes the following:

- Reallocation forms – must be fully completed if the CoC is reallocating eligible renewal projects to create new projects as described in the FY 2018 CoC Program Competition NOFA.
- New Project Listing – lists all new project applications created through reallocation, the bonus, and DV Bonus that have been approved and ranked or rejected by the CoC.
- Renewal Project Listing – lists all eligible renewal project applications that have been approved and ranked or rejected by the CoC.
- UFA Costs Project Listing – applicable and only visible for Collaborative Applicants that were designated as a Unified Funding Agency (UFA) during the FY 2018 CoC Program Registration process. Only 1 UFA Costs project application is permitted and can only be submitted by the Collaborative Applicant.
- CoC Planning Project Listing – Only 1 CoC planning project is permitted per CoC and can only be submitted by the Collaborative Applicant.
- HUD-2991, Certification of Consistency with the Consolidated Plan – Collaborative Applicants must attach an accurately completed, signed, and dated HUD-2991.

Things to Remember:

- All new and renewal projects must be approved and ranked or rejected on the Project Listings.
- Collaborative Applicants are responsible for ensuring all project applications are accurately appearing on the Project Listings and there are no project applications missing from one or more Project Listings.
- If a project application(s) is rejected by the CoC, the Collaborative Applicant must notify the affected project applicant(s) no later than 15 days before the CoC Program Competition application deadline outside of e-snaps and include the reason for rejection.
- For each project application rejected by the CoC the Collaborative Applicant must select the reason for the rejection from the dropdown provided.
- If the Collaborative Applicant needs to amend a project application for any reason after ranking has been completed, the ranking of other projects will not be affected; however, the Collaborative Applicant MUST ensure the amended project is returned to the applicable Project Listing AND re-rank the project application BEFORE submitting the CoC Priority Listing to HUD in e-snaps.

Additional training resources are available online on the CoC Training page of the HUD Exchange at: <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

1A. Continuum of Care (CoC) Identification

Instructions:

The fields on this screen are read only and reference the information entered during the CoC Registration process. Updates cannot be made at this time. If the information on this screen is not correct, contact the HUD Exchange Ask A Question (AAQ) at <https://www.hudexchange.info/ask-a-question/>.

Collaborative Applicant Name: City of New Bedford

2. Reallocation

Instructions:

For guidance on completing this form, please reference the FY 2018 CoC Priority Listing Detailed Instructions. Submit technical question to the e-snaps HUD Exchange Ask A Question (AAQ) at <https://www.hudexchange.info/get-assistance/>.

2-1. 2-1. Is the CoC reallocating funds from one or more eligible renewal grant(s) that will expire in calendar year 2019 into one or more new projects? No

3. Reallocation - Grant(s) Eliminated

CoCs that are reallocating eligible renewal project funds to create a new project application – as detailed in the FY 2018 CoC Program Competition NOFA – may do so by eliminating one or more expiring eligible renewal projects. CoCs that are eliminating eligible renewal projects entirely must identify those projects on this form.

Amount Available for New Project: (Sum of All Eliminated Projects)				
Eliminated Project Name	Grant Number Eliminated	Component Type	Annual Renewal Amount	Type of Reallocation
This list contains no items				

4. Reallocation - Grant(s) Reduced

CoCs that are reallocating eligible renewal project funds to create a new project application – as detailed in the FY 2018 CoC Program Competition NOFA – may do so by reducing one or more expiring eligible renewal projects. CoCs that are reducing eligible renewal projects entirely must identify those projects on this form.

Amount Available for New Project (Sum of All Reduced Projects)					
Reduced Project Name	Reduced Grant Number	Annual Renewal Amount	Amount Retained	Amount available for new project	Reallocation Type
This list contains no items					

5. Reallocation - New Project(s)

Collaborative Applicants must complete each field on this form that identifies the new project(s) the CoC created through the reallocation process.

Sum of All New Reallocated Project Requests
(Must be less than or equal to total amount(s) eliminated and/or reduced)

Current Priority #	New Project Name	Component Type	Transferred Amount	Reallocation Type
This list contains no items				

Continuum of Care (CoC) New Project Listing

Instructions:

Prior to starting the New Project Listing, Collaborative Applicants should carefully review the "CoC Priority Listing Detailed Instructions" and the "CoC Project Listing Instructional Guide", both of which are available at: <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>.

To upload all new project applications that have been submitted to this CoC Project Listing, click on the "Update List" button. This process may take a few minutes based upon the number of new projects submitted that need to be located in the e-snaps system. The Collaborative Applicant may update each of the Project Listings simultaneously. The Collaborative Applicant can wait for the Project Listings to be updated or can log out of e-snaps and come back later to view the updated list(s). To review a project on the New Project Listing, click on the magnifying glass next to each project to view project details. To view the actual project application, click on the orange folder. If there are errors identified by the Collaborative Applicant, the project can be amended back to the project applicant to make the necessary changes by clicking on the amend icon. The Collaborative Applicant has the sole responsibility for ensuring all amended projects are resubmitted and appear on this project listing BEFORE submitting the CoC Priority Listing in e-snaps.

EX1_Project_List_Status_field

Project Name	Date Submitted	Comp Type	Applicant Name	Budget Amount	Grant Term	Rank	PH/Realloc	PSH/RRH	Expansion
Homeport PH-RRH	2018-09-14 13:54:...	PH	City of New Bedfo...	\$150,000	1 Year	9		RRH	

Continuum of Care (CoC) Renewal Project Listing

Instructions:

Prior to starting the New Project Listing, Collaborative Applicants should carefully review the "CoC Priority Listing Detailed Instructions" and the "CoC Project Listing Instructional Guide", both of which are available at: <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>.

To upload all renewal project applications that have been submitted to this Renewal Project Listing, click on the "Update List" button. This process may take a few minutes based upon the number of renewal projects that need to be located in the e-snaps system. The Collaborative Applicant may update each of the Project Listings simultaneously. The Collaborative Applicant can wait for the Project Listings to be updated or can log out of e-snaps and come back later to view the updated list(s). To review a project on the Renewal Project Listing, click on the magnifying glass next to each project to view project details. To view the actual project application, click on the orange folder. If there are errors identified by the Collaborative Applicant, the project can be amended back to the project applicant to make the necessary changes by clicking on the amend icon. The Collaborative Applicant has the sole responsibility for ensuring all amended projects are resubmitted and appear on this project listing BEFORE submitting the CoC Priority Listing in e-snaps.

The Collaborative Applicant certifies that there is a demonstrated need for all renewal permanent supportive housing and rapid re-housing projects listed on the Renewal Project Listing.

The Collaborative Applicant does not have any renewal permanent supportive housing or rapid re-housing renewal projects.

EX1_Project_List_Status_field

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Rank	PSH/RRH	Comp Type	Consolidation Type
The Call	2018-09-14 14:03:...	1 Year	City of New Bedfo...	\$46,757	3		SSO	
Family Preservati..	2018-09-14 13:50:...	1 Year	City of New Bedfo...	\$260,920	4	PSH	PH	
Prism	2018-09-14 13:58:...	1 Year	City of New Bedfo...	\$109,030	8	PSH	PH	

Welcome HOME	2018-09-14 14:07:...	1 Year	City of New Bedfo...	\$170,590	2	PSH	PH	
Portico	2018-09-14 13:56:...	1 Year	City of New Bedfo...	\$591,092	6	PSH	PH	
Transition to Sta...	2018-09-14 14:05:...	1 Year	City of New Bedfo...	\$153,709	7	RRH	PH	
City of New Bedfo...	2018-09-14 13:47:...	1 Year	City of New Bedfo...	\$74,524	1		HMIS	
Step Up	2018-09-14 14:01:...	1 Year	City of New Bedfo...	\$277,130	5	PSH	PH	

Continuum of Care (CoC) Planning Project Listing

Instructions:

Prior to starting the CoC Planning Project Listing, Collaborative Applicants should carefully review the "CoC Priority Listing Detailed Instructions" and the "CoC Project Listing Instructional Guide," both of which are available at: <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>.

To upload the CoC planning project application that has been submitted to this CoC Planning Project Listing, click on the "Update List" button. This process may take a few minutes as the project will need to be located in the e-snaps system. The Collaborative Applicant may update each of the Project Listings simultaneously. The Collaborative Applicant can wait for the Project Listings to be updated or can log out of e-snaps and come back later to view the updated list(s). To review the CoC Planning Project Listing, click on the magnifying glass next to view the project details. To view the actual project application, click on the orange folder. If there are errors identified by the Collaborative Applicant, the project can be amended back to the project applicant to make the necessary changes by clicking on the amend icon.

Only one CoC Planning project application can be submitted by a Collaborative Applicant and must match the Collaborative Applicant information on the CoC Applicant Profile. Any additional CoC Planning project applications must be rejected.

EX1_Project_List_Status_field

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Comp Type
CoC Planning Proj...	2018-09-14 13:44:...	1 Year	City of New Bedfo...	\$59,000	CoC Planning Proj...

Funding Summary

Instructions

For additional information, carefully review the "CoC Priority Listing Detailed Instructions" and the "CoC Priority Listing Instructional Guide", both of which are available at: <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>.

This page contains the total budget summaries for each of the project listings for which the Collaborative Applicant approved and ranked or rejected project applications. The Collaborative Applicant must review this page to ensure the totals for each of the categories is accurate. The "Total CoC Request" indicates the total funding request amount the Collaborative Applicant will submit to HUD for funding consideration. As stated previously, only 1 UFA Cost project application (for UFA designated Collaborative Applicants only) and only 1 CoC Planning project application can be submitted and only the Collaborative Applicant designated by the CoC is eligible to request these funds.

Title	Total Amount
Renewal Amount	\$1,683,752
Consolidated Amount	\$0
New Amount	\$150,000
CoC Planning Amount	\$59,000
Rejected Amount	\$0
TOTAL CoC REQUEST	\$1,892,752

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	MA 505 HUD 2991 FORM	09/14/2018
FY 2017 Rank (from Project Listing)	No		
Other	No		
Other	No		

Attachment Details

Document Description: MA 505 HUD 2991 FORM

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

WARNING: The FY2017 CoC Consolidated Application requires 2 submissions. Both this Project Priority Listing AND the CoC Consolidated Application MUST be submitted.

WARNING: The FY2017 CoC Consolidated Application requires 2 submissions. Both this Project Priority Listing AND the CoC Consolidated Application MUST be submitted.

Page	Last Updated
Before Starting	No Input Required
1A. Identification	09/14/2018
2. Reallocation	09/14/2018
3. Grant(s) Eliminated	No Input Required
4. Grant(s) Reduced	No Input Required
5. New Project(s)	No Input Required
7A. CoC New Project Listing	09/14/2018
7B. CoC Renewal Project Listing	09/14/2018
7D. CoC Planning Project Listing	09/14/2018
Funding Summary	No Input Required

Attachments	09/14/2018
Submission Summary	No Input Required

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.
(Type or clearly print the following information:)

Applicant Name: City of New Bedford

Project Name: See Below*


Location of the Project: New Bedford

Name of the Federal Program to which the applicant is applying: HUD Continuum of Care Program

Name of Certifying Jurisdiction: City of New Bedford

Certifying Official of the Jurisdiction Name: Jonathan F. Mitchell

Title: Mayor

Signature: 

Date: 9/4/2018

*PROJECTS: HMIS New Bedford 2.0, Welcome Home, Family Preservation Program, The Call, Step Up, Portico, Prism, Transition to Stability, Homeport and Planning Grant

Before Starting the Project Application

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

Things to Remember

- Additional training resources can be found on the HUD Exchange at <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/> - Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2017 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2017 Project Application will be imported into the FY 2018 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2018 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission: Application

2. Type of Application: Renewal Project Application

If "Revision", select appropriate letter(s):

If "Other", specify:

3. Date Received: 09/14/2018

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: MA0114

This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: City of New Bedford

b. Employer/Taxpayer Identification Number (EIN/TIN): 04-6001402

	c. Organizational DUNS:	075719187	PLUS 4	
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d. Address

Street 1: 608 Pleasant Street

Street 2:

City: New Bedford

County:

State: Massachusetts

Country: United States

Zip / Postal Code: 02740

e. Organizational Unit (optional)

Department Name: Office of Housing and Community Development

Division Name:

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

Prefix: Mr.

First Name: Patrick

Middle Name:

Last Name: Sullivan

Suffix:

Title: Director

Organizational Affiliation: City of New Bedford

Telephone Number: (508) 979-1500

Extension:
Fax Number: (508) 979-1575
Email: patrick.sullivan@newbedford-ma.gov

1C. SF-424 Application Details

9. Type of Applicant: C. City or Township Government

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

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: FR-6200-N-25

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (State(s) only): Massachusetts
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: City of New Bedford HMIS Project 2.0

16. Congressional District(s):

a. Applicant: MA-009
(for multiple selections hold CTRL key)

b. Project: MA-009
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 10/01/2019

b. End Date: 09/30/2020

18. Estimated Funding (\$)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process? b. Program is subject to E.O. 12372 but has not been selected by the State for review.

If "YES", enter the date this application was made available to the State for review:

20. Is the Applicant delinquent on any Federal debt? No

If "YES," provide an explanation:

1F. SF-424 Declaration

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

I AGREE:

21. Authorized Representative

Prefix: Mr.

First Name: Patrick

Middle Name: J

Last Name: Sullivan

Suffix:

Title: Director

Telephone Number: (508) 979-1500
(Format: 123-456-7890)

Fax Number: (508) 979-1575
(Format: 123-456-7890)

Email: patrick.sullivan@newbedford-ma.gov

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

Date Signed: 09/14/2018

1G. HUD 2880

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

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: City of New Bedford

Prefix: Mr.

First Name: Patrick

Middle Name: J

Last Name: Sullivan

Suffix:

Title: Director

Organizational Affiliation: City of New Bedford

Telephone Number: (508) 979-1500

Extension:

Email: patrick.sullivan@newbedford-ma.gov

City: New Bedford

County:

State: Massachusetts

Country: United States

Zip/Postal Code: 02740

2. Employer ID Number (EIN): 04-6001402

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$74,524.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: City of New Bedford HMIS Project 2.0 608 Pleasant Street New Bedford Massachusetts

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

Part I Threshold Determinations

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

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

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

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

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds

Part III Interested Parties

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

Alphabetical list of all persons with a	Social Security No.	Type of	Financial Interest	Financial Interest
Renewal Project Application FY2018		Page 10		09/14/2018

reportable financial interest in the project or activity (For individuals, give the last name first)	or Employee ID No.	Participation	in Project/Activity (\$)	in Project/Activity (%)
NA	NA	NA	\$0.00	0%

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I certify that this information is true and complete.

I AGREE:

Name / Title of Authorized Official: Patrick Sullivan, Director

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

Date Signed: 09/14/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: City of New Bedford

Program/Activity Receiving Federal Grant Funding: CoC Program

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

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

Sites for Work Performance.

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

Workplaces, including addresses, entered in the attached project application.
 Refer to addresses entered into the attached project application.

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

X

accurate.

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

Authorized Representative

Prefix: Mr.

First Name: Patrick

Middle Name: J

Last Name: Sullivan

Suffix:

Title: Director

Telephone Number: (508) 979-1500
(Format: 123-456-7890)

Fax Number: (508) 979-1575
(Format: 123-456-7890)

Email: patrick.sullivan@newbedford-ma.gov

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

Date Signed: 09/14/2018

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

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

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

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

X

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

Applicant's Organization: City of New Bedford

Name / Title of Authorized Official: Patrick Sullivan, Director

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

Date Signed: 09/14/2018

1J. SF-LLL

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

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

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

Answer "No" if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program? No

Legal Name: City of New Bedford

Street 1: 608 Pleasant Street

Street 2:

City: New Bedford

County: Bristol

State: Massachusetts

Country: United States

Zip / Postal Code: 02740

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

I certify that this information is true and complete.

X

Authorized Representative

Prefix: Mr.

First Name: Patrick

Middle Name: J

Last Name: Sullivan

Suffix:

Title: Director

Telephone Number: (508) 979-1500
(Format: 123-456-7890)

Fax Number: (508) 979-1575
(Format: 123-456-7890)

Email: patrick.sullivan@newbedford-ma.gov

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

Date Signed: 09/14/2018

Information About Submission without Changes

After Part 1 is completed; including this screen, Recipient Performance screen, and Renewal Grant Consolidation screen, then Parts 2-6, are available for review as "Read-Only;" except for 3A, 7A and 7B which are mandatory for all projects to update. After project applicants finish reviewing all screens, they will be guided to a "Submissions without Changes" Screen. At this screen, if applicants decide no edits or updates are required to any screens other than the mandatory questions, they can submit without changes. However, if changes to the application are required, e-snaps allows applicants to open individual screens for editing, rather than the entire application. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Importantly, once an applicant makes those selections and clicks "Save" the applicant cannot uncheck those boxes.

If the project is a first-time renewal or selects "Fully Consolidated" on the Renewal Grants Consolidation screen, the "Submit Without Changes" function is not available, and applicants must input data into the application for all required fields relevant to the component type.

Recipient Performance

- 1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?** Yes

- 2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?** No

- 3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?** Yes

- 4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?** No

Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2018 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2019, as confirmed on the FY 2018 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2018 CoC Program Competition? **No**
If “No” click on “Next” or “Save & Next” below to move to the next screen.

2A. Project Subrecipients

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

Total Expected Sub-Awards: \$0

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

3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: MA0114

(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: MA-505 - New Bedford CoC

2b. CoC Collaborative Applicant Name: City of New Bedford

3. Project Name: City of New Bedford HMIS Project 2.0

4. Project Status: Standard

5. Component Type: HMIS

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

7. Will this renewal project be part of a new application for a Renewal Expansion Grant? No

3B. Project Description

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

The Homeless Management Information Systems Project for the New Bedford CoC is the reporting and data collection tool for all CoC-funded projects and most non-CoC housing and supportive services programs as well.

2. Does your project have a specific population focus? No

4A. HMIS Standards

1a. Is the HMIS currently programmed to collect all required Data Elements as set forth in the 2017 HMIS Data Standards? Yes

1b. If no, explain why and the planned steps for compliance. Max. 500 characters

2a. Is the HMIS currently able to produce all HUD-required reports and provide data as needed for HUD reporting? (i.e., Annual Performance Reports, Annual Homeless Assessment table shells (this will be the Logitudinal System Analysis next year), data for CAPER/ESG reporting, SPM and Data Quality Table, etc). Yes

2b. If no, explain why and the planned steps for compliance. Max. 500 characters

3a. Is your HMIS capable of generating all reports required by all Federal partners including HUD, VA, and HHS? Yes

3b. If no, explain why and the planned steps for achieving this. Max. 500 characters

4. Can the HMIS currently provide the CoC with an unduplicated count of clients receiving services in the CoC? Yes

5. Does your HMIS implementation have a staff person responsible for insuring the implementation meets all privacy and security standards as required by HUD and the federal partners? Yes

6. Does your organization conduct a background check on all employees who access HMIS or view HMIS data? Yes

- 7. Does the HMIS Lead conduct Privacy and Security Training and follow up on privacy and security standards on a regular basis?** Yes

- 8. Do you have a process in place to remove community members who no longer need access to HMIS (e.g. leave their job, fired, etc.)** Yes
 - a. How long does it take to remove access rights to former HMIS users?** Within 24 hours

6A. Funding Request

1. Do any of the properties in this project have an active restrictive covenant? No
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? No
3. Does this project propose to allocate funds according to an indirect cost rate? No
4. Renewal Grant Term: 1 Year
5. Select the costs for which funding is being requested:
- HMIS

6D. Sources of Match

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

Summary for Match

Total Value of Cash Commitments:	\$18,631
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$18,631

1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? No

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Government	City of New Bedford	09/01/2018	\$18,631

Sources of Match Detail

- 1. Will this commitment be used towards Match?** Yes
- 2. Type of Commitment:** Cash
- 3. Type of Source:** Government
- 4. Name the Source of the Commitment:** City of New Bedford
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 09/01/2018
- 6. Value of Written Commitment:** \$18,631

6E. Summary Budget

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

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	\$0
1b. Leased Structures	\$0
2. Rental Assistance	\$0
3. Supportive Services	\$0
4. Operating	\$0
5. HMIS	\$74,524
6. Sub-total Costs Requested	\$74,524
7. Admin (Up to 10%)	\$0
8. Total Assistance plus Admin Requested	\$74,524
9. Cash Match	\$18,631
10. In-Kind Match	\$0
11. Total Match	\$18,631
12. Total Budget	\$93,155

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No		
2) Other Attachmenbt	No	Match Letter	09/14/2018
3) Other Attachment	No		

Attachment Details

Document Description:

Attachment Details

Document Description: Match Letter

Attachment Details

Document Description:

7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

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

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

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

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

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

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

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

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

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance. It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 578.33(d) or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

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

15-Year Operation Rule – 24 CFR part 578 only.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

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

C. Explanation.

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

Name of Authorized Certifying Official Patrick Sullivan

Date: 09/14/2018

Title: Director

Applicant Organization: City of New Bedford

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).

Submission Without Changes

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

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

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

Part 2 - Subrecipient Information	
2A. Subrecipients	<input checked="" type="checkbox"/>
Part 3 - Project Information	
3A. Project Detail	<input checked="" type="checkbox"/>
3B. Description	<input checked="" type="checkbox"/>
Part 4 - Housing Services and HMIS	
4A. HMIS Standards	<input checked="" type="checkbox"/>
Part 5 - Participants and Outreach Information	
Part 6 - Budget Information	
6A. Funding Request	<input checked="" type="checkbox"/>
6D. Match	<input checked="" type="checkbox"/>
6E. Summary Budget	<input checked="" type="checkbox"/>
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	<input checked="" type="checkbox"/>
7B. Certification	<input checked="" type="checkbox"/>

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

In FY17 the existing HMIS Grant was expanded to include an additional HMIS

Grant and funding. Both HMIS grants have now been consolidated into one single HMIS Grant now referred to as HMIS 2.0. All questions were updated to reflect this expanded HMIS 2.0 Grant.

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

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	09/14/2018
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/14/2018
1E. SF-424 Compliance	09/14/2018
1F. SF-424 Declaration	09/14/2018
1G. HUD-2880	09/14/2018
1H. HUD-50070	09/14/2018

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1I. Cert. Lobbying	09/14/2018
1J. SF-LLL	09/14/2018
Recipient Performance	09/14/2018
Renewal Grant Consolidation	09/14/2018
2A. Subrecipients	No Input Required
3A. Project Detail	09/14/2018
3B. Description	09/14/2018
4A. HMIS Standards	09/14/2018
6A. Funding Request	09/14/2018
6D. Match	09/14/2018
6E. Summary Budget	No Input Required
7A. Attachment(s)	09/14/2018
7B. Certification	09/14/2018
Submission Without Changes	09/14/2018



City of New Bedford

DEPARTMENT OF PLANNING, HOUSING &
COMMUNITY DEVELOPMENT

608 Pleasant Street, New Bedford, Massachusetts 02740
Telephone (508) 979.1500 Facsimile (508) 979.1575

PATRICK J. SULLIVAN
Director

September 1, 2018

Robert D. Shumeyko, Director, Community Development Planning & Development
U.S. Department of Housing and Urban Development
Massachusetts State Office, New England Area
Office of Community Planning and Development
Thomas P. O'Neill, Jr. Federal Building
10 Causeway Street – Fifth Floor
Boston, MA 02222-1092

RE: Match Letter Commitment
HMIS Services

Dear Mr. Shumeyko:

The New Bedford Department of Planning, Housing & Community is pleased to submit its FY18 renewal application for HMIS services. This letter serves as a commitment to provide a 25% cash match in the amount of \$18,631 for HMIS services. This amount of \$18,631 is from non-SHP funding sources and will be used under HUD's grant number MA0114L1T051710.

Sincerely,

Patrick J. Sullivan
Director

Before Starting the Project Application

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

Things to Remember

- Additional training resources can be found on the HUD Exchange at <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/> - Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2017 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2017 Project Application will be imported into the FY 2018 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2018 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission: Application

2. Type of Application: Renewal Project Application

If "Revision", select appropriate letter(s):

If "Other", specify:

3. Date Received: 09/14/2018

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: MA0406

This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: City of New Bedford

b. Employer/Taxpayer Identification Number (EIN/TIN): 04-6001402

	c. Organizational DUNS:	075719187	PLUS 4	
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d. Address

Street 1: 608 Pleasant Street

Street 2:

City: New Bedford

County:

State: Massachusetts

Country: United States

Zip / Postal Code: 02740

e. Organizational Unit (optional)

Department Name: Office of Housing and Community Development

Division Name:

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

Prefix: Mr.

First Name: Patrick

Middle Name:

Last Name: Sullivan

Suffix:

Title: Director

Organizational Affiliation: City of New Bedford

Telephone Number: (508) 979-1500

Extension:

Fax Number: (508) 979-1575

Email: patrick.sullivan@newbedford-ma.gov

1C. SF-424 Application Details

9. Type of Applicant: C. City or Township Government

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

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: FR-6200-N-25

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (State(s) only): Massachusetts
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: Welcome HOME

16. Congressional District(s):

a. Applicant: MA-009
(for multiple selections hold CTRL key)

b. Project: MA-009
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 08/01/2019

b. End Date: 07/31/2020

18. Estimated Funding (\$)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process? b. Program is subject to E.O. 12372 but has not been selected by the State for review.

If "YES", enter the date this application was made available to the State for review:

20. Is the Applicant delinquent on any Federal debt? No

If "YES," provide an explanation:

1F. SF-424 Declaration

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

I AGREE:

21. Authorized Representative

Prefix: Mr.

First Name: Patrick

Middle Name: J

Last Name: Sullivan

Suffix:

Title: Director

Telephone Number: (508) 979-1500
(Format: 123-456-7890)

Fax Number: (508) 979-1575
(Format: 123-456-7890)

Email: patrick.sullivan@newbedford-ma.gov

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

Date Signed: 09/14/2018

1G. HUD 2880

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

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: City of New Bedford

Prefix: Mr.

First Name: Patrick

Middle Name: J

Last Name: Sullivan

Suffix:

Title: Director

Organizational Affiliation: City of New Bedford

Telephone Number: (508) 979-1500

Extension:

Email: patrick.sullivan@newbedford-ma.gov

City: New Bedford

County:

State: Massachusetts

Country: United States

Zip/Postal Code: 02740

2. Employer ID Number (EIN): 04-6001402

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$170,590.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: Welcome HOME 608 Pleasant Street New Bedford Massachusetts

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

Part I Threshold Determinations

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

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

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

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

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds

Part III Interested Parties

You must disclose:

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

Alphabetical list of all persons with a	Social Security No.	Type of	Financial Interest	Financial Interest
Renewal Project Application FY2018		Page 10		09/14/2018

reportable financial interest in the project or activity (For individuals, give the last name first)	or Employee ID No.	Participation	in Project/Activity (\$)	in Project/Activity (%)
NA	NA	NA	\$0.00	0%

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I certify that this information is true and complete.

I AGREE:

Name / Title of Authorized Official: Patrick Sullivan, Director

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

Date Signed: 09/14/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: City of New Bedford

Program/Activity Receiving Federal Grant Funding: CoC Program

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

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

Sites for Work Performance.

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

Workplaces, including addresses, entered in the attached project application.
 Refer to addresses entered into the attached project application.

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

X

accurate.

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

Authorized Representative

Prefix: Mr.

First Name: Patrick

Middle Name: J

Last Name: Sullivan

Suffix:

Title: Director

Telephone Number: (508) 979-1500
(Format: 123-456-7890)

Fax Number: (508) 979-1575
(Format: 123-456-7890)

Email: patrick.sullivan@newbedford-ma.gov

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

Date Signed: 09/14/2018

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

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

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

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

X

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

Applicant's Organization: City of New Bedford

Name / Title of Authorized Official: Patrick Sullivan, Director

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

Date Signed: 09/14/2018

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.

Approved by OMB0348-0046

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

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

Answer "No" if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program? No

Legal Name: City of New Bedford

Street 1: 608 Pleasant Street

Street 2:

City: New Bedford

County: Bristol

State: Massachusetts

Country: United States

Zip / Postal Code: 02740

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

I certify that this information is true and complete.

X

Authorized Representative

Prefix: Mr.

First Name: Patrick

Middle Name: J

Last Name: Sullivan

Suffix:

Title: Director

Telephone Number: (508) 979-1500
(Format: 123-456-7890)

Fax Number: (508) 979-1575
(Format: 123-456-7890)

Email: patrick.sullivan@newbedford-ma.gov

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

Date Signed: 09/14/2018

Information About Submission without Changes

After Part 1 is completed; including this screen, Recipient Performance screen, and Renewal Grant Consolidation screen, then Parts 2-6, are available for review as "Read-Only;" except for 3A, 7A and 7B which are mandatory for all projects to update. After project applicants finish reviewing all screens, they will be guided to a "Submissions without Changes" Screen. At this screen, if applicants decide no edits or updates are required to any screens other than the mandatory questions, they can submit without changes. However, if changes to the application are required, e-snaps allows applicants to open individual screens for editing, rather than the entire application. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Importantly, once an applicant makes those selections and clicks "Save" the applicant cannot uncheck those boxes.

If the project is a first-time renewal or selects "Fully Consolidated" on the Renewal Grants Consolidation screen, the "Submit Without Changes" function is not available, and applicants must input data into the application for all required fields relevant to the component type.

Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request? Yes

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request? No

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request? Yes

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request? No

Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2018 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2019, as confirmed on the FY 2018 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2018 CoC Program Competition? No
If "No" click on "Next" or "Save & Next" below to move to the next screen.

2A. Project Subrecipients

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

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

Total Expected Sub-Awards: \$170,590

Organization	Type	Type	Sub-Award Amount
Steppingstone Incorporated	M. Nonprofit with 501C3 IRS Status	M. Nonprofit with 501C3 IRS Status	\$170,590

2A. Project Subrecipients Detail

a. Organization Name: Steppingstone Incorporated

b. Organization Type: M. Nonprofit with 501C3 IRS Status

c. Employer or Tax Identification Number: 04-2505146

	* d. Organizational DUNS:	147819460	PLUS 4	
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e. Physical Address

Street 1: 466 North Main Street

Street 2:

City: Fall River

State: Massachusetts

Zip Code: 02720

f. Congressional District(s): MA-009
(for multiple selections hold CTRL key)

g. Is the subrecipient a Faith-Based Organization? No

h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency? Yes

i. Expected Sub-Award Amount: \$170,590

j. Contact Person

Prefix: Ms.

First Name: Kathleen

Middle Name:

Last Name: Schedler-Clark

Suffix:

Title: Executive Director

E-mail Address: kclark@steppingstoneinc.org

Confirm E-mail Address: kclark@steppingstoneinc.org

Phone Number: 508-674-2788

Extension: 110

Fax Number: 508-674-2780

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: MA0406

(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: MA-505 - New Bedford CoC

2b. CoC Collaborative Applicant Name: City of New Bedford

3. Project Name: Welcome HOME

4. Project Status: Standard

5. Component Type: PH

5a. Does the PH project provide PSH or RRH? PSH

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

7. Will this renewal project be part of a new application for a Renewal Expansion Grant? No

3B. Project Description

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

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

Welcome Home provides 13 scattered-site permanent housing units in New Bedford, MA. The Program operates using the low-barrier Housing First model, with optional case management services available to residents. Any low-income homeless individual or homeless head of household in New Bedford who has been diagnosed with HIV/AIDS meets eligibility criteria. First priority for available beds is given to chronic homeless individuals and families. In addition to HIV/AIDS diagnosis, past year client data exhibit that 90% of residents had a substance use disorder and 70% had a mental health disorder, with 55% co-occurring.

The Program receives referrals from community homeless service providers and has lease agreements with local landlords to whom it makes rental payments directly. The Project Coordinator oversees housing services for clients including locating apartments, performing Housing Quality Standard inspections/re-inspections, screening applicants, performing income rental certification/re-certifications, communicating with landlords, managing maintenance, and signing leases. CH clients also have the option of participating in the Medicaid-funded CSPECH Program, which provides community-based support to increase housing stability and prevent avoidable hospitalizations.

Each incoming client who chooses to engage in services receives comprehensive case management in their home or the project office. The Case Manager assists clients in developing an Individual Service Plan with specific, client-centered goals and activities across all domains of life, such as employment, education, life skills and community connectedness, as well as assistance with applying for mainstream resource benefits, health insurance, and transportation vouchers. CM also provides service coordination and referral to peer recovery support, parenting skills and nutrition groups, educational/vocational programming, and mental health and substance abuse treatment from Steppingstone and other providers through collaborative agreements. Clients also receive supported referrals to HIV/AIDS Medical Case Management services through MOAs with providers such as Greater New Bedford Health Center. These services include Antiretroviral Medication Adherence, Risk Reduction Education and Chronic Disease Self-Management Support. The Project Coordinator oversees the coordination of supportive services both within Steppingstone’s continuum of care and from external providers.

The overall goals of the Welcome Home program are to increase clients' stability in housing (at least 85% or higher of leavers exit to permanent housing annually), improve their overall health outcomes and ability to manage their chronic conditions, increase their treatment engagement to promote sobriety and reduce relapse risk, and increase their earned and other income from mainstream sources (at least 8% or higher of clients increase their earned income and 10% increase their other income annually).

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

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

Chronic Homeless	<input checked="" type="checkbox"/>	Domestic Violence	<input type="checkbox"/>
Veterans	<input checked="" type="checkbox"/>	Substance Abuse	<input checked="" type="checkbox"/>
Youth (under 25)	<input type="checkbox"/>	Mental Illness	<input checked="" type="checkbox"/>
Families with Children	<input type="checkbox"/>	HIV/AIDS	<input checked="" type="checkbox"/>
		Other (Click 'Save' to update)	<input type="checkbox"/>

Other:

3. Housing First

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

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

Having too little or little income	<input checked="" type="checkbox"/>
Active or history of substance use	<input checked="" type="checkbox"/>
Having a criminal record with exceptions for state-mandated restrictions	<input checked="" type="checkbox"/>
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

3c. Does the project ensure that participants are not terminated from the

program for the following reasons? Select all that apply.

Failure to participate in supportive services	<input checked="" type="checkbox"/>
Failure to make progress on a service plan	<input checked="" type="checkbox"/>
Loss of income or failure to improve income	<input checked="" type="checkbox"/>
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

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

3C. Dedicated Plus

Dedicated and DedicatedPLUS

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

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

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

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

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

4A. Supportive Services for Participants

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

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

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

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

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

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

3. Do project participants have access to Yes

SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?

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

4B. Housing Type and Location

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

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

Total Units: 13

Total Beds: 15

Total Dedicated CH Beds: 15

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...)	---	13	15

4B. Housing Type and Location Detail

1. Housing Type: Scattered-site apartments (including efficiencies)

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

a. Units: 13

b. Beds: 15

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 15

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

4. Address:

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.

Street 1: 5 Dover Street

Street 2: Suite 201

City: New Bedford

State: Massachusetts

ZIP Code: 02740

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

251614 New Bedford

5A. Project Participants - Households

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

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	2	11	0	13

Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Adults over age 24	2	11		13
Adults ages 18-24	0	0		0
Accompanied Children under age 18	2		0	2
Unaccompanied Children under age 18			0	0
Total Persons	4	11	0	15

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

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

Persons in Households with at Least One Adult and One Child

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AID S	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represen ted by listed subpopu lations
Adults over age 24	2	0	0	1	2	0	1	0	0	0
Adults ages 18-24	0	0	0	0	0	0	0	0	0	0
Children under age 18	2			0	0	0	1	0	0	0
Total Persons	4	0	0	1	2	0	2	0	0	0

Click Save to automatically calculate totals

Persons in Households without Children

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AID S	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represen ted by listed subpopu lations
Adults over age 24	8		3	8	11	0	3	0	0	0
Adults ages 18-24		0	0	0	0	0	0	0	0	0
Total Persons	8	0	3	8	11	0	3	0	0	0

Click Save to automatically calculate totals

Persons in Households with Only Children

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AID S	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represen ted by listed subpopu lations
Accompanied Children under age 18										

Unaccompanied Children under age 18										
Total Persons	0			0	0	0	0	0	0	0

5C. Outreach for Participants

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

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

64%	Directly from the street or other locations not meant for human habitation.
36%	Directly from emergency shelters.
	Directly from safe havens.
0%	Persons fleeing domestic violence.
0%	Directly from transitional housing eliminated in a previous CoC Program Competition.
	Directly from the TH Portion of a Joint TH and PH-RRH Component project.
	Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program.
100%	Total of above percentages

6A. Funding Request

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

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

2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? Yes

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

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

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

a. Please complete the indirect cost rate schedule below:

Administering Department/Agency	Indirect Cost Rate	Direct Cost Base
U.S. Dept. of Health and Human Services, Cost Allocation Services	27%	Salaries and Fringe

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

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

4. Renewal Grant Term: 1 Year

5. Select the costs for which funding is being

requested:

Leased Units	<input checked="" type="checkbox"/>
Leased Structures	<input type="checkbox"/>
Rental Assistance	<input type="checkbox"/>
Supportive Services	<input type="checkbox"/>
Operating	<input checked="" type="checkbox"/>
HMIS	<input type="checkbox"/>

6B. Leased Units Budget

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

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

Total Annual Assistance Requested:		\$113,821	
Grant Term:		1 Year	
Total Request for Grant Term:		\$113,821	
Total Units:		13	
FMR Area	Total Units Requested	Total Annual Budget Requested	Total Budget Requested
MA - New Bedford,...	13	\$113,821	\$113,821

Leased Units Budget Detail

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

Metropolitan or non-metropolitan fair market rent area: MA - New Bedford, MA HUD Metro FMR Area (2500500520)

Leased Units Annual Budget

Size of Units	# of Units (Applicant)	Total Request (Applicant)
SRO		
0 Bedroom		
1 Bedroom	11	
2 Bedroom	2	
3 Bedroom		
4 Bedroom		
5 Bedroom		
6 Bedroom		
7 Bedroom		
8 Bedroom		
9 Bedroom		
Total Units and Annual Assistance Requested	13	\$113,821
Grant Term		1 Year
Total Request for Grant Term		\$113,821

Click the 'Save' button to automatically calculate totals.

6D. Sources of Match

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

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

Summary for Match

Total Value of Cash Commitments:	\$14,193
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$14,193

1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? No

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Private	Steppingstone Inc...	08/21/2018	\$14,193

Sources of Match Detail

1. Will this commitment be used towards Match? Yes

2. Type of Commitment: Cash

3. Type of Source: Private

4. Name the Source of the Commitment: Steppingstone Incorporated
(Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 08/21/2018

6. Value of Written Commitment: \$14,193

6E. Summary Budget

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

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

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	\$113,821
1b. Leased Structures	\$0
2. Rental Assistance	\$0
3. Supportive Services	\$0
4. Operating	\$41,261
5. HMIS	\$0
6. Sub-total Costs Requested	\$155,082
7. Admin (Up to 10%)	\$15,508
8. Total Assistance plus Admin Requested	\$170,590
9. Cash Match	\$14,193
10. In-Kind Match	\$0
11. Total Match	\$14,193
12. Total Budget	\$184,783

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	IRS 501 c3 Letter...	12/23/2013
2) Other Attachmenbt	No	2018 WH Match	08/27/2018
3) Other Attachment	No	SS Indirect Cost ...	09/05/2018

Attachment Details

Document Description: IRS 501 c3 Letter Non profit status

Attachment Details

Document Description: 2018 WH Match

Attachment Details

Document Description: SS Indirect Cost Rate

7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

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

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

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

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

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

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

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

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

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance. It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 578.33(d) or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

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

15-Year Operation Rule – 24 CFR part 578 only.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

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

C. Explanation.

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

Name of Authorized Certifying Official Patrick Sullivan

Date: 09/14/2018

Title: Director

Applicant Organization: City of New Bedford

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).

X

Submission Without Changes

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

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

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

Part 2 - Subrecipient Information	
2A. Subrecipients	<input type="checkbox"/>
Part 3 - Project Information	
3A. Project Detail	<input checked="" type="checkbox"/>
3B. Description	<input type="checkbox"/>
3C. Dedicated Plus	<input type="checkbox"/>
Part 4 - Housing Services and HMIS	
4A. Services	<input type="checkbox"/>
4B. Housing Type	<input type="checkbox"/>
Part 5 - Participants and Outreach Information	
5A. Households	<input type="checkbox"/>
5B. Subpopulations	<input type="checkbox"/>
5C. Outreach	<input type="checkbox"/>
Part 6 - Budget Information	
6A. Funding Request	<input type="checkbox"/>
6B. Leased Units	<input type="checkbox"/>

6D. Match	<input type="checkbox"/>
6E. Summary Budget	<input type="checkbox"/>
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	<input checked="" type="checkbox"/>
7B. Certification	<input checked="" type="checkbox"/>

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

Updated Project Description

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

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	09/14/2018
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required

Renewal Project Application FY2018	Page 51	09/14/2018
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1D. SF-424 Congressional District(s)	09/14/2018
1E. SF-424 Compliance	09/14/2018
1F. SF-424 Declaration	09/14/2018
1G. HUD-2880	09/14/2018
1H. HUD-50070	09/14/2018
1I. Cert. Lobbying	09/14/2018
1J. SF-LLL	09/14/2018
Recipient Performance	09/14/2018
Renewal Grant Consolidation	09/14/2018
2A. Subrecipients	09/14/2018
3A. Project Detail	09/14/2018
3B. Description	09/14/2018
3C. Dedicated Plus	09/14/2018
4A. Services	09/14/2018
4B. Housing Type	09/14/2018
5A. Households	09/14/2018
5B. Subpopulations	No Input Required
5C. Outreach	09/14/2018
6A. Funding Request	09/14/2018
6B. Leased Units	09/14/2018
6D. Match	09/14/2018
6E. Summary Budget	No Input Required
7A. Attachment(s)	09/14/2018
7B. Certification	09/14/2018
Submission Without Changes	09/14/2018

Internal Revenue Service

Department of the Treasury

**P. O. Box 2508
Cincinnati, OH 45201**

Date: April 18, 2002

**Steppingstone Inc.
466 North Main Street
Fall River, MA 02720-2408**

Person to Contact:
Carol Kraft - #31-01135
Customer Service Specialist
Toll Free Telephone Number:
8:00 a.m. to 6:30 p.m. EST
877-829-5500
Fax Number:
513-263-3756
Federal Identification Number:
04-2505146

Dear Madam:

This letter is in response to your request by telephone on April 18, 2002, for a copy of your organization's determination letter. This letter will take the place of the copy you requested.

Our records indicate that a determination letter issued in August 1972 granted your organization exemption from federal income tax under section 501(c)(3) of the Internal Revenue Code. That letter is still in effect.

Based on information subsequently submitted, we classified your organization as one that is not a private foundation within the meaning of section 509(a) of the Code because it is an organization described in sections 509(a)(1) and 170(b)(1)(A)(vi).

This classification was based on the assumption that your organization's operations would continue as stated in the application. If your organization's sources of support, or its character, method of operations, or purposes have changed, please let us know so we can consider the effect of the change on the exempt status and foundation status of your organization.

Your organization is required to file Form 990, Return of Organization Exempt from Income Tax, only if its gross receipts each year are normally more than \$25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of the organization's annual accounting period. The law imposes a penalty of \$20 a day, up to a maximum of \$10,000, when a return is filed late, unless there is reasonable cause for the delay.

All exempt organizations (unless specifically excluded) are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more paid to each employee during a calendar year. Your organization is not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the excise taxes under Chapter 42 of the Code. However, these organizations are not automatically exempt from other federal excise taxes.

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

Steppingstone Inc.
04-2505146

Your organization is not required to file federal income tax returns unless it is subject to the tax on unrelated business income under section 511 of the Code. If your organization is subject to this tax, it must file an income tax return on the Form 990-T, Exempt Organization Business Income Tax Return. In this letter, we are not determining whether any of your organization's present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

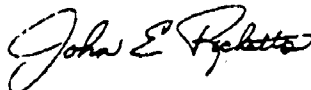
The law requires you to make your organization's annual return available for public inspection without charge for three years after the due date of the return. If your organization had a copy of its application for recognition of exemption on July 15, 1987, it is also required to make available for public inspection a copy of the exemption application, any supporting documents and the exemption letter to any individual who requests such documents in person or in writing. You can charge only a reasonable fee for reproduction and actual postage costs for the copied materials. The law does not require you to provide copies of public inspection documents that are widely available, such as by posting them on the Internet (World Wide Web). You may be liable for a penalty of \$20 a day for each day you do not make these documents available for public inspection (up to a maximum of \$10,000 in the case of an annual return).

Because this letter could help resolve any questions about your organization's exempt status and foundation status, you should keep it with the organization's permanent records.

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

This letter affirms your organization's exempt status.

Sincerely,



John E. Ricketts, Director, TE/GE
Customer Account Services



Steppingstone Incorporated
Building a strong foundation for recovery

Men's Recovery Home
 466 North Main Street
 Fall River, MA 02720
 508-674-2788 x202

Woman's Treatment Program
 522 North Main Street
 Fall River, MA 02720
 508-674-2788 x101

Woman's Treatment Program
 979 Pleasant Street
 New Bedford, MA 02740
 508-984-1880

Outpatient Treatment
 179 & 279 North Main Street
 Fall River, MA 02720
 508-679-0033

Next Step Home Program
Medical Case Management Program
 506 North Main Street
 Fall River, MA 02720
 508-674-2788 x119

Graduate Program
 506 North Main Street
 Fall River, MA 02720
 508-674-2788 x 118

Graduate Program
 977 Pleasant Street
 New Bedford, MA 02740
 508-984-1880

Transition House
 542 North Main Street
 Fall River, MA 02720
 508-674-2788 x118

First Step Inn
Emergency Shelter Program
 175 North Main Street
 Fall River, MA 02720
 508-679-8001

Stone Residence
 177 North Main Street
 Fall River, MA 02720
 508-675-4159

Welcome Home Program
 5 Dover Street
 New Bedford, MA 02740
 508-984-7514

Cash Resource Commitment for Operations

Steppingstone, Incorporated commits to providing cash resources in the amount of \$14,193 from non-SHP funding sources for this grant term. This \$14,193 from non-SHP funding sources will be used under HUD's grant number MA0406L1T051706. The project applicant to which the cash will be contributed is the Welcome Home Program as a match for the FY18 HUD Continuum of Care Permanent Supportive Housing Grant. Allowable activities to be funded by these cash resources are Operations and Administration of the Welcome Home Program. The funds will be available beginning on August 1st, 2019 through July 31st, 2020.

Kathleen Schedler-Clark
 Executive Director
 Steppingstone, Incorporated

08/21/2018
 Date



A United Way Agency

NONPROFIT RATE AGREEMENT

EIN: 04-2505146

DATE:03/23/2018

ORGANIZATION:

FILING REF.: The preceding agreement was dated 02/13/2017

Steppingstone, Inc.
466 North Main Street
Fall River, MA 02720

The rates approved in this agreement are for use on grants, contracts and other agreements with the Federal Government, subject to the conditions in Section III.

SECTION I: INDIRECT COST RATES

RATE TYPES: FIXED FINAL PROV. (PROVISIONAL) PRED. (PREDETERMINED)

EFFECTIVE PERIOD

<u>TYPE</u>	<u>FROM</u>	<u>TO</u>	<u>RATE (%)</u>	<u>LOCATION</u>	<u>APPLICABLE TO</u>
FINAL	07/01/2016	06/30/2017	27.10	On-Site	All Programs
PROV.	07/01/2017	06/30/2019	27.10	On-Site	All Programs

*BASE

Direct salaries and wages including all fringe benefits.

ORGANIZATION: Steppingstone, Inc.

AGREEMENT DATE: 3/23/2018

SECTION II: SPECIAL REMARKS

TREATMENT OF FRINGE BENEFITS:

Fringe Benefits applicable to direct salaries and wages are treated as direct costs.

TREATMENT OF PAID ABSENCES

Vacation, holiday, sick leave pay and other paid absences are included in salaries and wages and are claimed on grants, contracts and other agreements as part of the normal cost for salaries and wages. Separate claims are not made for the cost of these paid absences.

Equipment means tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost which equals or exceeds the lesser of the capitalization level established by the non-Federal entity for financial statement purposes, or \$5,000.

Your next proposal based on actual costs for the fiscal year ending 06/30/2018 is due in our office by 12/31/2018.

ORGANIZATION: Steppingstone, Inc.

AGREEMENT DATE: 3/23/2018

SECTION III: GENERAL

A. LIMITATIONS:

The rates in this Agreement are subject to any statutory or administrative limitations and apply to a given grant, contract or other agreement only to the extent that funds are available. Acceptance of the rates is subject to the following conditions: (1) Only costs incurred by the organization were included in its indirect cost pool as finally accepted; such costs are legal obligations of the organization and are allowable under the governing cost principles; (2) The same costs that have been treated as indirect costs are not claimed as direct costs; (3) Similar types of costs have been accorded consistent accounting treatment; and (4) The information provided by the organization which was used to establish the rates is not later found to be materially incomplete or inaccurate by the Federal Government. In such situations the rate(s) would be subject to renegotiation at the discretion of the Federal Government.

B. ACCOUNTING CHANGES:

This Agreement is based on the accounting system purported by the organization to be in effect during the Agreement period. Changes to the method of accounting for costs which affect the amount of reimbursement resulting from the use of this Agreement require prior approval of the authorized representative of the cognizant agency. Such changes include, but are not limited to, changes in the charging of a particular type of cost from indirect to direct. Failure to obtain approval may result in cost disallowances.

C. FIXED RATES:

If a fixed rate is in this Agreement, it is based on an estimate of the costs for the period covered by the rate. When the actual costs for this period are determined, an adjustment will be made to a rate of a future year(s) to compensate for the difference between the costs used to establish the fixed rate and actual costs.

D. USE BY OTHER FEDERAL AGENCIES:

The rates in this Agreement were approved in accordance with the authority in Title 2 of the Code of Federal Regulations, Part 200 (2 CFR 200), and should be applied to grants, contracts and other agreements covered by 2 CFR 200, subject to any limitations in A above. The organization may provide copies of the Agreement to other Federal Agencies to give them early notification of the Agreement.

E. OTHER:

If any Federal contract, grant or other agreement is reimbursing indirect costs by a means other than the approved rate(s) in this Agreement, the organization should (1) credit such costs to the affected programs, and (2) apply the approved rate(s) to the appropriate base to identify the proper amount of indirect costs allocable to these programs.

BY THE INSTITUTION:

ON BEHALF OF THE FEDERAL GOVERNMENT:

Steppingstone, Inc.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

(INSTITUTION)

Kathleen Schedler-Clark

(SIGNATURE)

KATHLEEN SCHEDLER-CLARK

(NAME)

EXECUTIVE DIRECTOR

(TITLE)

3/23/2018

(DATE)

(AGENCY)

Darryl W. Mayes -S

Digitally signed by Darryl W. Mayes -S
DN: cn=US, o=US Government, ou=HHS, ou=PSC,
ou=People, 2.9.254.2.19200300.100.1.1=2000131669,
cn=Darryl W. Mayes -S
Date: 2018.04.04 08:12:38 -0400'

(SIGNATURE)

Darryl W. Mayes

(NAME)

Deputy Director, Cost Allocation Services

(TITLE)

3/23/2018

(DATE) 6446

HHS REPRESENTATIVE: Ryan McCarthy

Telephone: (212) 264-2069

Before Starting the Project Application

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

Things to Remember

- Additional training resources can be found on the HUD Exchange at <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/> - Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2017 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2017 Project Application will be imported into the FY 2018 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2018 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission: Application

2. Type of Application: Renewal Project Application

If "Revision", select appropriate letter(s):

If "Other", specify:

3. Date Received: 09/14/2018

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: MA0516

This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: City of New Bedford

b. Employer/Taxpayer Identification Number (EIN/TIN): 04-6001402

	c. Organizational DUNS:	075719187	PLUS 4	
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d. Address

Street 1: 608 Pleasant Street

Street 2:

City: New Bedford

County:

State: Massachusetts

Country: United States

Zip / Postal Code: 02740

e. Organizational Unit (optional)

Department Name: Office of Housing and Community Development

Division Name:

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

Prefix: Mr.

First Name: Patrick

Middle Name:

Last Name: Sullivan

Suffix:

Title: Director

Organizational Affiliation: City of New Bedford

Telephone Number: (508) 979-1500

Extension:

Fax Number: (508) 979-1575

Email: patrick.sullivan@newbedford-ma.gov

1C. SF-424 Application Details

9. Type of Applicant: C. City or Township Government

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

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: FR-6200-N-25

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (State(s) only): Massachusetts
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: The Call

16. Congressional District(s):

a. Applicant: MA-009
(for multiple selections hold CTRL key)

b. Project: MA-009
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 09/01/2019

b. End Date: 08/31/2020

18. Estimated Funding (\$)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process? b. Program is subject to E.O. 12372 but has not been selected by the State for review.

If "YES", enter the date this application was made available to the State for review:

20. Is the Applicant delinquent on any Federal debt? No

If "YES," provide an explanation:

1F. SF-424 Declaration

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

I AGREE:

21. Authorized Representative

Prefix: Mr.

First Name: Patrick

Middle Name: J

Last Name: Sullivan

Suffix:

Title: Director

Telephone Number: (508) 979-1500
(Format: 123-456-7890)

Fax Number: (508) 979-1575
(Format: 123-456-7890)

Email: patrick.sullivan@newbedford-ma.gov

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

Date Signed: 09/14/2018

1G. HUD 2880

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

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: City of New Bedford

Prefix: Mr.

First Name: Patrick

Middle Name: J

Last Name: Sullivan

Suffix:

Title: Director

Organizational Affiliation: City of New Bedford

Telephone Number: (508) 979-1500

Extension:

Email: patrick.sullivan@newbedford-ma.gov

City: New Bedford

County:

State: Massachusetts

Country: United States

Zip/Postal Code: 02740

2. Employer ID Number (EIN): 04-6001402

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$46,757.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: The Call 608 Pleasant Street New Bedford Massachusetts

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

Part I Threshold Determinations

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

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

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

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

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds

Part III Interested Parties

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

Alphabetical list of all persons with a	Social Security No.	Type of	Financial Interest	Financial Interest
Renewal Project Application FY2018		Page 10		09/14/2018

reportable financial interest in the project or activity (For individuals, give the last name first)	or Employee ID No.	Participation	in Project/Activity (\$)	in Project/Activity (%)
NA	NA	NA	\$0.00	0%

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I certify that this information is true and complete.

I AGREE:

Name / Title of Authorized Official: Patrick Sullivan, Director

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

Date Signed: 09/14/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: City of New Bedford

Program/Activity Receiving Federal Grant Funding: CoC Program

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

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

Sites for Work Performance.

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

Workplaces, including addresses, entered in the attached project application.
 Refer to addresses entered into the attached project application.

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

X

accurate.

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

Authorized Representative

Prefix: Mr.

First Name: Patrick

Middle Name: J

Last Name: Sullivan

Suffix:

Title: Director

Telephone Number: (508) 979-1500
(Format: 123-456-7890)

Fax Number: (508) 979-1575
(Format: 123-456-7890)

Email: patrick.sullivan@newbedford-ma.gov

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

Date Signed: 09/14/2018

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

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

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

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

X

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

Applicant's Organization: City of New Bedford

Name / Title of Authorized Official: Patrick Sullivan, Director

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

Date Signed: 09/14/2018

1J. SF-LLL

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

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

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

Answer "No" if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program? No

Legal Name: City of New Bedford
Street 1: 608 Pleasant Street
Street 2:
City: New Bedford
County: Bristol
State: Massachusetts
Country: United States
Zip / Postal Code: 02740

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

I certify that this information is true and complete.

Authorized Representative

Prefix: Mr.

First Name: Patrick

Middle Name: J

Last Name: Sullivan

Suffix:

Title: Director

Telephone Number: (508) 979-1500
(Format: 123-456-7890)

Fax Number: (508) 979-1575
(Format: 123-456-7890)

Email: patrick.sullivan@newbedford-ma.gov

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

Date Signed: 09/14/2018

Information About Submission without Changes

After Part 1 is completed; including this screen, Recipient Performance screen, and Renewal Grant Consolidation screen, then Parts 2-6, are available for review as "Read-Only;" except for 3A, 7A and 7B which are mandatory for all projects to update. After project applicants finish reviewing all screens, they will be guided to a "Submissions without Changes" Screen. At this screen, if applicants decide no edits or updates are required to any screens other than the mandatory questions, they can submit without changes. However, if changes to the application are required, e-snaps allows applicants to open individual screens for editing, rather than the entire application. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Importantly, once an applicant makes those selections and clicks "Save" the applicant cannot uncheck those boxes.

If the project is a first-time renewal or selects "Fully Consolidated" on the Renewal Grants Consolidation screen, the "Submit Without Changes" function is not available, and applicants must input data into the application for all required fields relevant to the component type.

Recipient Performance

- 1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?** Yes

- 2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?** No

- 3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?** Yes

- 4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?** No

Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2018 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2019, as confirmed on the FY 2018 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

- 1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2018 CoC Program Competition? No**
If “No” click on “Next” or “Save & Next” below to move to the next screen.

2A. Project Subrecipients

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

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

Total Expected Sub-Awards: \$46,757

Organization	Type	Type	Sub-Award Amount
Catholic Social Services of Fall River, Inc.	M. Nonprofit with 501C3 IRS Status	M. Nonprofit with 501C3 IRS Status	\$46,757

2A. Project Subrecipients Detail

a. Organization Name: Catholic Social Services of Fall River, Inc.

b. Organization Type: M. Nonprofit with 501C3 IRS Status

c. Employer or Tax Identification Number: 04-2106394

	* d. Organizational DUNS:	144117389	PLUS 4	
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e. Physical Address

Street 1: 1600 Bay Street

Street 2:

City: Fall River

State: Massachusetts

Zip Code: 02724

f. Congressional District(s): MA-009
(for multiple selections hold CTRL key)

g. Is the subrecipient a Faith-Based Organization? Yes

h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency? Yes

i. Expected Sub-Award Amount: \$46,757

j. Contact Person

Prefix: Ms.

First Name: Angela

Middle Name:

Last Name: Eddings

Suffix:

Title: Coordinator of Emergency Solutions

E-mail Address: AEddings@cssdioc.org

Confirm E-mail Address: AEddings@cssdioc.org

Phone Number: 508-674-4681

Extension:

Fax Number: 508-675-2224

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: MA0516

(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: MA-505 - New Bedford CoC

2b. CoC Collaborative Applicant Name: City of New Bedford

3. Project Name: The Call

4. Project Status: Standard

5. Component Type: SSO

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

7. Will this renewal project be part of a new application for a Renewal Expansion Grant? No

3B. Project Description

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

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

Coordinated Entry for New Bedford began as an unfunded program as of December 2015. It was later funded by the continuum as of September 2017. Coordinated Entry, Coordinated Access to Local Links (The CALL) serves the entire Bristol County Area. It is an all-encompassing starting point for all CoC and ESG programs within the continuum. While The CALL is a single point of entry program that allows consistent flow of information agencies, including mainstream agencies throughout the continuum are trained to work with their clients to access the 1-800-HOMELESS line. The CALL works to ensure everyone that calls or presents at Catholic Social Services has access and information to all services available to assist with their housing crisis. The CALL's main focus is to first attempt to divert any caller to resources they may have available before having them enter into the "homeless systems". If diversion is not possible, The CALL conducts an initial triage to determine the services needed. If the participant has served any time in the military their information is provided to the local Veteran services to determine if they can access services. If they choose not to participate with Veteran specific services they are offered services through other continuum programs. Victims of domestic violence are also provided information and when possible warm handoffs to DV service providers. Again if they choose not to participate this does not preclude them from entering other Continuum programs. All callers are additionally assessed for ESG services including emergency shelter, rapid rehousing and homeless preventions services. Callers are referred to services as are appropriate for their situation. In addition, The CALL provides callers with other mainstream services including utility assistance, food banks, soup kitchens, and treatment facilities. The CALL is also the access point for those who qualify to enter the waiting list for all Permanent Supportive Housing programs in the Continuum as well as the Coc Rapid Rehousing program. Those who qualify for these programs complete a SPDAT with a trained case manager as well as a referral packet containing proof of chronic homelessness, including proof of chronic disability. The household is then placed on the waiting list for any Permanent Supportive Housing or Rapid Rehousing program where they may qualify.

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

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

Chronic Homeless	<input checked="" type="checkbox"/>	Domestic Violence	<input checked="" type="checkbox"/>
Veterans	<input checked="" type="checkbox"/>	Substance Abuse	<input checked="" type="checkbox"/>
Youth (under 25)	<input checked="" type="checkbox"/>	Mental Illness	<input checked="" type="checkbox"/>
Families with Children	<input checked="" type="checkbox"/>	HIV/AIDS	<input checked="" type="checkbox"/>
		Other (Click 'Save' to update)	<input type="checkbox"/>

Other:

3. Housing First

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

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

Having too little or little income	<input checked="" type="checkbox"/>
Active or history of substance use	<input checked="" type="checkbox"/>
Having a criminal record with exceptions for state-mandated restrictions	<input checked="" type="checkbox"/>
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

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

Failure to participate in supportive services	<input checked="" type="checkbox"/>
Failure to make progress on a service plan	<input checked="" type="checkbox"/>
Loss of income or failure to improve income	<input checked="" type="checkbox"/>
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

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

approach?

4. Please select the type of SSO Project: Coordinated Entry

4a. Will the coordinated entry process funded in part by this grant cover the CoC's entire geographic area? Yes

4b. Will the coordinated entry process funded in part by this grant be easily accessible? Yes

4c. Describe the advertisement strategy for the coordinated entry process and how it is designed to reach those with the highest barriers to accessing assistance.

Extensive outreach is conducted through the New Bedford Homeless Service Providers Network and the South Coast Regional Network to End Homelessness, including publication of the 1-800-HOMELESS phone number on leaflets, posters, business cards, street sheets and other promotional materials. In addition informational workshops as well as sponsoring and setting up booths at local community events (Project Homeless Connect, Health Fairs, Operation Stand Down, etc.)

4d. Does the coordinated entry process use a comprehensive, standardized assessment process? Yes

4e. Describe the referral process and how the coordinated entry process ensures that participants are directed to appropriate housing and/or services.

The New Bedford Continuum of Care diligently strives to maintain a housing first approach. Through Coordinated Entry (The CALL) all households first work with the Coordinated Entry specialist to determine if diversion is an option for the household. If a family is unable to be diverted a basic triage is conducted to help determine which programs for which the household may be eligible. The CALL operates as a single point of contact for those seeking services within the Continuum of Care. It has become a point for those seeking assistance to locate not only Continuum funded services but other mainstream services in the community useful to those experiencing a housing crisis. Once a household contacts The CALL and have completed a triage the staff determines programs to refer the household to for services. If the household states they served any time in the military their information, with their permission, is given to the local Veteran Services organizations to determine if they may be eligible for other benefits. This does not preclude them from working with another Coc program including ESG, but affords additional opportunities. The CALL has a very positive relationship with the local Veteran Affairs, as well as a local organization, Veterans Transition House, that provides a number of different services. If the households expresses concerns regarding domestic violence The CALL staff are trained to assist, if possible, with helping the household access domestic violence services including confidential shelter. As the domestic violence services will only speak with the household and not coordinated entry staff, The CALL provides a phone number and offers to call the household to follow up if it is safe. Also asks the household to follow up with The CALL to ensure they are safe. Again, this does not prevent any household from entering other Continuum of Care programs or ESG programs if they are

eligible. Households that are interested in entering the waitlist list for Permanent Supportive Housing will work with their trained case manager or trained staff with The CALL to complete a referral packet and SPDAT. If all qualifications are met the household will enter the waitlist for Permanent Supportive housing (PSH) and Continuum of Care rapid rehousing services (RRH). Households that are deemed chronic homeless have priority for all services including PSH and RRH. Once an opening occurs in a PSH or Coc RRH program the agency holding the opening reports to The CALL. The top three households (those with the highest vulnerability as well as chronic homeless) are sent to the agency to determine placement. Due to the nature of ESG services there is no current waitlist. The Continuum is able to meet the demand of the area for prevention services and rapid rehousing services without a waitlist. All ESG services are provided by two agencies. It is client choice as to which agency they choose to work with for rapid rehousing and prevention services.

4f. If the coordinated entry process includes differences in the access, entry, assessment, or referral for certain populations, are those differences limited only to the following four groups: Individuals, Families, DV, and Youth? Yes

6A. Funding Request

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

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

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

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

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

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

a. Please complete the indirect cost rate schedule below:

Administering Department/Agency	Indirect Cost Rate	Direct Cost Base
Catholic Social Services	10%	de minimis rate

b. Has this rate been approved by your cognizant agency? No

c. Do you plan to use the 10% de minimis rate? Yes

4. Renewal Grant Term: 1 Year

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

Leased Structures	<input type="checkbox"/>
Supportive Services	<input checked="" type="checkbox"/>
HMIS	<input type="checkbox"/>

6D. Sources of Match

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

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

Summary for Match

Total Value of Cash Commitments:	\$11,690
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$11,690

1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? No

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Private	Catholic Social S...	08/21/2018	\$11,690

Sources of Match Detail

1. Will this commitment be used towards Match? Yes

2. Type of Commitment: Cash

3. Type of Source: Private

4. Name the Source of the Commitment: Catholic Social Services
(Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 08/21/2018

6. Value of Written Commitment: \$11,690

6E. Summary Budget

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

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

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	\$0
1b. Leased Structures	\$0
2. Rental Assistance	\$0
3. Supportive Services	\$42,675
4. Operating	\$0
5. HMIS	\$0
6. Sub-total Costs Requested	\$42,675
7. Admin (Up to 10%)	\$4,082
8. Total Assistance plus Admin Requested	\$46,757
9. Cash Match	\$11,690
10. In-Kind Match	\$0
11. Total Match	\$11,690
12. Total Budget	\$58,447

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	CSS 501C3	08/21/2018
2) Other Attachmenbt	No	CSS MATCH LETTER	09/10/2018
3) Other Attachment	No		

Attachment Details

Document Description: CSS 501C3

Attachment Details

Document Description: CSS MATCH LETTER

Attachment Details

Document Description:

7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

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

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

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

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

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

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

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

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

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance. It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 578.33(d) or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

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

15-Year Operation Rule – 24 CFR part 578 only.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

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

C. Explanation.

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

Name of Authorized Certifying Official Patrick Sullivan

Date: 09/14/2018

Title: Director

Applicant Organization: City of New Bedford

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).

X

Submission Without Changes

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

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

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

Part 2 - Subrecipient Information	
2A. Subrecipients	<input type="checkbox"/>
Part 3 - Project Information	
3A. Project Detail	<input checked="" type="checkbox"/>
3B. Description	<input type="checkbox"/>
Part 4 - Housing Services and HMIS	
Part 5 - Participants and Outreach Information	
Part 6 - Budget Information	
6A. Funding Request	<input type="checkbox"/>
6D. Match	<input type="checkbox"/>
6E. Summary Budget	<input type="checkbox"/>
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	<input checked="" type="checkbox"/>
7B. Certification	<input checked="" type="checkbox"/>

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

In Part 2, the Subrecipient information was changed to reflect the proper contact person for this program. Changes were made to Part 3 to reflect that the project uses a Housing First Approach. Part 6A was changed to include the 10%

indirect cost de minimis rate. Changes to Part 6D were necessary to update Match amounts. Updated Match and 501c3 letters were attached in Part 7A.

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

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	09/14/2018
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/14/2018
1E. SF-424 Compliance	09/14/2018
1F. SF-424 Declaration	09/14/2018
1G. HUD-2880	09/14/2018
1H. HUD-50070	09/14/2018
1I. Cert. Lobbying	09/14/2018

Renewal Project Application FY2018	Page 41	09/14/2018
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1J. SF-LLL	09/14/2018
Recipient Performance	09/14/2018
Renewal Grant Consolidation	09/14/2018
2A. Subrecipients	09/14/2018
3A. Project Detail	09/14/2018
3B. Description	09/14/2018
6A. Funding Request	09/14/2018
6D. Match	09/14/2018
6E. Summary Budget	No Input Required
7A. Attachment(s)	09/14/2018
7B. Certification	09/14/2018
Submission Without Changes	09/14/2018

Internal Revenue Service
P.O. Box 2508
Cincinnati, OH 45201

Department of the Treasury

Date: June 2, 2017

Person to Contact:

R. Meyer ID# 0110429

Toll Free Telephone Number:

877-829-5500

United States Conference of Catholic
Bishops
3211 4th Street, NE
Washington, DC 20017-1194

Group Exemption Number:

0928

Dear Sir/Madam:

This responds to your June 2, 2017, request for information regarding the status of your group tax exemption.

Our records indicate that you were issued a determination letter in March 1946, that you are currently exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code, and are not a private foundation within the meaning of section 509(a) of the Code because you are described in sections 509(a)(1) and 170(b)(1)(A)(i).

With your request, you provided a copy of the *Official Catholic Directory for 2017*, which includes the names and addresses of the agencies and instrumentalities and the educational, charitable, and religious institutions operated by the Roman Catholic Church in the United States, its territories, and possessions that are subordinate organizations under your group tax exemption. Your request indicated that each subordinate organization is a non-profit organization, that no part of the net earnings thereof inures to the benefit of any individual, and that no substantial part of their activities is for promotion of legislation. You have further represented that none of your subordinate organizations is a private foundation under section 509(a), although all subordinates do not all share the same sub-classification under section 509(a). Based on your representations, the subordinate organizations in the *Official Catholic Directory for 2017* are recognized as exempt under section 501(c)(3) of the Code under GEN 0928.

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

Subordinate organizations under a group exemption do not receive individual exemption letters. Most subordinate organizations are not separately listed in Publication 78 or the EO Business Master File. Donors may verify that a subordinate organization is included

in your group exemption by consulting the *Official Catholic Directory*, the official subordinate listing approved by you, or by contacting you directly. IRS does not verify the inclusion of subordinate organizations under your group exemption. See IRS Publication 4573, *Group Exemption*, for additional information about group exemptions.

Each subordinate organization covered in a group exemption should have its own EIN. Each subordinate organization must use its own EIN, not the EIN of the central organization, in all filings with IRS.

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

Sincerely,

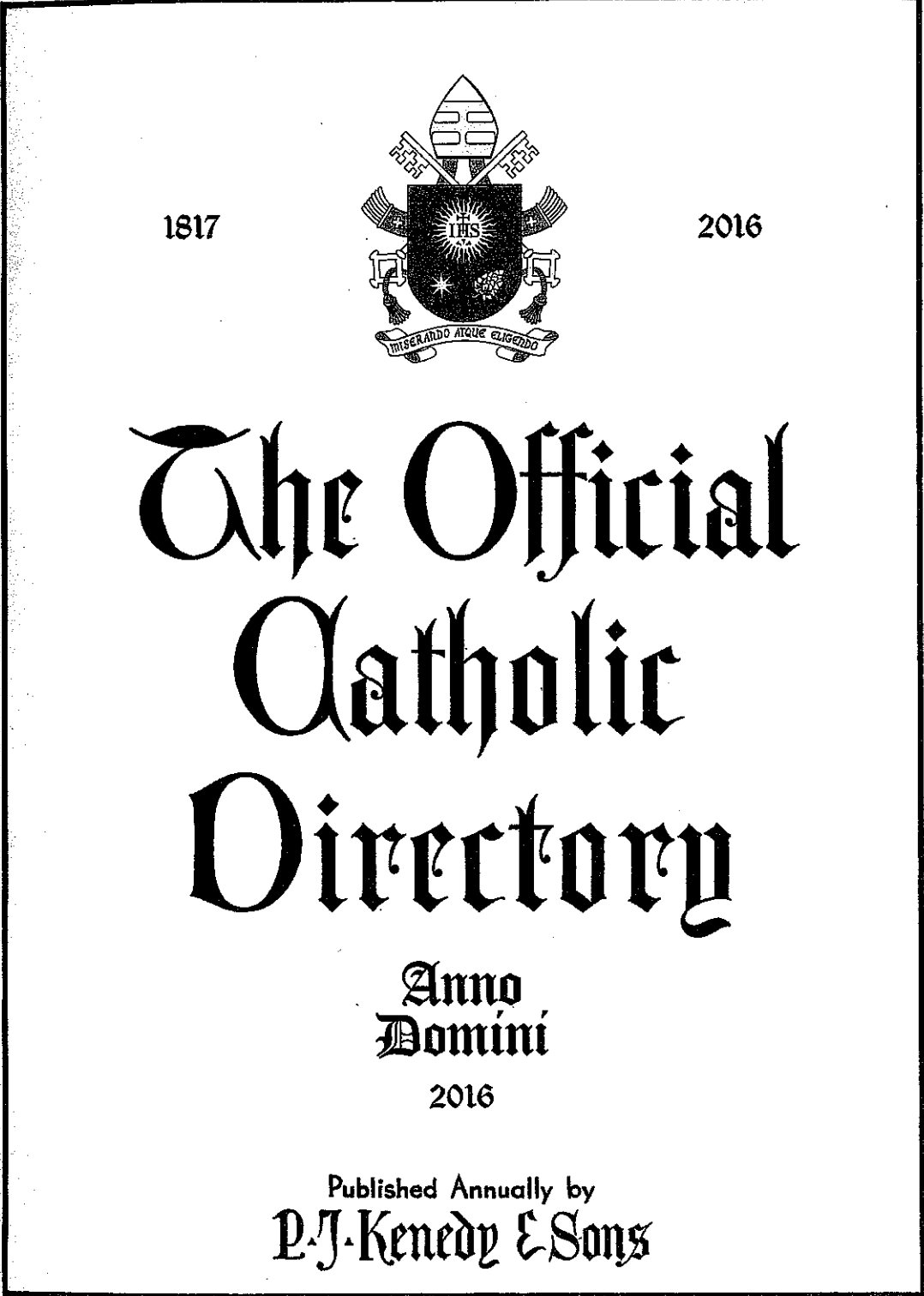
A handwritten signature in black ink that reads "Stephen a. martin". The signature is written in a cursive style with a lowercase 'a' and 'm'.

Stephen A. Martin
Director, Exempt Organizations
Rulings and Agreements

ALABAMA • COLORADO • ARIZONA • MAINE • TEXAS • UTAH • ALASKA •
IOWA • LOUISIANA • WISCONSIN • TENNESSEE • IDAHO •

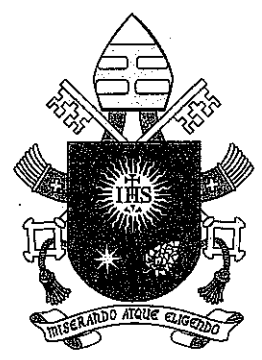
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The Official Catholic Directory

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Web: www.marymediatrix.com. P.O. Box 3003, 02741-3003. Revs. Matthias M. Sasko, F.I.; John Joseph M. Cook, F.I., General Delegate; Maximilian M. Warnisher, F.I., Fr. Guardian; Friars John M. Risse, F.I.; Charbel M. Boustany, F.I.; Pedro Francisco M. Olhero, F.I. Priests 3; Brothers 3.

ONSET. *St. Joseph Friary-Franciscan Friars*, 46 Robinwood Rd., P.O. Box 63, 02558. Tel: 508-759-7280; Fax: 508-743-9551. Email: charles848@aol.com. Bro. Charles Gingerich, O.F.M., M.R.E., Guard. & Deacon; Rev. Brennan Egan, O.F.M., Ph.D. Total Staff 2; Total in Residence 2.

[F] CONVENTS AND RESIDENCES FOR SISTERS

DIGHTON. *Dominican Sisters of Charity of the Presentation of the Blessed Virgin*, 3012 Elm St., 02715. Tel: 508-669-5425; 508-669-5023 (Novitiate); Fax: 508-669-8521. Email: domsrs@presentation-op-usa-org. Web: www.presentation-op-usa-org. Sr. Vimala Vadakupadan, O.P., Major Supr. Provincial House-Residence, Residence for Aged Sisters, Novitiate. Sisters 33.

FAIRHAVEN. *Sisters of the Sacred Hearts, Community Headquarters*, 35 Huttleston Ave., 02719-3154. Tel: 508-994-9341. Sisters Eleanor Marie Cyr, SS.CC., Supr.; Claire Bouchard, SS.CC.; Muriel Ann Lebeau, SS.CC.

Sisters of the Sacred Hearts of Jesus and Mary and of Perpetual Adoration, SS.CC. Sisters in Community 3.

NEW BEDFORD. *Franciscan Sisters of the Immaculate*, 106 Bullard St., 02746. Tel: 508-990-0335. Email: fsiusa@verizon.net. Web: www.franciscansoftheimmaculate.com. Sr. Maria Simona Pia, F.I., Local Supr. Professed Sisters 4; Postulants 5.

SOUTH DARTMOUTH. *Dominican Sisters of Hope* (1995) *Bethany Community*, 84 Degaris Ave., 02748. Tel: 508-996-1305. Web: www.ophope.org. Sisters 2.

TAUNTON. *Villa Fatima* (1934) 90 County St., 02780. Tel: 508-822-6282; Fax: 508-823-0825. Email: srsharon@academyofstdorothy.org. Web: www.ssdmission.org; www.sistersofsaintdorothy.org. Sr. Rosalie Patrello, S.S.D., Local Coord. Sisters of St. Dorothy. Professed Sisters 6.

WARRENHAM. *St. Patrick's Missionary Cenacle*, 86 High St., 02571. Tel: 508-295-0799. Email: srcath@verizon.net. Outreach to the homebound.

[G] RETREAT HOUSES

ATTLEBORO. *La Salette Retreat and Conference Center*, 947 Park St., 02703-0965. Tel: 508-222-8530; Fax: 508-236-9089. Email: office@lasaletteretreatcenter.com. Web: www.lasaletteretreatcenter.com. Rev. Cyriac Mattathilanicakal, M.S., Dir.; Bro. Donald Wininski, M.S., Hospitality; Justin Richardson, Youth Retreat Facilit.; Dorothy J. Levesque, Retreat Leader; Sr. Mary Margaret Souza, S.S.D., Retreat Leader. Priests 1; Total Staff 10; Total Assisted 5,200.

EAST FREETOWN. *Cathedral Camp and Retreat Center* (1919) 167 Middleboro Rd., P.O. Box 428, 02717-0428. Tel: 508-763-8874; Fax: 508-763-2230. Email: rena@cathedralcamp.net. Web: www.cathedralcamp.net. Rena Lemieux, Asst. Dir. Total Staff 60.

Cathedral Camp Retreat Center, 167 Middleboro Rd., P.O. Box 428, 02717-0428. Tel: 508-763-8874; Fax: 508-763-2230. Email: rena@cathedralcamp.net. Web: www.cathedralcamp.net. Total Staff 6.

NORTH EASTON. *Holy Cross Retreat House*, 490 Washington St., 02356-1294. Tel: 508-238-2051; Fax: 508-238-0164. Email: jfcal44@hotmail.com. Web: www.retreathouse.org. Rev. Joseph F. Callahan, C.S.C., Spiritual Dir. Priests 1.

WARRENHAM. *Sacred Hearts Retreat Center*, 226 Great Neck Rd., 02571. Tel: 508-295-0100; Fax: 508-291-2624. Email: retreats@sscc.org. Web: www.sccc.org. Rev. Stanley Kolasa, SS.CC., Dir.; Sr. Claire Bouchard, SS.CC., Admin. Congregation of the Sacred Hearts - United States Province. Priests 1; Sisters 1; Total Staff 6.

[H] DEPARTMENT OF CATHOLIC SOCIAL SERVICES AND SPECIAL APOSTOLATES

FALL RIVER. *Campaign For Human Development Apostolate*, 1600 Bay St., P.O. Box M, South Station, 02724. Tel: 508-674-4681; Fax: 508-675-2224. Email: aam@cssdioc.org. Arlene A. McNamee, L.C.S.W., Coord.

Catholic Social Services of Fall River, 1600 Bay St., P.O. Box M, S. Station, 02724. Tel: 508-674-4681; Fax: 508-675-2224. Email: aam@cssdioc.org. Arlene A. McNamee, L.C.S.W., Exec. Dir. Program Directors: Debora Jones, Office Child

Protection; Phyllis Habib, Pregnancy & Adoption Svcs. LICSW; Matt Dausereau, Office for Persons with Disabilities; Nancy Lawson, Coord. Emergency Solutions; Rosemary Auger, Coord. Supportive Housing Programs.

Catholic Social Services of New Bedford, 238 Bonney St., New Bedford, 02744. Tel: 508-997-7337; Fax: 508-984-1687.

Catholic Social Services of Cape Cod, 261 South St., Hyannis, 02601. Tel: 508-771-6771; Fax: 508-771-4711.

Catholic Social Services of Taunton/Attleboro, 247 Maple St., Attleboro, 02703. Tel: 508-824-3264. *Adoption By Choice*, 311 Hooper St., Tiverton, RI 02878. Tel: 401-624-9270; Fax: 508-675-2224.

HYANNIS. *St. Clare's Residence for Women* 02601. Tel: 508-775-6096; Fax: 508-957-2181. Bed Capacity 5; Total Staff 8; Total Assisted Annually 17.

[I] CAMPS AND COMMUNITY CENTERS

FALL RIVER. *Diocesan Catholic Youth Organization*, 709 Hanover St., 02720. Tel: 508-679-6732; Fax: 508-675-4755. Very Rev. Jay T. Maddock, J.C.L., V.F., Diocesan Dir.

Fall River Area Catholic Youth Organization, Sullivan-McCarrick CYO Center, 403 Anawan St., 02720. Tel: 508-672-9644; Fax: 508-675-4755.

New Bedford Area Catholic Youth Organization, Kennedy Youth Center, 377 County St., New Bedford, 02740. Tel: 508-996-0536; Fax: 508-675-4755. Mr. Nelson Macedo, Area Dir.

Taunton Area Catholic Youth Organization, 61 Summer St., Taunton, 02780. Tel: 774-222-1834; Fax: 508-675-4755. Mr. Donald Morrison, Area Dir.

[J] NEWMAN CENTERS AND CAMPUS MINISTRY

FALL RIVER. *Bristol Community College Campus Ministry* 777 Elsbree St., 02720-7395. Tel: 508-678-2811, Ext. 2810; Fax: 508-730-3286. Web: www.bcccatholics.com. Rev. David C. Frederici, Campus Min. Total Staff 1.

Diocesan Education Center 423 Highland Ave., 02720. Tel: 508-678-2828; Fax: 508-674-4218. Email: mgriffin@dfrcs.com. Web: www.dfrcs.org. Dr. Michael S. Griffin, Supt. of Schools; Dr. Donna Boyle, Asst. Supt. Curriculum; Mrs. Louise P. Kane, Asst. Supt. Personnel; Claire M. McManus, S.T.L., Dir. Faith Formation.

NORTH DARTMOUTH. *Umass Dartmouth Campus Ministry* 285 Old Westport Rd., 02747-2300. Tel: 508-999-8872. Email: dfrederici@umass.edu. Rev. David C. Frederici, Chap.; Mr. Tim Wiedenmann, Campus Min.; Faith Form./Grad.; Deacon Frank R. Lucca, Campus Min. Total Staff 2.

Wheaton College Office for Campus Ministry P.O. Box 70737, 02747. Fax: 774-202-3047.

WEST BARNSTABLE. *Cape Cod Campus Ministry* P.O. Box 1558, Pocasset, 02559. Tel: 508-563-5887; Fax: 508-444-3674. Email: dfrederici@umass.edu. Web: www.capecatholics.com/. Rev. David C. Frederici, Chap.; Vacant, Outreach Coord.

[K] MISCELLANEOUS LISTINGS

FALL RIVER. *Assisi Housing Corporation*, 1600 Bay St., 02724. Tel: 508-674-4681; Fax: 508-675-2224. Arlene A. McNamee, L.C.S.W., Contact Person. *Carmelite Convent of Dartmouth, Inc.*, P.O. Box 2577, 02722.

Community Action for Better Housing, Inc., 1600 Bay St., P.O. Box M, S. Station, 02724. Tel: 508-674-4681; Fax: 508-675-2224. Email: AAM@csdioc.org. Ed Allard, Prog. Coord.

Diocesan Facilities Self-Insurance Group, Inc., P.O. Box 1110, 02722.

St. Dominic's Apartments, Inc., 1600 Bay St., 02724. Tel: 508-674-4681; Fax: 508-675-2224. Arlene A. McNamee, L.C.S.W., Dir.

Foundation to Advance Catholic Education, Inc., P.O. Box 2577, 02722. Tel: 508-675-1311; Fax: 508-676-6591. Web: www.face-dfr.org.

Oscar Romero House, Inc., 1600 Bay St., 02724. Tel: 508-674-4681; Fax: 508-675-2224. Arlene A. McNamee, L.C.S.W., Contact Person.

FAIRHAVEN. *Congregation of the Sacred Hearts - United States Province*, 77 Adams St., P.O. Box 111, 02719. Tel: 508-993-2442; Fax: 508-996-6499. Web: www.sccc.org. Rev. Johnathan A. Hurrell, SS.CC., Prov. Supr.

NEW BEDFORD. *The Institute of the Incarnate Word, Inc.*, 1359 Acushnet Ave., 02746. Tel: 508-993-1691; Fax: 508-999-4775. Rev. Octavio Cortez, I.V.E. Priests 1; Total Staff 4; Total Assisted 150.

Missionaries of Charity, 556 County St., 02740. Tel: 508-997-7347. Vacant, Supr. Shelter for homeless women. Total in Residence 4; Total Assisted 228.

NORTH EASTON. *Holy Cross Family Ministries* (1942) 518 Washington St., 02356-1200. Tel: 508-238-4095; Fax: 508-238-3953. Email: mission@

hcfm.org. Web: www.hcfm.org. Rev. Raymond, C.S.C., Pres.; James H. Phelan, Regional Dir. Family Rosary Latin American Guild, C.S.C., Natl. Dir. of Family Productions; Beth Mahoney, Missionary of High Cleary, C.S.C., Natl. Dir. Family Corporate Name: The Family Rosary Sponsored by Congregation of Holy Cross (Province).

RELIGIOUS INSTITUTES OF MEN REPRESENTED IN THE DIOCESE

For further details refer to the bracketed number in the Religious Institutes Men or Women section.

[0600]—*Brothers of the Congregation of Holy Cross*—C.S.C.

[0270]—*Carmelite Fathers*—O.Carm.

[1140]—*Congregation of the Sacred Hearts of Jesus and Mary*—SS.CC.

[0480]—*Conventual Franciscans* (Buffalo O.F.M. Conv.

[0520]—*Franciscan Friars (Immaculate Conception)*—O.F.M.

[0533]—*Franciscan Friars of the Immaculate Conception*

[0685]—*Institute of the Incarnate Word*—I.V.E.

[0720]—*Missionaries of Our Lady of La Salette* (Eastern Prov.)—C.S.C.

RELIGIOUS INSTITUTES OF WOMEN REPRESENTED IN THE DIOCESE

[3815]—*Congregation of the Sisters of the Holy Arc*—S.J.A.

[]—*Consecrated Virgin*

[0750]—*Daughters of the Charity of the Sacred Heart of Jesus* (Sacred Heart Prov.)—F.C.S.C.

[1100]—*Dominican Sisters of Charity of the Presentation of the Blessed Virgin*—O.P.

[1105]—*Dominican Sisters of Hope*—O.P.

[]—*Franciscan of Our Lady of the Holy Family*—F.L.H.F.

[]—*Franciscan Sisters of the Immaculate Conception*

[3790]—*Institute of the Sisters of St. Dorothy*—S.D.

[2710]—*Missionaries of Charity*—M.C.

[2790]—*Missionary Servants of the Most Holy Trinity*—M.S.B.T.

[3450]—*Religious of Jesus and Mary*—R.J.M.

[2070]—*Religious of the Holy Union of the Sacred Hearts (Immaculate Heart and Sacred Heart)*—S.U.S.C.

[]—*Secular Institute of the Kingship of Christ*—S.I.K.C.

[]—*Sisters of Adoration of the Blessed Sacrament*—S.A.B.S.

[2575]—*Sisters of Mercy of the Americas*—S.M.A.

[]—*Sisters of Our Lady of La Salette*—S.I.N.D.S.

[3720]—*Sisters of Saint Anne*—S.S.A.

[3830-16]—*Sisters of St. Joseph* (Springfield) —S.S.J.

[0150]—*Sisters of the Assumption*—S.A.S.V.

[3180]—*Sisters of the Cross and Passion*—O.P.S.

[1880]—*Sisters of the Good Shepherd (Contemplative Religious)*—C.G.S.R.G.S.

[3690]—*Sisters of the Sacred Hearts of Jesus and Mary*—S.S.H.

[4048]—*Society of the Sisters, Faithful Companions of Jesus*—F.C.J.

DIOCESAN CEMETERIES

- FALL RIVER. *St. John*
- St. Mary*
- Notre Dame*
- St. Patrick*
- ATTLEBORO. *St. John*
- St. Stephen*
- EAST FALMOUTH. *St. Anthony*
- HYANNIS. *St. Francis*
- MANSFIELD. *St. Mary*
- MATTAPOISETT. *St. Anthony*
- NANTUCKET. *St. Mary*
- NEW BEDFORD. *St. John*
- St. Mary*
- New Bedford Catholic Cemeteries*, 1540 State St., 02721. Tel: 508-998-1195.
- Sacred Heart*
- NORTH ATTLEBORO. *St. Mary*
- NORTH EASTON. *Immaculate Conception*
- OAK BLUFFS. *Sacred Heart*
- PROVINCETOWN. *St. Peter*



Catholic Social Services
Diocese of Fall River

August 21, 2018

Patrick Sullivan
Director of Community Development
City of New Bedford
608 Pleasant Street
New Bedford, MA 02740

Central Office:

Fall River
1600 Bay Street
P.O. Box M-So. Station
Fall River, MA 02724
Ph: 508-674-4681
Fx: 508-675-2224

RE: THE CALL FY18 Renewal
Project Number 167347

Dear Mr. Sullivan,

Catholic Social Services will provide \$11,690 as Cash Match for the FY18 HUD CoC Renewal as follows:

Satellite Offices:

Cape Cod
261 South Street
Hyannis, MA 02601
Ph: 508-771-6771

1. Amount of cash to be provided to the recipient for the project: \$11,690
2. Specific date the cash will be made available: September 1, 2019 to August 31, 2020

New Bedford
238 Bonney Street
New Bedford, MA 02744
Ph: 508-997-7337

3. The actual grant and fiscal year to which the cash match will be contributed: September 1, 2019 to August 31, 2020

Rhode Island
Adoption by Choice
311 Hooper Street
Tiverton, RI 02878
Ph: 401-624-9270

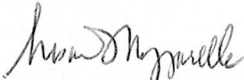
4. Time period during which funding will be available: September 1, 2019 to August 31, 2020

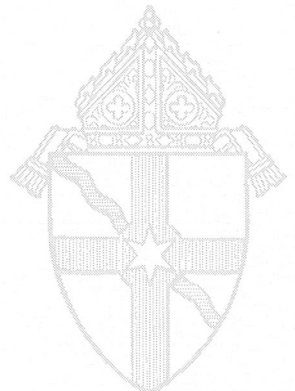
5. Allowable activities to be funded by the cash match. The cash match will cover eligible expenses categories that are not reimbursed by CoC Grant funds incurred by the project.

Susan Mazarella
Chief Executive Officer

We look forward to working with you to serve our most vulnerable clients seeking assistance with acute housing instability and homelessness.

Regards,


Susan Mazarella M.A., L.S.W.
Chief Executive Officer



Before Starting the Project Application

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

Things to Remember

- Additional training resources can be found on the HUD Exchange at <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/> - Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2017 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2017 Project Application will be imported into the FY 2018 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2018 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission: Application

2. Type of Application: Renewal Project Application

If "Revision", select appropriate letter(s):

If "Other", specify:

3. Date Received: 09/14/2018

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: MA0112

This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: City of New Bedford

b. Employer/Taxpayer Identification Number (EIN/TIN): 04-6001402

	c. Organizational DUNS:	075719187	PLUS 4	
--	--------------------------------	-----------	---------------	--

d. Address

Street 1: 608 Pleasant Street

Street 2:

City: New Bedford

County:

State: Massachusetts

Country: United States

Zip / Postal Code: 02740

e. Organizational Unit (optional)

Department Name: Office of Housing and Community Development

Division Name:

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

Prefix: Mr.

First Name: Patrick

Middle Name:

Last Name: Sullivan

Suffix:

Title: Director

Organizational Affiliation: City of New Bedford

Telephone Number: (508) 979-1500

Extension:
Fax Number: (508) 979-1575
Email: patrick.sullivan@newbedford-ma.gov

1C. SF-424 Application Details

9. Type of Applicant: C. City or Township Government

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

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: FR-6200-N-25

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (State(s) only): Massachusetts
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: Family Preservation Program

16. Congressional District(s):

a. Applicant: MA-009
(for multiple selections hold CTRL key)

b. Project: MA-009
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 09/01/2019

b. End Date: 08/31/2020

18. Estimated Funding (\$)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process? b. Program is subject to E.O. 12372 but has not been selected by the State for review.

If "YES", enter the date this application was made available to the State for review:

20. Is the Applicant delinquent on any Federal debt? No

If "YES," provide an explanation:

1F. SF-424 Declaration

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

I AGREE:

21. Authorized Representative

Prefix: Mr.

First Name: Patrick

Middle Name: J

Last Name: Sullivan

Suffix:

Title: Director

Telephone Number: (508) 979-1500
(Format: 123-456-7890)

Fax Number: (508) 979-1575
(Format: 123-456-7890)

Email: patrick.sullivan@newbedford-ma.gov

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

Date Signed: 09/14/2018

1G. HUD 2880

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

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: City of New Bedford

Prefix: Mr.

First Name: Patrick

Middle Name: J

Last Name: Sullivan

Suffix:

Title: Director

Organizational Affiliation: City of New Bedford

Telephone Number: (508) 979-1500

Extension:

Email: patrick.sullivan@newbedford-ma.gov

City: New Bedford

County:

State: Massachusetts

Country: United States

Zip/Postal Code: 02740

2. Employer ID Number (EIN): 04-6001402

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$260,920.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: Family Preservation Program 608 Pleasant Street New Bedford Massachusetts

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

Part I Threshold Determinations

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

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

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

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

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds

Part III Interested Parties

You must disclose:

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

Alphabetical list of all persons with a	Social Security No.	Type of	Financial Interest	Financial Interest
Renewal Project Application FY2018		Page 10		09/14/2018

reportable financial interest in the project or activity (For individuals, give the last name first)	or Employee ID No.	Participation	in Project/Activity (\$)	in Project/Activity (%)
NA	NA	NA	\$0.00	0%

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I certify that this information is true and complete.

I AGREE:

Name / Title of Authorized Official: Patrick Sullivan, Director

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

Date Signed: 09/14/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: City of New Bedford

Program/Activity Receiving Federal Grant Funding: CoC Program

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

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

Sites for Work Performance.

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

Workplaces, including addresses, entered in the attached project application.
 Refer to addresses entered into the attached project application.

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

X

accurate.

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

Authorized Representative

Prefix: Mr.

First Name: Patrick

Middle Name: J

Last Name: Sullivan

Suffix:

Title: Director

Telephone Number: (508) 979-1500
(Format: 123-456-7890)

Fax Number: (508) 979-1575
(Format: 123-456-7890)

Email: patrick.sullivan@newbedford-ma.gov

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

Date Signed: 09/14/2018

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

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

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

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

X

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

Applicant's Organization: City of New Bedford

Name / Title of Authorized Official: Patrick Sullivan, Director

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

Date Signed: 09/14/2018

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.

Approved by OMB0348-0046

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

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

Answer "No" if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program? No

Legal Name: City of New Bedford

Street 1: 608 Pleasant Street

Street 2:

City: New Bedford

County: Bristol

State: Massachusetts

Country: United States

Zip / Postal Code: 02740

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

I certify that this information is true and complete.

X

Authorized Representative

Prefix: Mr.

First Name: Patrick

Middle Name: J

Last Name: Sullivan

Suffix:

Title: Director

Telephone Number: (508) 979-1500
(Format: 123-456-7890)

Fax Number: (508) 979-1575
(Format: 123-456-7890)

Email: patrick.sullivan@newbedford-ma.gov

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

Date Signed: 09/14/2018

Information About Submission without Changes

After Part 1 is completed; including this screen, Recipient Performance screen, and Renewal Grant Consolidation screen, then Parts 2-6, are available for review as "Read-Only;" except for 3A, 7A and 7B which are mandatory for all projects to update. After project applicants finish reviewing all screens, they will be guided to a "Submissions without Changes" Screen. At this screen, if applicants decide no edits or updates are required to any screens other than the mandatory questions, they can submit without changes. However, if changes to the application are required, e-snaps allows applicants to open individual screens for editing, rather than the entire application. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Importantly, once an applicant makes those selections and clicks "Save" the applicant cannot uncheck those boxes.

If the project is a first-time renewal or selects "Fully Consolidated" on the Renewal Grants Consolidation screen, the "Submit Without Changes" function is not available, and applicants must input data into the application for all required fields relevant to the component type.

Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request? Yes

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request? No

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request? Yes

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request? Yes

Explain the circumstances that led HUD to recapture funds from the most recently expired grant term related to this renewal project request.

Due to a data input error there was a \$54.33 balance in the category of Administrative Services at the end of the grant year.



Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2018 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2019, as confirmed on the FY 2018 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

- 1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2018 CoC Program Competition?** No
If “No” click on “Next” or “Save & Next” below to move to the next screen.

2A. Project Subrecipients

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

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

Total Expected Sub-Awards: \$260,920

Organization	Type	Type	Sub-Award Amount
Southeast Family Services	M. Nonprofit with 501C3 IRS Status	M. Nonprofit with 501C3 IRS Status	\$260,920

2A. Project Subrecipients Detail

a. Organization Name: Southeast Family Services

b. Organization Type: M. Nonprofit with 501C3 IRS Status

c. Employer or Tax Identification Number: 04-3718347

	* d. Organizational DUNS:	788657489	PLUS 4	
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e. Physical Address

Street 1: 72 Kilburn Street

Street 2:

City: New Bedford

State: Massachusetts

Zip Code: 02740

f. Congressional District(s): MA-009
(for multiple selections hold CTRL key)

g. Is the subrecipient a Faith-Based Organization? No

h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency? Yes

i. Expected Sub-Award Amount: \$260,920

j. Contact Person

Prefix: Ms.

First Name: Wendy

Middle Name:

Last Name: Bluis

Suffix:

Title: Program Director

E-mail Address: wbluis@hptc.org

Confirm E-mail Address: wbluis@hptc.org

Phone Number: 508-991-7487

Extension:

Fax Number: 508-991-7487

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: MA0112

(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: MA-505 - New Bedford CoC

2b. CoC Collaborative Applicant Name: City of New Bedford

3. Project Name: Family Preservation Program

4. Project Status: Standard

5. Component Type: PH

5a. Does the PH project provide PSH or RRH? PSH

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

7. Will this renewal project be part of a new application for a Renewal Expansion Grant? No

3B. Project Description

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

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

The Family Preservation Program (FPP) provides permanent housing and case management services to homeless families with children, with at least one member of the household having a disability and a substance use disorder. FPP has sixteen scattered site units consisting of ten 2 bedroom and six 3 bedroom units located in New Bedford, MA. Participants entering FPP are provided case management services, both in the home and in the office. The case manager collaborates with the participant to develop an individual service plan (ISP). The participant guides the ISP with their desired goals and needs; based on those needs/goals, referrals are made to local agencies/resources in order to assist participants in achieving their objectives. Our goal is to provide the participants with the means to achieve their goals and the skills to be self-sufficient. Case managers work closely with families and strive to exceed the goal of 85% of participants moving on to permanent housing. FPP partners with outside agencies such as the Department of Children and Families in order to provide a smooth transition for those families who are reunifying with their children, the Massachusetts Rehabilitation Commission to provide job training and/or education, and multiple resources in the community that provide outpatient counseling and support. Workshops such as Educational/Vocational, Financial, and Healthy Living are held for participants to give them the opportunity to increase skills, income, and education and obtain life skills to assist them in becoming independent and remain housed. FPP participants are assisted in applying for subsidized housing such as Section 8 and many obtain vouchers that allow them to move on to more permanent housing. FPP strives to create an environment in which families can grow and thrive together, assisted by experienced, empathetic staff. Staff considers each family member and their needs and connects them with services as appropriate.

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

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

Chronic Homeless	<input checked="checked" type="checkbox"/>	Domestic Violence	<input type="checkbox"/>
------------------	--	-------------------	--------------------------

Veterans	<input type="checkbox"/>	Substance Abuse	<input checked="" type="checkbox"/>
Youth (under 25)	<input type="checkbox"/>	Mental Illness	<input type="checkbox"/>
Families with Children	<input checked="" type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>
		Other (Click 'Save' to update)	<input type="checkbox"/>

Other:

3. Housing First

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

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

Having too little or little income	<input checked="" type="checkbox"/>
Active or history of substance use	<input checked="" type="checkbox"/>
Having a criminal record with exceptions for state-mandated restrictions	<input checked="" type="checkbox"/>
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

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

Failure to participate in supportive services	<input checked="" type="checkbox"/>
Failure to make progress on a service plan	<input checked="" type="checkbox"/>
Loss of income or failure to improve income	<input checked="" type="checkbox"/>
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

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

3C. Dedicated Plus

Dedicated and DedicatedPLUS

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

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

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

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

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

4A. Supportive Services for Participants

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

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

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

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

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

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

3. Do project participants have access to Yes

SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?

3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. No

4B. Housing Type and Location

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

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

Total Units: 16

Total Beds: 46

Total Dedicated CH Beds: 46

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...)	---	16	46

4B. Housing Type and Location Detail

1. Housing Type: Scattered-site apartments (including efficiencies)

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

a. Units: 16

b. Beds: 46

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 46

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

4. Address:

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.

Street 1: 80 Rivet Street, B02

Street 2:

City: New Bedford

State: Massachusetts

ZIP Code: 02744

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

251614 New Bedford

5A. Project Participants - Households

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

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	16	0	0	16

Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Adults over age 24	15	0		15
Adults ages 18-24	2	0		2
Accompanied Children under age 18	26		0	26
Unaccompanied Children under age 18			0	0
Total Persons	43	0	0	43

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

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

Persons in Households with at Least One Adult and One Child

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24	15	0	0	15	0	0	3	0	0	0
Adults ages 18-24	2	0	0	2	0	0	0	0	0	0
Children under age 18	26									
Total Persons	43	0	0	17	0	0	3	0	0	0

Click Save to automatically calculate totals

Persons in Households without Children

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

Persons in Households with Only Children

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

5C. Outreach for Participants

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

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

5%	Directly from the street or other locations not meant for human habitation.
95%	Directly from emergency shelters.
0%	Directly from safe havens.
0%	Persons fleeing domestic violence.
	Directly from transitional housing eliminated in a previous CoC Program Competition.
	Directly from the TH Portion of a Joint TH and PH-RRH Component project.
	Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program.
100%	Total of above percentages

6A. Funding Request

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

1. Do any of the properties in this project have an active restrictive covenant? No
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? No
3. Does this project propose to allocate funds according to an indirect cost rate? No
4. Renewal Grant Term: 1 Year
5. Select the costs for which funding is being requested:
- | | |
|---------------------|-------------------------------------|
| Leased Units | <input checked="" type="checkbox"/> |
| Leased Structures | <input type="checkbox"/> |
| Rental Assistance | <input type="checkbox"/> |
| Supportive Services | <input checked="" type="checkbox"/> |
| Operating | <input checked="" type="checkbox"/> |
| HMIS | <input type="checkbox"/> |

6B. Leased Units Budget

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

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

Total Annual Assistance Requested:		\$178,409	
Grant Term:		1 Year	
Total Request for Grant Term:		\$178,409	
Total Units:		16	
FMR Area	Total Units Requested	Total Annual Budget Requested	Total Budget Requested
MA - New Bedford,...	16	\$178,409	\$178,409

Leased Units Budget Detail

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

Metropolitan or non-metropolitan fair market rent area: MA - New Bedford, MA HUD Metro FMR Area (2500500520)

Leased Units Annual Budget

Size of Units	# of Units (Applicant)	Total Request (Applicant)
SRO		
0 Bedroom		
1 Bedroom		
2 Bedroom	10	
3 Bedroom	6	
4 Bedroom		
5 Bedroom		
6 Bedroom		
7 Bedroom		
8 Bedroom		
9 Bedroom		
Total Units and Annual Assistance Requested	16	\$178,409
Grant Term		1 Year
Total Request for Grant Term		\$178,409

Click the 'Save' button to automatically calculate totals.

6D. Sources of Match

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

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

Summary for Match

Total Value of Cash Commitments:	\$2,200
Total Value of In-Kind Commitments:	\$18,428
Total Value of All Commitments:	\$20,628

1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? No

Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	In-Kind	Private	High Point Treatm...	08/24/2018	\$18,428
Yes	Cash	Private	SFS	08/27/2018	\$2,200

Sources of Match Detail

- 1. Will this commitment be used towards Match?** Yes
- 2. Type of Commitment:** In-Kind
- 3. Type of Source:** Private
- 4. Name the Source of the Commitment:** High Point Treatment Center
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 08/24/2018
- 6. Value of Written Commitment:** \$18,428

Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.

Sources of Match Detail

- 1. Will this commitment be used towards Match?** Yes
- 2. Type of Commitment:** Cash
- 3. Type of Source:** Private
- 4. Name the Source of the Commitment:** SFS
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 08/27/2018
- 6. Value of Written Commitment:** \$2,200

6E. Summary Budget

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

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

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	\$178,409
1b. Leased Structures	\$0
2. Rental Assistance	\$0
3. Supportive Services	\$41,719
4. Operating	\$17,072
5. HMIS	\$0
6. Sub-total Costs Requested	\$237,200
7. Admin (Up to 10%)	\$23,720
8. Total Assistance plus Admin Requested	\$260,920
9. Cash Match	\$2,200
10. In-Kind Match	\$18,428
11. Total Match	\$20,628
12. Total Budget	\$281,548

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	501C	08/21/2018
2) Other Attachmenbt	No	Match Documentation	08/24/2018
3) Other Attachment	No	Match Documentation	08/27/2018

Attachment Details

Document Description: 501C

Attachment Details

Document Description: Match Documentation

Attachment Details

Document Description: Match Documentation

7A. In-Kind Match MOU Attachment

Document Type	Required?	Document Description	Date Attached
In-Kind Match MOU	No		

Attachment Details

Document Description:

7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

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

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

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

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

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

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

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

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

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance. It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 578.33(d) or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

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

15-Year Operation Rule – 24 CFR part 578 only.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

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

C. Explanation.

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

Name of Authorized Certifying Official Patrick Sullivan

Date: 09/14/2018

Title: Director

Applicant Organization: City of New Bedford

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).

X

Submission Without Changes

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

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

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

Part 2 - Subrecipient Information	
2A. Subrecipients	<input type="checkbox"/>
Part 3 - Project Information	
3A. Project Detail	<input checked="" type="checkbox"/>
3B. Description	<input type="checkbox"/>
3C. Dedicated Plus	<input type="checkbox"/>
Part 4 - Housing Services and HMIS	
4A. Services	<input type="checkbox"/>
4B. Housing Type	<input type="checkbox"/>
Part 5 - Participants and Outreach Information	
5A. Households	<input type="checkbox"/>
5B. Subpopulations	<input type="checkbox"/>
5C. Outreach	<input type="checkbox"/>
Part 6 - Budget Information	
6A. Funding Request	<input type="checkbox"/>
6B. Leased Units	<input type="checkbox"/>

6D. Match	<input type="checkbox"/>
6E. Summary Budget	<input type="checkbox"/>
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	<input checked="" type="checkbox"/>
7A. In-Kind Match MOU Attachment	<input type="checkbox"/>
7B. Certification	<input checked="" type="checkbox"/>

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

- Project detail
- Project Description
- Change in number of participants
- Add new attachments

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

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	09/14/2018
1B. SF-424 Legal Applicant	No Input Required

Renewal Project Application FY2018	Page 50	09/14/2018
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1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/14/2018
1E. SF-424 Compliance	09/14/2018
1F. SF-424 Declaration	09/14/2018
1G. HUD-2880	09/14/2018
1H. HUD-50070	09/14/2018
1I. Cert. Lobbying	09/14/2018
1J. SF-LLL	09/14/2018
Recipient Performance	09/14/2018
Renewal Grant Consolidation	09/14/2018
2A. Subrecipients	09/14/2018
3A. Project Detail	09/14/2018
3B. Description	09/14/2018
3C. Dedicated Plus	09/14/2018
4A. Services	09/14/2018
4B. Housing Type	09/14/2018
5A. Households	09/14/2018
5B. Subpopulations	No Input Required
5C. Outreach	09/14/2018
6A. Funding Request	09/14/2018
6B. Leased Units	09/14/2018
6D. Match	09/14/2018
6E. Summary Budget	No Input Required
7A. Attachment(s)	09/14/2018
7A. In-Kind Match MOU Attachment	No Input Required
7B. Certification	09/14/2018
Submission Without Changes	09/14/2018



Department of the Treasury
Internal Revenue Service

OGDEN UT 84201-0029

In reply refer to: 4077550277
Feb. 25, 2015 LTR 4168C 0
04-3718347 000000 00

00027043
BODC: TE

SOUTHEAST FAMILY SERVICES INC
% DANIEL MUMBAUER
98 NORTH FRONT STREET 3RD FLOOR
NEW BEDFORD MA 02740-7327



057450

Employer Identification Number: 04-3718347
Person to Contact: Ms Benjamin
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Jan. 13, 2015, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in September 2006.

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

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

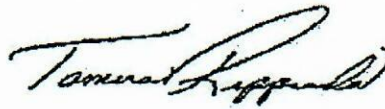
Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third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

4077550277
Feb. 25, 2015 LTR 4168C 0
04-3718347 000000 00
00027044

SOUTHEAST FAMILY SERVICES INC
% DANIEL MUMBAUER
98 NORTH FRONT STREET 3RD FLOOR
NEW BEDFORD MA 02740-7327

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

Sincerely yours,



Tamera Ripperda
Director, Exempt Organizations



**High Point
& Affiliated Organizations**

Inpatient Services

- High Point Hospital
- Dual Diagnosis Services
- Detoxification Services (ATS)
- Clinical Stabilization Services (CSS)
- Clean and Sober Teens Living Empowered (CASTLE)

Section 35 Services

- High Point in Jamaica Plain
- Men's Addiction Treatment Center
- Women's Addiction Treatment Center

Outpatient & Community Services

- Addiction & Mental Health Treatment
- Adolescent & Adult Counseling Services
- Adolescent Community Reinforcement Approach (A-CRA)
- Brockton Area Opioid Abuse Prevention Collaborative
- Children's Behavioral Health Initiative (CBHI)
- Community Support Program (CSP)
- Coordinated Care Network (CCN)
- Domestic Violence Services
- Driver Alcohol Education (DAE)
- Family Services
- Healthy Families Here for You
- Intimate Partner Abuse Education Program (IPAEP)
- Medication Management
- Office-Based Opioid Treatment (OBOT)
- Opioid Treatment Program (OTP) Prevention Services
- REACH
- Recovery Coach Services
- South Shore Resource & Advocacy Center
- Structured Outpatient Addiction Program (SOAP)
- Substance Abuse Prevention Collaborative

Residential & Shelter Services

- Transitional Support Services (TSS)

- Graduate House
- Harmony House
- Monarch House
- New Chapters
- Unity House
- WRAP House

- Fall River Family Center
- Harbour House Family Center
- Taunton Family Center

- Family Preservation Program (FPP)
- Affordable Housing



August 22, 2018

Wendy Bluis
Family Preservation Program
80 Rivet Street B02
New Bedford, MA 02744

Re: HUD Grant MA0112L1T051609

Dear Ms. Bluis:

This letter is to certify that High Point commits to make available Inpatient and Outpatient Substance Abuse and Mental Health services to eligible participants with an estimated value of up to the amount of \$ \$128,000 per year for one year to support the Family Preservation Program. This contribution will be available beginning September 1, 2019 through August 31, 2020.

This commitment will be in the form of Inpatient and Outpatient Substance Abuse and Mental Health services to eligible participants which include but are not limited to the following services:

Inpatient; Psychiatric Hospitalization Unit (IPU), Dual Diagnosis Unit (DDU), Acute Treatment Services (ATS-Detox), Clinical Stabilization (CSS and Transitional Support Services (TSS).

Outpatient: Psychiatric Evaluation, Clinical Evaluation, Medication Visits, Individual and Group Counseling Sessions, Psycho-Educational Groups and Structured Outpatient Addiction Program.

The value of this commitment is based on the estimated use of the above listed services at the established rates listed in the chart below.

Inpatient Services			
Psych Eval.	Clinical Eval.	Med Visit	Med - Complex
\$245.00	\$285.00	\$125.00	\$155.00
Individ Session	Group Session	Psycho-Educ	SOAP
\$155.00	\$75.00	\$25.00	\$175.00
Outpatient Services			
IPU	DDU	ATS	CSS
\$895.00	\$595.00	\$495.00	\$395.00

Sincerely yours,

Fran Markle, MS, LMHC, LADC1
Senior Vice President / Chief Operating Officer
High Point Hospital & Affiliated Organizations



**High Point
& Affiliated Organizations**

Inpatient Services

- High Point Hospital
- Dual Diagnosis Services
- Detoxification Services (ATS)
- Clinical Stabilization Services (CSS)
- Clean and Sober Teens Living Empowered (CASTLE)

Section 35 Services

- High Point in Jamaica Plain
- Men's Addiction Treatment Center
- Women's Addiction Treatment Center

Outpatient & Community Services

- Addiction & Mental Health Treatment
- Adolescent & Adult Counseling Services
- Adolescent Community Reinforcement Approach (A-CRA)
- Brockton Area Opioid Abuse Prevention Collaborative
- Children's Behavioral Health Initiative (CBHI)
- Community Support Program (CSP)
- Coordinated Care Network (CCN)
- Domestic Violence Services
- Driver Alcohol Education (DAE)
- Family Services
- Healthy Families
- Here for You
- Intimate Partner Abuse Education Program (IPAEP)
- Medication Management
- Office-Based Opioid Treatment (OBOT)
- Opioid Treatment Program (OTP) Prevention Services
- REACH
- Recovery Coach Services
- South Shore Resource & Advocacy Center
- Structured Outpatient Addiction Program (SOAP)
- Substance Abuse Prevention Collaborative

Residential & Shelter Services

- Transitional Support Services (TSS)

- Graduate House
- Harmony House
- Monarch House
- New Chapters
- Unity House
- WRAP House

- Fall River Family Center
- Harbour House Family Center
- Taunton Family Center

- Family Preservation Program (FPP)
- Affordable Housing



August 27, 2018

Family Preservation Program
Attn: Wendy Bluis
80 Rivet Street B02
New Bedford, MA 02744

Re: Grant #MA0112L1T051609

Dear Ms. Bluis,

This letter is to certify that Southeast Family Services agrees to make available cash, in the amount of \$2200 to support the Family Preservation Program. This cash will be available to the Family Preservation Program for the dates of September 1, 2019 through August 31, 2020.

This commitment will be in the form of cash to support participants in communicating with staff and availability of online resources/applications.

Service	In-Kind/Cash	Service	Cash or Equivalent
Cell Phone	Cash	Communication with Participants/Resources	\$615
Internet Service	Cash	Communication/Applications/Resources	\$1054
Office Phone	Cash	Communication with Participants/Resources	\$531
Total			\$2200

Sincerely yours,

Stephen R. Montembault
Vice President/COO Southeast Family Services
High Point Treatment Center, Inc.

Before Starting the Project Application

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

Things to Remember

- Additional training resources can be found on the HUD Exchange at <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/> - Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2017 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2017 Project Application will be imported into the FY 2018 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2018 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission: Application

2. Type of Application: Renewal Project Application

If "Revision", select appropriate letter(s):

If "Other", specify:

3. Date Received: 09/14/2018

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: MA0118

This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: City of New Bedford

b. Employer/Taxpayer Identification Number (EIN/TIN): 04-6001402

	c. Organizational DUNS:	075719187	PLUS 4	
--	--------------------------------	-----------	---------------	--

d. Address

Street 1: 608 Pleasant Street

Street 2:

City: New Bedford

County:

State: Massachusetts

Country: United States

Zip / Postal Code: 02740

e. Organizational Unit (optional)

Department Name: Office of Housing and Community Development

Division Name:

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

Prefix: Mr.

First Name: Patrick

Middle Name:

Last Name: Sullivan

Suffix:

Title: Director

Organizational Affiliation: City of New Bedford

Telephone Number: (508) 979-1500

Extension:

Fax Number: (508) 979-1575

Email: patrick.sullivan@newbedford-ma.gov

1C. SF-424 Application Details

9. Type of Applicant: C. City or Township Government

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

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: FR-6200-N-25

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (State(s) only): Massachusetts
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: Step Up

16. Congressional District(s):

a. Applicant: MA-009
(for multiple selections hold CTRL key)

b. Project: MA-009
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 10/01/2019

b. End Date: 09/30/2020

18. Estimated Funding (\$)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process? b. Program is subject to E.O. 12372 but has not been selected by the State for review.

If "YES", enter the date this application was made available to the State for review:

20. Is the Applicant delinquent on any Federal debt? No

If "YES," provide an explanation:

1F. SF-424 Declaration

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

I AGREE:

21. Authorized Representative

Prefix: Mr.

First Name: Patrick

Middle Name: J

Last Name: Sullivan

Suffix:

Title: Director

Telephone Number: (508) 979-1500
(Format: 123-456-7890)

Fax Number: (508) 979-1575
(Format: 123-456-7890)

Email: patrick.sullivan@newbedford-ma.gov

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

Date Signed: 09/14/2018

1G. HUD 2880

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

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: City of New Bedford

Prefix: Mr.

First Name: Patrick

Middle Name: J

Last Name: Sullivan

Suffix:

Title: Director

Organizational Affiliation: City of New Bedford

Telephone Number: (508) 979-1500

Extension:

Email: patrick.sullivan@newbedford-ma.gov

City: New Bedford

County:

State: Massachusetts

Country: United States

Zip/Postal Code: 02740

2. Employer ID Number (EIN): 04-6001402

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$277,130.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: Step Up 608 Pleasant Street New Bedford Massachusetts

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

Part I Threshold Determinations

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

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

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

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

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds

Part III Interested Parties

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

Alphabetical list of all persons with a	Social Security No.	Type of	Financial Interest	Financial Interest
Renewal Project Application FY2018		Page 10		09/14/2018

reportable financial interest in the project or activity (For individuals, give the last name first)	or Employee ID No.	Participation	in Project/Activity (\$)	in Project/Activity (%)
NA	NA	NA	\$0.00	0%

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I certify that this information is true and complete.

I AGREE:

Name / Title of Authorized Official: Patrick Sullivan, Director

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

Date Signed: 09/14/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: City of New Bedford

Program/Activity Receiving Federal Grant Funding: CoC Program

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

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

Sites for Work Performance.

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

Workplaces, including addresses, entered in the attached project application. Refer to addresses entered into the attached project application.

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

X

accurate.

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

Authorized Representative

Prefix: Mr.

First Name: Patrick

Middle Name: J

Last Name: Sullivan

Suffix:

Title: Director

Telephone Number: (508) 979-1500
(Format: 123-456-7890)

Fax Number: (508) 979-1575
(Format: 123-456-7890)

Email: patrick.sullivan@newbedford-ma.gov

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

Date Signed: 09/14/2018

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

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

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

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

X

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

Applicant's Organization: City of New Bedford

Name / Title of Authorized Official: Patrick Sullivan, Director

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

Date Signed: 09/14/2018

1J. SF-LLL

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

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

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

Answer "No" if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program? No

Legal Name: City of New Bedford

Street 1: 608 Pleasant Street

Street 2:

City: New Bedford

County: Bristol

State: Massachusetts

Country: United States

Zip / Postal Code: 02740

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

I certify that this information is true and complete.

X

Authorized Representative

Prefix: Mr.

First Name: Patrick

Middle Name: J

Last Name: Sullivan

Suffix:

Title: Director

Telephone Number: (508) 979-1500
(Format: 123-456-7890)

Fax Number: (508) 979-1575
(Format: 123-456-7890)

Email: patrick.sullivan@newbedford-ma.gov

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

Date Signed: 09/14/2018

Information About Submission without Changes

After Part 1 is completed; including this screen, Recipient Performance screen, and Renewal Grant Consolidation screen, then Parts 2-6, are available for review as "Read-Only;" except for 3A, 7A and 7B which are mandatory for all projects to update. After project applicants finish reviewing all screens, they will be guided to a "Submissions without Changes" Screen. At this screen, if applicants decide no edits or updates are required to any screens other than the mandatory questions, they can submit without changes. However, if changes to the application are required, e-snaps allows applicants to open individual screens for editing, rather than the entire application. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Importantly, once an applicant makes those selections and clicks "Save" the applicant cannot uncheck those boxes.

If the project is a first-time renewal or selects "Fully Consolidated" on the Renewal Grants Consolidation screen, the "Submit Without Changes" function is not available, and applicants must input data into the application for all required fields relevant to the component type.

Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request? Yes

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request? No

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request? Yes

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request? Yes

Explain the circumstances that led HUD to recapture funds from the most recently expired grant term related to this renewal project request.

We submitted an Amendment Request in September to move funds, so we left that amount in Leasing because we had an eligible charge against it. The Office of Community Development denied this request stating that we missed the 30 day cutoff period and as a result we returned \$570.

Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2018 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2019, as confirmed on the FY 2018 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2018 CoC Program Competition? No
If “No” click on “Next” or “Save & Next” below to move to the next screen.

2A. Project Subrecipients

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

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

Total Expected Sub-Awards: \$277,130

Organization	Type	Type	Sub-Award Amount
PAACA - Positive Action Against Chemical Addict...	M. Nonprofit with 501C3 IRS Status	M. Nonprofit with 501C3 IRS Status	\$277,130

2A. Project Subrecipients Detail

a. Organization Name: PAACA - Positive Action Against Chemical Addiction, Inc.

b. Organization Type: M. Nonprofit with 501C3 IRS Status

c. Employer or Tax Identification Number: 04-2791362

	* d. Organizational DUNS:	780025797	PLUS 4
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e. Physical Address

Street 1: 360 Coggeshall Street

Street 2:

City: New Bedford

State: Massachusetts

Zip Code: 02740

f. Congressional District(s): MA-009
(for multiple selections hold CTRL key)

g. Is the subrecipient a Faith-Based Organization? No

h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency? Yes

i. Expected Sub-Award Amount: \$277,130

j. Contact Person

Prefix: Mr.

First Name: Jamie

Middle Name:

Last Name: Casey

Suffix:

Title: Operations Manager

E-mail Address: j.casey@paaca.org

Confirm E-mail Address: j.casey@paaca.org

Phone Number: 508-997-9051

Extension:

Fax Number: 508-991-6233

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: MA0118

(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: MA-505 - New Bedford CoC

2b. CoC Collaborative Applicant Name: City of New Bedford

3. Project Name: Step Up

4. Project Status: Standard

5. Component Type: PH

5a. Does the PH project provide PSH or RRH? PSH

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

7. Will this renewal project be part of a new application for a Renewal Expansion Grant? No

3B. Project Description

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

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

StepUp program's primary goal is to provide permanent housing and increase the self-sufficiency and stability of people (individuals and families) who are living with a disability and are chronically homeless. All program referrals come from the New Bedford's Housing First Continuum of Care Coordinated Intake System.

StepUp supportive services provides access to basic needs, mainstream, health and education/service/employment resources as part of a comprehensive ISP (Individual Service Plan) designed to stabilize and foster independence. StepUp Case Managers establish specific goals and implement short-term action steps as part of their ISP that is developed with each participant. StepUp Case Managers work with participants by assisting them identify and work towards their personal goals and purpose by providing service opportunities, access to mainstream resources, education, workforce development, and employment. StepUp Case Managers work with participants on a weekly basis to promote greater self-sufficiency. StepUP is a low-threshold housing first model program so there is no penalty for not meeting the goals of this ISP. The StepUP has enjoyed a successful history of meeting people where they are at and motivating program participants to increase their housing stability, incomes and employability.

StepUP specializes in serving those with substance use disorder and mental health disabilities and has consistently met or exceeded its program goals since inception.

Persons completing program to permanent housing: 100%
 Persons staying with new or increased income: 25%
 Utilization Rate-Beds: 94%

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

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

Chronic Homeless	<input checked="" type="checkbox"/>	Domestic Violence	<input type="checkbox"/>
------------------	-------------------------------------	-------------------	--------------------------

Veterans	<input type="checkbox"/>	Substance Abuse	<input checked="" type="checkbox"/>
Youth (under 25)	<input type="checkbox"/>	Mental Illness	<input checked="" type="checkbox"/>
Families with Children	<input checked="" type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>
		Other (Click 'Save' to update)	<input type="checkbox"/>

Other:

3. Housing First

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

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

Having too little or little income	<input checked="" type="checkbox"/>
Active or history of substance use	<input checked="" type="checkbox"/>
Having a criminal record with exceptions for state-mandated restrictions	<input checked="" type="checkbox"/>
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

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

Failure to participate in supportive services	<input checked="" type="checkbox"/>
Failure to make progress on a service plan	<input checked="" type="checkbox"/>
Loss of income or failure to improve income	<input checked="" type="checkbox"/>
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

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

3C. Dedicated Plus

Dedicated and DedicatedPLUS

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

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

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

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

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

4A. Supportive Services for Participants

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

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

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

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

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

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

3. Do project participants have access to Yes

SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?

3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. No

4B. Housing Type and Location

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

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

Total Units: 15

Total Beds: 35

Total Dedicated CH Beds: 35

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...)	---	15	35

4B. Housing Type and Location Detail

1. Housing Type: Scattered-site apartments (including efficiencies)

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

a. Units: 15

b. Beds: 35

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 35

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

4. Address:

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.

Street 1: 360 Coggeshall Street

Street 2:

City: New Bedford

State: Massachusetts

ZIP Code: 02746

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

251614 New Bedford

5A. Project Participants - Households

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

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	6	18	0	24

Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Adults over age 24	7	16		23
Adults ages 18-24		2		2
Accompanied Children under age 18	11		0	11
Unaccompanied Children under age 18			0	0
Total Persons	18	18	0	36

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

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

Persons in Households with at Least One Adult and One Child

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24	6	1	0	5	0	1	0		0	0
Adults ages 18-24		0							0	0
Children under age 18	11									
Total Persons	17	1	0	5	0	1	0	0	0	0

Click Save to automatically calculate totals

Persons in Households without Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24	16		0	14	0	5	1	0	0	0
Adults ages 18-24	2	0	0	2	0	0	0	0	0	0
Total Persons	18	0	0	16	0	5	1	0	0	0

Click Save to automatically calculate totals

Persons in Households with Only Children

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

Unaccompanied Children under age 18										
Total Persons	0			0	0	0	0	0	0	0

5C. Outreach for Participants

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

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

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

6A. Funding Request

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

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

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

3. Does this project propose to allocate funds according to an indirect cost rate? No

4. Renewal Grant Term: 1 Year

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

Leased Units	<input checked="" type="checkbox"/>
Leased Structures	<input type="checkbox"/>
Rental Assistance	<input type="checkbox"/>
Supportive Services	<input checked="" type="checkbox"/>
Operating	<input checked="" type="checkbox"/>
HMIS	<input type="checkbox"/>

6B. Leased Units Budget

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

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

Total Annual Assistance Requested:		\$125,890	
Grant Term:		1 Year	
Total Request for Grant Term:		\$125,890	
Total Units:		15	
FMR Area	Total Units Requested	Total Annual Budget Requested	Total Budget Requested
MA - New Bedford,...	15	\$125,890	\$125,890

Leased Units Budget Detail

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

Metropolitan or non-metropolitan fair market rent area: MA - New Bedford, MA HUD Metro FMR Area (2500500520)

Leased Units Annual Budget

Size of Units	# of Units (Applicant)	Total Request (Applicant)
SRO	0	
0 Bedroom	0	
1 Bedroom	0	
2 Bedroom	10	
3 Bedroom	5	
4 Bedroom	0	
5 Bedroom	0	
6 Bedroom	0	
7 Bedroom	0	
8 Bedroom	0	
9 Bedroom	0	
Total Units and Annual Assistance Requested	15	\$125,890
Grant Term		1 Year
Total Request for Grant Term		\$125,890

Click the 'Save' button to automatically calculate totals.

6D. Sources of Match

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

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

Summary for Match

Total Value of Cash Commitments:	\$38,896
Total Value of In-Kind Commitments:	\$201,150
Total Value of All Commitments:	\$240,046

1. Does this project generate program income as described in 24 CFR 58.97 that will be used as Match for this grant? Yes

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

10% of each residents monthly income up to, but not exceeding \$50 per month.

1b. Estimate the amount of program income that will be used as Match for this project: \$7,200

Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Private	PAACA	09/07/2018	\$38,896
Yes	In-Kind	Private	High Point Treatm...	09/07/2018	\$42,150
Yes	In-Kind	Private	Steppingstone	09/07/2018	\$12,000
Yes	In-Kind	Private	Veterans Transiti...	09/07/2018	\$12,000
Yes	In-Kind	Private	PAACA	09/07/2018	\$135,000

Sources of Match Detail

- 1. Will this commitment be used towards Match? Yes
- 2. Type of Commitment: Cash
- 3. Type of Source: Private
- 4. Name the Source of the Commitment: PAACA
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment: 09/07/2018
- 6. Value of Written Commitment: \$38,896

Sources of Match Detail

- 1. Will this commitment be used towards Match? Yes
- 2. Type of Commitment: In-Kind
- 3. Type of Source: Private
- 4. Name the Source of the Commitment: High Point Treatment Services
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment: 09/07/2018
- 6. Value of Written Commitment: \$42,150

Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.

Sources of Match Detail

- 1. Will this commitment be used towards Match? Yes
- 2. Type of Commitment: In-Kind

3. Type of Source: Private

4. Name the Source of the Commitment: Steppingstone
(Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 09/07/2018

6. Value of Written Commitment: \$12,000

Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.

Sources of Match Detail

1. Will this commitment be used towards Match? Yes

2. Type of Commitment: In-Kind

3. Type of Source: Private

4. Name the Source of the Commitment: Veterans Transition House
(Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 09/07/2018

6. Value of Written Commitment: \$12,000

Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.

Sources of Match Detail

1. Will this commitment be used towards Match? Yes

2. Type of Commitment: In-Kind

3. Type of Source: Private

4. Name the Source of the Commitment: PAACA
(Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 09/07/2018

6. Value of Written Commitment: \$135,000

Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.

6E. Summary Budget

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

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

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	\$125,890
1b. Leased Structures	\$0
2. Rental Assistance	\$0
3. Supportive Services	\$124,046
4. Operating	\$2,000
5. HMIS	\$0
6. Sub-total Costs Requested	\$251,936
7. Admin (Up to 10%)	\$25,194
8. Total Assistance plus Admin Requested	\$277,130
9. Cash Match	\$38,896
10. In-Kind Match	\$201,150
11. Total Match	\$240,046
12. Total Budget	\$517,176

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	Orig 501(c)3	11/17/2015
2) Other Attachmenbt	No	Cash Match Letter	09/10/2018
3) Other Attachment	No		

Attachment Details

Document Description: Orig 501(c)3

Attachment Details

Document Description: Cash Match Letter

Attachment Details

Document Description:

7A. In-Kind Match MOU Attachment

Document Type	Required?	Document Description	Date Attached
In-Kind Match MOU	No	In-Kind Match Let...	09/10/2018

Attachment Details

Document Description: In-Kind Match Letters 2018

7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

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

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

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

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

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

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

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

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

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance. It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 578.33(d) or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

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

15-Year Operation Rule – 24 CFR part 578 only.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

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

C. Explanation.

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

Name of Authorized Certifying Official Patrick Sullivan

Date: 09/14/2018

Title: Director

Applicant Organization: City of New Bedford

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).

X

Submission Without Changes

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

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

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

Part 2 - Subrecipient Information	
2A. Subrecipients	<input type="checkbox"/>
Part 3 - Project Information	
3A. Project Detail	<input checked="" type="checkbox"/>
3B. Description	<input type="checkbox"/>
3C. Dedicated Plus	<input type="checkbox"/>
Part 4 - Housing Services and HMIS	
4A. Services	<input type="checkbox"/>
4B. Housing Type	<input type="checkbox"/>
Part 5 - Participants and Outreach Information	
5A. Households	<input type="checkbox"/>
5B. Subpopulations	<input type="checkbox"/>
5C. Outreach	<input type="checkbox"/>
Part 6 - Budget Information	
6A. Funding Request	<input type="checkbox"/>
6B. Leased Units	<input type="checkbox"/>

6D. Match	<input type="checkbox"/>
6E. Summary Budget	<input type="checkbox"/>
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	<input checked="" type="checkbox"/>
7A. In-Kind Match MOU Attachment	<input type="checkbox"/>
7B. Certification	<input checked="" type="checkbox"/>

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

To make corrections and update information

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

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	09/14/2018
1B. SF-424 Legal Applicant	No Input Required

Renewal Project Application FY2018	Page 53	09/14/2018
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1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/14/2018
1E. SF-424 Compliance	09/14/2018
1F. SF-424 Declaration	09/14/2018
1G. HUD-2880	09/14/2018
1H. HUD-50070	09/14/2018
1I. Cert. Lobbying	09/14/2018
1J. SF-LLL	09/14/2018
Recipient Performance	09/14/2018
Renewal Grant Consolidation	09/14/2018
2A. Subrecipients	09/14/2018
3A. Project Detail	09/14/2018
3B. Description	09/14/2018
3C. Dedicated Plus	09/14/2018
4A. Services	09/14/2018
4B. Housing Type	09/14/2018
5A. Households	09/14/2018
5B. Subpopulations	No Input Required
5C. Outreach	09/14/2018
6A. Funding Request	09/14/2018
6B. Leased Units	09/14/2018
6D. Match	09/14/2018
6E. Summary Budget	No Input Required
7A. Attachment(s)	09/14/2018
7A. In-Kind Match MOU Attachment	09/14/2018
7B. Certification	09/14/2018
Submission Without Changes	09/14/2018

Internal Revenue Service

District
Director

Department of the Treasury

35 Tillary St., Brooklyn, NY 11201

Date: JAN 26 1990

Positive Action Against Chemical
Addiction, Inc.
Chestnut Place 127 Chestnut St.
New Bedford, MA 02770

Person to Contact
Clifton G. Belnavis
Contact Telephone Number:
718) 780-4501
Re: 04-2791362

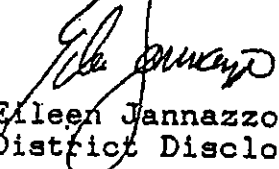
Dear Sir or Madam:

Reference is made to your request for verification of the tax exempt status of Positive Action Against Chemical Addiction, Inc.

A determination or ruling letter issued to an organization granting exemption under the Internal Revenue Code of 1954 or under a prior or subsequent Revenue Act remains in effect until exempt status has been terminated, revoked or modified.

Our records indicate that exemption was granted as shown below.

Sincerely yours,


Eileen Jannazzo
District Disclosure Officer

Name of Organization: Positive Action Against Chemical
Addiction, Inc.

Date of Exemption Letter: August, 1983

Exemption granted pursuant to 1954 Code section 501(c)(3) or
its predecessor Code section.

Foundation Classification (if applicable): Not a private
foundation as you are an organization described in sections
509(a)(1) & 170(b)(1)(A)(vi) of the Internal Revenue Code.



PAACA

Positive Action Against Chemical Addiction, Incorporated
360 Coggeshall Street, New Bedford, Massachusetts 02746
PO Box 6730, New Bedford, Massachusetts 02742
Adult Services 508.997.9051 ♦ Youth Services 508.979.1580 ♦ Fax 508.991.6233 ♦ Web www.paaca.org
A United Way Agency

***SUBSTANCE ABUSE
RECOVERY
SUPPORT
SERVICES***

Information & Referral

Housing Programs

*Transportation
Programs*

*Employment &
Training Services*

Food and Clothing

YOUTH SERVICES

South Coast Youth Courts

INSIGHT Youth Services

Green Brigade

Annual Youth Summit

Street Outreach Services

GED Programs

***THE ROAD TO
RECOVERY BEGINS
WITH THE FIRST
STEP.***

***HELPING PEOPLE
FIND RECOVERY
SINCE 1983.***

September 2, 2018


Patrick Sullivan
City of New Bedford - OHCD
608 Pleasant Street
New Bedford, MA 02740

RE: Match Letter

Dear Mr. Sullivan:

Positive Action Against Chemical Addiction, Inc, is pleased to submit a renewal program proposal for funding for the StepUP Housing program. This is a letter of commitment to provide the match required for the project at a level of 25% or more of our Total Assistance less the Leased Units for a sum of (\$38,896). The source of the match comes from additional resources from PAACA's general operating fund and program revenue and youth services funding.

Sincerely



Carl J. Alyes
Executive Director



PAACA

Positive Action Against Chemical Addiction, Incorporated
360 Coggeshall Street, New Bedford, Massachusetts 02746
PO Box 6730, New Bedford, Massachusetts 02742
Adult Services 508.997.9051 ♦ Youth Services 508.979.1580 ♦ Fax 508.991.6233 ♦ Web www.paaca.org
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SUBSTANCE ABUSE RECOVERY SUPPORT SERVICES

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Food and Clothing

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FIND RECOVERY
SINCE 1983.***

September 2, 2018

Patrick Sullivan
City of New Bedford - OHCD
608 Pleasant Street
New Bedford, MA 02740

RE: Leverage Letter

Dear Mr. Sullivan:

Positive Action Against Chemical Addiction, Inc, is pleased to submit a New program application for the Step UP II housing program. This is a letter of commitment to provide the leverage required for the project at a level of \$2,500 per person associated with the grant (est. 24 people at \$2500 each \$60,000). The source of the leverage comes from area service provider resources who have agreed to make those services available to Step UP housing program clients. Those services include: Substance abuse treatment services, Workforce Development Services, Medical Services, Youth Services and Educational Services.

Additionally, 100% will participate in mainstream resources an average of \$5,625 annually in mainstream resources achieved through the program for 24 people. For a total leverage of \$135,000

Sincerely

Carl J. Alves
Executive Director



August 24, 2018

**High Point
& Affiliated Organizations**

Inpatient Services

- High Point Hospital
- Dual Diagnosis Services
- Detoxification Services (ATS)
- Clinical Stabilization Services (CSS)
- Clean and Sober Teens Living Empowered (CASTLE)

Section 35 Services

- High Point in Jamaica Plain
- Men's Addiction Treatment Center
- Women's Addiction Treatment Center

Outpatient & Community Services

- Addiction & Mental Health Treatment
- Adolescent & Adult Counseling Services
- Adolescent Community Reinforcement Approach (A-CRA)
- Brockton Area Opioid Abuse Prevention Collaborative
- Children's Behavioral Health Initiative (CBHI)
- Community Support Program (CSP)
- Coordinated Care Network (CCN)
- Domestic Violence Services
- Driver Alcohol Education (DAE)
- Family Services
- Healthy Families Here for You
- Intimate Partner Abuse Education Program (IPAEP)
- Medication Management
- Office-Based Opioid Treatment (OBOT)
- Opioid Treatment Program (OTP) Prevention Services
- REACH
- Recovery Coach Services
- South Shore Resource & Advocacy Center
- Structured Outpatient Addiction Program (SOAP)
- Substance Abuse Prevention Collaborative

Residential & Shelter Services

- Transitional Support Services (TSS)

- Graduate House
- Harmony House
- Monarch House
- New Chapters
- Unity House
- WRAP House

- Fall River Family Center
- Harbour House Family Center
- Taunton Family Center

- Family Preservation Program (FPP)
- Affordable Housing



Carl J. Alves
 Executive Director
 PAACA
 360 Coggeshall Street
 New Bedford, MA 02746

RE: High Point Treatment Services

Dear Mr. Alves:

High Point Treatment Center Inc. and its affiliated organizations is pleased to provide this letter of support for PAACA's Step UP project and its application to provide 15 scattered-site permanent housing units to disabled homeless persons in New Bedford. PAACA has over the years demonstrated its commitment to individuals, who are economically disadvantaged and homeless in the community, by providing or obtaining services needed to improve their health, quality of life, and to become self-sufficient.

Historically, High Point has provided substance use disorder and mental health services to clients in the PAACA Step Up program who meet eligibility criteria. The values of these services per unit are as follows:

Inpatient Services			
Psych Eval.	Clinical Eval.	Med Visit	Med - Complex
\$245.00	\$205.00	\$125.00	\$155.00
Individual Session	Group Session	Psycho-Educ	SOAP
\$116.25	\$75.00	\$55.00	\$175.00
Outpatient Services			
IPU	DDU	ATS	CSS
\$1,595.00	\$695.00	\$595.30	\$395.00

Please feel free to contact me if you require any additional information.

Sincerely,

Stephen Montembault
 Vice President/COO
 SEMCOA, Inc.
 72 Kilburn Street
 New Bedford, MA 02740



Leader in Behavioral Health and Homeless Services

Men's Recovery Home
466 North Main Street
Fall River, MA 02720
508-674-2788 x202

Woman's Treatment Program
522 North Main Street
Fall River, MA 02720
508-674-2788 x101

Woman's Treatment Program
979 Pleasant Street
New Bedford, MA 02740
508-984-1880

Outpatient Treatment
179 & 279 North Main Street
Fall River, MA 02720
508-679-0033

**Next Step Home Program
Medical Case Management
Program**
506 North Main Street
Fall River, MA 02720
508-674-2788 x119

Graduate Program
506 North Main Street
Fall River, MA 02720
508-674-2788 x 118

Graduate Program
977 Pleasant Street
New Bedford, MA 02740
508-984-1880

Transition House
542 North Main Street
Fall River, MA 02720
508-674-2788 x118

**First Step Inn
Emergency Shelter Program**
175 North Main Street
Fall River, MA 02720
508-679-8001

Stone Residence
177 North Main Street
Fall River, MA 02720
508-675-4159

Welcome Home Program
5 Dover Street
New Bedford, MA 02740
508-984-7514

August 24, 2018

Carl J. Alves
Executive Director
PAACA, Inc.
360 Coggeshall Street
New Bedford, MA 02746

Dear Mr. Alves:

Steppingstone Inc. is pleased to provide this letter of support for the PAACA's Step UP project and its application to provide fifteen (15) scattered-site permanent supportive housing units to disabled homeless persons in New Bedford.

Steppingstone Inc. is committed to providing individuals in the community who are economically disadvantaged and homeless with a variety of services they need in order for them to improve their health and quality of life and become self-sufficient.

Steppingstone Inc. offers an array of services including transitional housing, permanent housing, counseling, and outreach services.

Steppingstone Inc. will commit group program services at a value of \$12,000 annually to the Step UP Program.

Steppingstone Inc. knows firsthand the need for community collaboration services for our homeless population. We applaud your work over the past years and look forward to our continued relationship, working together to provide the economically disadvantaged and homeless population in our region with a comprehensive, coordinated continuum-of-care.

Sincerely,

Kathleen Schedler-Clark
Executive Director
Steppingstone, Inc.



A United Way Agency



August 24, 2018

Carl J. Alves
Executive Director
PAACA, Inc.
360 Coggeshall Street
New Bedford, MA 02746

Dear Mr. Alves:

Southeastern Massachusetts Veterans Housing Program is pleased to provide this letter of support for the PAACA's Step UP project and its application to provide fifteen (15) scattered-site permanent supportive housing units to disabled homeless persons in New Bedford. Southeastern Massachusetts Veterans Housing Program is committed to providing individuals in the community who are economically disadvantaged and homeless with a variety of services they need in order for them to improve their health and quality of life and become self-sufficient.

Southeastern Massachusetts Veterans Housing Program offers a array of services including transitional housing, permanent housing, counseling, and outreach services.

Southeastern Massachusetts Veterans Housing Program will commit group program services at a value of \$12,000 annually to the Step UP Program.

Southeastern Massachusetts Veterans Housing Program knows firsthand the need for community collaboration services for our homeless population. We applaud your work over the past years and look forward to our continued relationship, working together to provide the economically disadvantaged and homeless population in our region with a comprehensive, coordinated continuum-of-care.

Sincerely,

James Reid
Executive Director
Southeastern Massachusetts Veterans Housing Program

BUILDING HOPE FOR HEROES

Before Starting the Project Application

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

Things to Remember

- Additional training resources can be found on the HUD Exchange at <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/> - Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2017 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2017 Project Application will be imported into the FY 2018 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2018 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission: Application

2. Type of Application: Renewal Project Application

If "Revision", select appropriate letter(s):

If "Other", specify:

3. Date Received: 09/14/2018

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: MA0433

This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: City of New Bedford

b. Employer/Taxpayer Identification Number (EIN/TIN): 04-6001402

	c. Organizational DUNS:	075719187	PLUS 4	
--	--------------------------------	-----------	---------------	--

d. Address

Street 1: 608 Pleasant Street

Street 2:

City: New Bedford

County:

State: Massachusetts

Country: United States

Zip / Postal Code: 02740

e. Organizational Unit (optional)

Department Name: Office of Housing and Community Development

Division Name:

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

Prefix: Mr.

First Name: Patrick

Middle Name:

Last Name: Sullivan

Suffix:

Title: Director

Organizational Affiliation: City of New Bedford

Telephone Number: (508) 979-1500

Extension:
Fax Number: (508) 979-1575
Email: patrick.sullivan@newbedford-ma.gov

1C. SF-424 Application Details

9. Type of Applicant: C. City or Township Government

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

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: FR-6200-N-25

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (State(s) only): Massachusetts
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: Portico

16. Congressional District(s):

a. Applicant: MA-009
(for multiple selections hold CTRL key)

b. Project: MA-009
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 09/01/2019

b. End Date: 08/31/2020

18. Estimated Funding (\$)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process? b. Program is subject to E.O. 12372 but has not been selected by the State for review.

If "YES", enter the date this application was made available to the State for review:

20. Is the Applicant delinquent on any Federal debt? No

If "YES," provide an explanation:

1F. SF-424 Declaration

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

I AGREE:

21. Authorized Representative

Prefix: Mr.

First Name: Patrick

Middle Name: J

Last Name: Sullivan

Suffix:

Title: Director

Telephone Number: (508) 979-1500
(Format: 123-456-7890)

Fax Number: (508) 979-1575
(Format: 123-456-7890)

Email: patrick.sullivan@newbedford-ma.gov

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

Date Signed: 09/14/2018

1G. HUD 2880

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

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: City of New Bedford

Prefix: Mr.

First Name: Patrick

Middle Name: J

Last Name: Sullivan

Suffix:

Title: Director

Organizational Affiliation: City of New Bedford

Telephone Number: (508) 979-1500

Extension:

Email: patrick.sullivan@newbedford-ma.gov

City: New Bedford

County:

State: Massachusetts

Country: United States

Zip/Postal Code: 02740

2. Employer ID Number (EIN): 04-6001402

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$591,092.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: Portico 608 Pleasant Street New Bedford Massachusetts

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

Part I Threshold Determinations

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

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

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

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

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds

Part III Interested Parties

You must disclose:

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

Alphabetical list of all persons with a	Social Security No.	Type of	Financial Interest	Financial Interest
Renewal Project Application FY2018		Page 10		09/14/2018

reportable financial interest in the project or activity (For individuals, give the last name first)	or Employee ID No.	Participation	in Project/Activity (\$)	in Project/Activity (%)
NA	NA	NA	\$0.00	0%

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I certify that this information is true and complete.

I AGREE:

Name / Title of Authorized Official: Patrick Sullivan, Director

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

Date Signed: 09/14/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: City of New Bedford

Program/Activity Receiving Federal Grant Funding: CoC Program

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

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

Sites for Work Performance.

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

Workplaces, including addresses, entered in the attached project application.
 Refer to addresses entered into the attached project application.

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

X

accurate.

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

Authorized Representative

Prefix: Mr.

First Name: Patrick

Middle Name: J

Last Name: Sullivan

Suffix:

Title: Director

Telephone Number: (508) 979-1500
(Format: 123-456-7890)

Fax Number: (508) 979-1575
(Format: 123-456-7890)

Email: patrick.sullivan@newbedford-ma.gov

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

Date Signed: 09/14/2018

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

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

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

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

X

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

Applicant's Organization: City of New Bedford

Name / Title of Authorized Official: Patrick Sullivan, Director

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

Date Signed: 09/14/2018

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.

Approved by OMB0348-0046

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

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

Answer "No" if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program? No

Legal Name: City of New Bedford

Street 1: 608 Pleasant Street

Street 2:

City: New Bedford

County: Bristol

State: Massachusetts

Country: United States

Zip / Postal Code: 02740

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

I certify that this information is true and complete.

X

Authorized Representative

Prefix: Mr.

First Name: Patrick

Middle Name: J

Last Name: Sullivan

Suffix:

Title: Director

Telephone Number: (508) 979-1500
(Format: 123-456-7890)

Fax Number: (508) 979-1575
(Format: 123-456-7890)

Email: patrick.sullivan@newbedford-ma.gov

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

Date Signed: 09/14/2018

Information About Submission without Changes

After Part 1 is completed; including this screen, Recipient Performance screen, and Renewal Grant Consolidation screen, then Parts 2-6, are available for review as "Read-Only;" except for 3A, 7A and 7B which are mandatory for all projects to update. After project applicants finish reviewing all screens, they will be guided to a "Submissions without Changes" Screen. At this screen, if applicants decide no edits or updates are required to any screens other than the mandatory questions, they can submit without changes. However, if changes to the application are required, e-snaps allows applicants to open individual screens for editing, rather than the entire application. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Importantly, once an applicant makes those selections and clicks "Save" the applicant cannot uncheck those boxes.

If the project is a first-time renewal or selects "Fully Consolidated" on the Renewal Grants Consolidation screen, the "Submit Without Changes" function is not available, and applicants must input data into the application for all required fields relevant to the component type.

Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request? Yes

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request? No

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request? Yes

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request? Yes

Explain the circumstances that led HUD to recapture funds from the most recently expired grant term related to this renewal project request.

The project had \$7,031.70 remaining at the end of FY16 in the leasing line item, as we have experienced issues with locating suitable units and landlords willing to accept current FMR's. Unspent funds were recaptured by HUD.

Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2018 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2019, as confirmed on the FY 2018 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2018 CoC Program Competition? **No**
If “No” click on “Next” or “Save & Next” below to move to the next screen.

2A. Project Subrecipients

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

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

Total Expected Sub-Awards: \$591,092

Organization	Type	Type	Sub-Award Amount
Catholic Social Services of Fall River, Inc.	M. Nonprofit with 501C3 IRS Status	M. Nonprofit with 501C3 IRS Status	\$591,092

2A. Project Subrecipients Detail

a. Organization Name: Catholic Social Services of Fall River, Inc.

b. Organization Type: M. Nonprofit with 501C3 IRS Status

c. Employer or Tax Identification Number: 04-2106394

	* d. Organizational DUNS:	144117389	PLUS 4	
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e. Physical Address

Street 1: 1600 Bay Street

Street 2:

City: Fall River

State: Massachusetts

Zip Code: 02724

f. Congressional District(s): MA-009
(for multiple selections hold CTRL key)

g. Is the subrecipient a Faith-Based Organization? Yes

h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency? Yes

i. Expected Sub-Award Amount: \$591,092

j. Contact Person

Prefix: Ms.

First Name: Maritza

Middle Name:

Last Name: Irizarry

Suffix:

Title: Coordinator of Permanent Supportive Housing

E-mail Address: mirizarry@cssdioc.org

Confirm E-mail Address: mirizarry@cssdioc.org

Phone Number: 508-674-4681

Extension:

Fax Number: 508-675-2224

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: MA0433

(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: MA-505 - New Bedford CoC

2b. CoC Collaborative Applicant Name: City of New Bedford

3. Project Name: Portico

4. Project Status: Standard

5. Component Type: PH

5a. Does the PH project provide PSH or RRH? PSH

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

7. Will this renewal project be part of a new application for a Renewal Expansion Grant? No

3B. Project Description

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

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

Catholic Social Services is seeking funding to renew the Portico Project. Portico is a Permanent Supportive Housing Program that has been in existence for the last 5 years. The project consists of 46 units/123 beds of scattered site housing within the New Bedford, MA CoC area. It is designed to serve chronically homeless families with the highest need for this type of housing based on their Vulnerability Index score through the Coordinated Entry System. Portico uses a Housing First Model of service delivery that focuses first on stabilizing the family in housing. Once the family is stabilized and the basic need of shelter has been eliminated, the family can then choose to participate in getting wrap around support services put into place. The Case Managers would then work with each family to formulate service plans that will maximize housing stability, increase income, and help families achieve greater self-determination based on the unique needs and choices of each family member. Case Managers are able to provide a multitude of referrals and options for mainstream resource that will help clients to choose and access the appropriate supportive service or mainstream resource that will help them thrive. It is our experience that through acknowledging each family’s unique situation and need while stressing that clients take an active role in their decisions and choices when selecting an appropriate solution, gives clients a better opportunity for success. Client choice is seen as an important tool in helping program participants build a solid foundation of self-resolving and life skills that will help them to achieve their goal of permanent and stable housing for themselves and their families. In addition to mainstream resources in the local area, CSS has a life skills coach on staff to help all families who may need help with basic daily living skills to help household members reach their goals. The performance goals for this project are as follows:

- 85% of all Exits will be to another form of Permanent Housing
- 8% of Adults Stayers in the program will obtain or increase Earned Income
- 10% of Adult Stayers in the program will increase income from non-employment sources
- 8% of Adult Leavers in the program will obtain or increase Earned Income
- 10% of Adult Leavers in the program will obtain or increase non-employment income
- The Utilization Rate of beds will be 90%
- 54% of clients admitted to the program will be Chronically Homeless

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

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

Chronic Homeless	<input checked="" type="checkbox"/>	Domestic Violence	<input checked="" type="checkbox"/>
Veterans	<input checked="" type="checkbox"/>	Substance Abuse	<input checked="" type="checkbox"/>
Youth (under 25)	<input checked="" type="checkbox"/>	Mental Illness	<input checked="" type="checkbox"/>
Families with Children	<input checked="" type="checkbox"/>	HIV/AIDS	<input checked="" type="checkbox"/>
		Other (Click 'Save' to update)	<input type="checkbox"/>

Other:

3. Housing First

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

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

Having too little or little income	<input checked="" type="checkbox"/>
Active or history of substance use	<input checked="" type="checkbox"/>
Having a criminal record with exceptions for state-mandated restrictions	<input checked="" type="checkbox"/>
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

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

Failure to participate in supportive services	<input checked="" type="checkbox"/>
Failure to make progress on a service plan	<input checked="" type="checkbox"/>
Loss of income or failure to improve income	<input checked="" type="checkbox"/>

Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

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

3C. Dedicated Plus

Dedicated and DedicatedPLUS

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

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

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

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

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

4A. Supportive Services for Participants

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

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

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

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

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

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

3. Do project participants have access to Yes

SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?

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

4B. Housing Type and Location

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

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

Total Units: 46

Total Beds: 123

Total Dedicated CH Beds: 123

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...)	---	46	123

4B. Housing Type and Location Detail

1. Housing Type: Scattered-site apartments (including efficiencies)

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

a. Units: 46

b. Beds: 123

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 123

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

4. Address:

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.

Street 1: 238 Bonney Street

Street 2:

City: New Bedford

State: Massachusetts

ZIP Code: 02744

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

251614 New Bedford

5A. Project Participants - Households

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

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	46	0	0	46

Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Adults over age 24	52	0		52
Adults ages 18-24	9	0		9
Accompanied Children under age 18	62		0	62
Unaccompanied Children under age 18			0	0
Total Persons	123	0	0	123

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

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

Persons in Households with at Least One Adult and One Child

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24	50	2	0	27	0	19	6		0	0
Adults ages 18-24	9	0		6		3			0	0
Children under age 18	62				0	0			10	0
Total Persons	121	2	0	33	0	22	6	0	10	0

Click Save to automatically calculate totals

Persons in Households without Children

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

Persons in Households with Only Children

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

5C. Outreach for Participants

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

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

45%	Directly from the street or other locations not meant for human habitation.
55%	Directly from emergency shelters.
	Directly from safe havens.
0%	Persons fleeing domestic violence.
	Directly from transitional housing eliminated in a previous CoC Program Competition.
	Directly from the TH Portion of a Joint TH and PH-RRH Component project.
	Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program.
100%	Total of above percentages

6A. Funding Request

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

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

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

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

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

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

a. Please complete the indirect cost rate schedule below:

Administering Department/Agency	Indirect Cost Rate	Direct Cost Base
Catholic Social Services	10%	de minimis rate

b. Has this rate been approved by your cognizant agency? No

c. Do you plan to use the 10% de minimis rate? Yes

4. Renewal Grant Term: 1 Year

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

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

6B. Leased Units Budget

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

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

Total Annual Assistance Requested:		\$420,668	
Grant Term:		1 Year	
Total Request for Grant Term:		\$420,668	
Total Units:		46	
FMR Area	Total Units Requested	Total Annual Budget Requested	Total Budget Requested
MA - New Bedford,...	46	\$420,668	\$420,668

Leased Units Budget Detail

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

Metropolitan or non-metropolitan fair market rent area: MA - New Bedford, MA HUD Metro FMR Area (2500500520)

Leased Units Annual Budget

Size of Units	# of Units (Applicant)	Total Request (Applicant)
SRO		
0 Bedroom		
1 Bedroom		
2 Bedroom	17	
3 Bedroom	27	
4 Bedroom	2	
5 Bedroom		
6 Bedroom		
7 Bedroom		
8 Bedroom		
9 Bedroom		
Total Units and Annual Assistance Requested	46	\$420,668
Grant Term		1 Year
Total Request for Grant Term		\$420,668

Click the 'Save' button to automatically calculate totals.

6D. Sources of Match

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

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

Summary for Match

Total Value of Cash Commitments:	\$42,606
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$42,606

1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? No

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Private	Catholic Social S...	08/21/2018	\$42,606

Sources of Match Detail

- 1. Will this commitment be used towards Match?** Yes
- 2. Type of Commitment:** Cash
- 3. Type of Source:** Private
- 4. Name the Source of the Commitment:** Catholic Social Services
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 08/21/2018
- 6. Value of Written Commitment:** \$42,606

6E. Summary Budget

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

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

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	\$420,668
1b. Leased Structures	\$0
2. Rental Assistance	\$0
3. Supportive Services	\$93,489
4. Operating	\$23,200
5. HMIS	\$0
6. Sub-total Costs Requested	\$537,357
7. Admin (Up to 10%)	\$53,735
8. Total Assistance plus Admin Requested	\$591,092
9. Cash Match	\$42,606
10. In-Kind Match	\$0
11. Total Match	\$42,606
12. Total Budget	\$633,698

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	CSS 501C3	08/21/2018
2) Other Attachmenbt	No	CSS MATCH LETTER	09/10/2018
3) Other Attachment	No		

Attachment Details

Document Description: CSS 501C3

Attachment Details

Document Description: CSS MATCH LETTER

Attachment Details

Document Description:

7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

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

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

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

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

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

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

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

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

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance. It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 578.33(d) or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

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

15-Year Operation Rule – 24 CFR part 578 only.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

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

C. Explanation.

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

Name of Authorized Certifying Official Patrick Sullivan

Date: 09/14/2018

Title: Director

Applicant Organization: City of New Bedford

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).

X

Submission Without Changes

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

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

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

Part 2 - Subrecipient Information	
2A. Subrecipients	<input type="checkbox"/>
Part 3 - Project Information	
3A. Project Detail	<input checked="" type="checkbox"/>
3B. Description	<input type="checkbox"/>
3C. Dedicated Plus	<input type="checkbox"/>
Part 4 - Housing Services and HMIS	
4A. Services	<input type="checkbox"/>
4B. Housing Type	<input type="checkbox"/>
Part 5 - Participants and Outreach Information	
5A. Households	<input type="checkbox"/>
5B. Subpopulations	<input type="checkbox"/>
5C. Outreach	<input type="checkbox"/>
Part 6 - Budget Information	
6A. Funding Request	<input type="checkbox"/>
6B. Leased Units	<input type="checkbox"/>

6D. Match	<input type="checkbox"/>
6E. Summary Budget	<input type="checkbox"/>
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	<input checked="" type="checkbox"/>
7B. Certification	<input checked="" type="checkbox"/>

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

In Part 2, the Subrecipient information was changed to reflect the proper contact person for this program. Changes were made to Part 3 to reflect that the project uses a Housing First Approach. Part 6A was changed to reflect the 10% de minimis rate for indirect costs in FY18. Changes to Part 6D were necessary to update Match amounts. Updated Match and 501c3 letters were attached in Part 7A.

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

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	09/14/2018
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required

Renewal Project Application FY2018	Page 50	09/14/2018
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1D. SF-424 Congressional District(s)	09/14/2018
1E. SF-424 Compliance	09/14/2018
1F. SF-424 Declaration	09/14/2018
1G. HUD-2880	09/14/2018
1H. HUD-50070	09/14/2018
1I. Cert. Lobbying	09/14/2018
1J. SF-LLL	09/14/2018
Recipient Performance	09/14/2018
Renewal Grant Consolidation	09/14/2018
2A. Subrecipients	09/14/2018
3A. Project Detail	09/14/2018
3B. Description	09/14/2018
3C. Dedicated Plus	09/14/2018
4A. Services	09/14/2018
4B. Housing Type	09/14/2018
5A. Households	09/14/2018
5B. Subpopulations	No Input Required
5C. Outreach	09/14/2018
6A. Funding Request	09/14/2018
6B. Leased Units	09/14/2018
6D. Match	09/14/2018
6E. Summary Budget	No Input Required
7A. Attachment(s)	09/14/2018
7B. Certification	09/14/2018
Submission Without Changes	09/14/2018

**Internal Revenue Service
P.O. Box 2508
Cincinnati, OH 45201**

Department of the Treasury

Date: June 2, 2017

Person to Contact:

R. Meyer ID# 0110429

Toll Free Telephone Number:

877-829-5500

United States Conference of Catholic
Bishops
3211 4th Street, NE
Washington, DC 20017-1194

Group Exemption Number:

0928

Dear Sir/Madam:

This responds to your June 2, 2017, request for information regarding the status of your group tax exemption.

Our records indicate that you were issued a determination letter in March 1946, that you are currently exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code, and are not a private foundation within the meaning of section 509(a) of the Code because you are described in sections 509(a)(1) and 170(b)(1)(A)(i).

With your request, you provided a copy of the *Official Catholic Directory for 2017*, which includes the names and addresses of the agencies and instrumentalities and the educational, charitable, and religious institutions operated by the Roman Catholic Church in the United States, its territories, and possessions that are subordinate organizations under your group tax exemption. Your request indicated that each subordinate organization is a non-profit organization, that no part of the net earnings thereof inures to the benefit of any individual, and that no substantial part of their activities is for promotion of legislation. You have further represented that none of your subordinate organizations is a private foundation under section 509(a), although all subordinates do not all share the same sub-classification under section 509(a). Based on your representations, the subordinate organizations in the *Official Catholic Directory for 2017* are recognized as exempt under section 501(c)(3) of the Code under GEN 0928.

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

Subordinate organizations under a group exemption do not receive individual exemption letters. Most subordinate organizations are not separately listed in Publication 78 or the EO Business Master File. Donors may verify that a subordinate organization is included

in your group exemption by consulting the *Official Catholic Directory*, the official subordinate listing approved by you, or by contacting you directly. IRS does not verify the inclusion of subordinate organizations under your group exemption. See IRS Publication 4573, *Group Exemption*, for additional information about group exemptions.

Each subordinate organization covered in a group exemption should have its own EIN. Each subordinate organization must use its own EIN, not the EIN of the central organization, in all filings with IRS.

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

Sincerely,

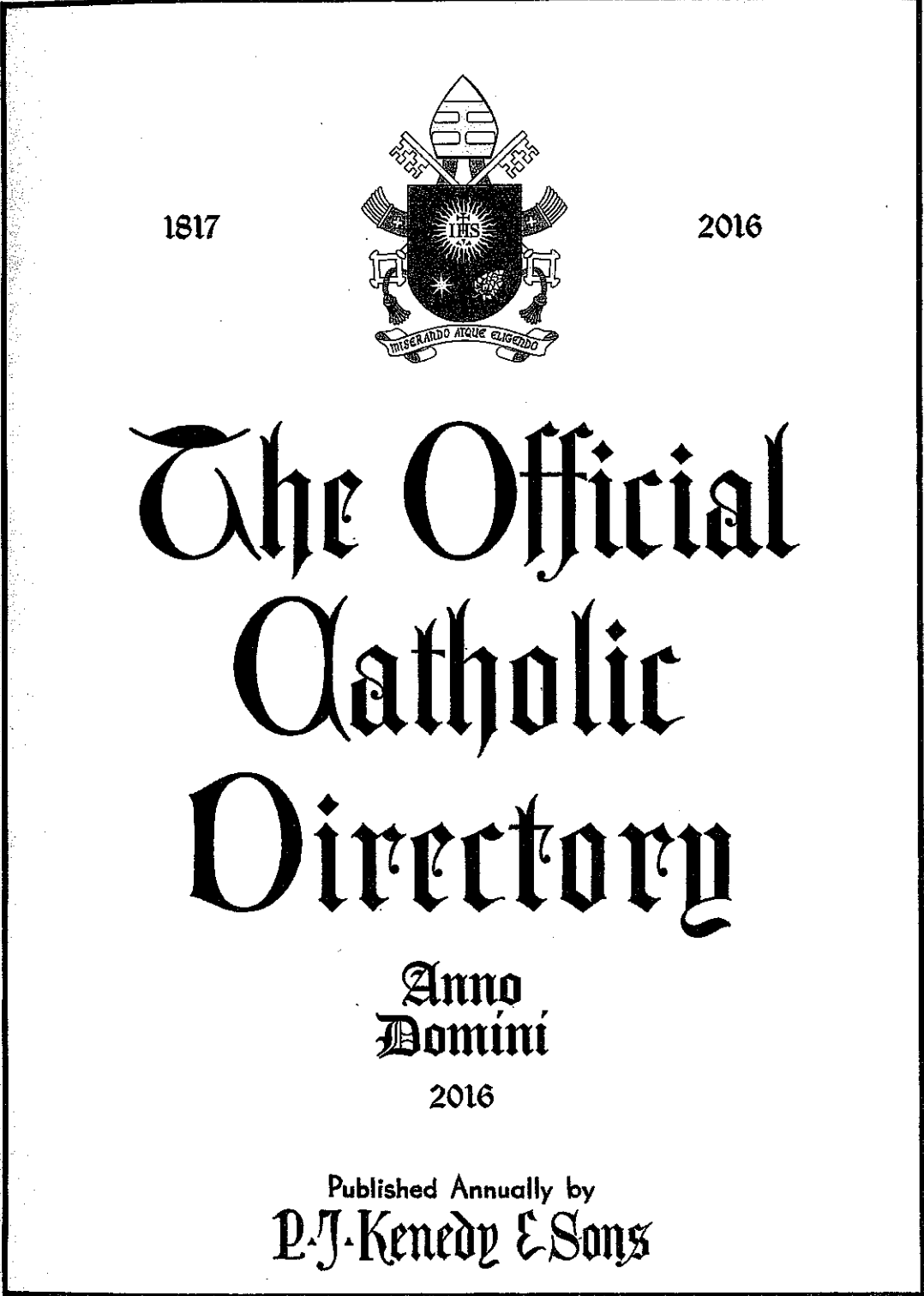
A handwritten signature in black ink that reads "Stephen a. martin". The signature is written in a cursive style with a lowercase 'a' and 'm'.

Stephen A. Martin
Director, Exempt Organizations
Rulings and Agreements

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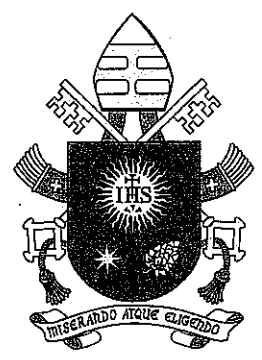
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NORTH DAKOTA • PENNSYLVANIA • SOUTH CAROLINA • SOUTH DAKOTA • MARYLAND • ARKANSAS

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ONSET. *St. Joseph Friary-Franciscan Friars*, 46 Robinwood Rd., P.O. Box 63, 02558. Tel: 508-759-7280; Fax: 508-743-9551. Email: charles848@aol.com. Bro. Charles Gingerich, O.F.M., M.R.E., Guard. & Deacon; Rev. Brennan Egan, O.F.M., Ph.D. Total Staff 2; Total in Residence 2.

[F] CONVENTS AND RESIDENCES FOR SISTERS

DIGHTON. *Dominican Sisters of Charity of the Presentation of the Blessed Virgin*, 3012 Elm St., 02715. Tel: 508-669-5425; 508-669-5023 (Novitiate); Fax: 508-669-8521. Email: domsrs@presentation-op-usa-org. Web: www.presentation-op-usa-org. Sr. Vimala Vadakupadan, O.P., Major Supr. Provincial House-Residence, Residence for Aged Sisters, Novitiate. Sisters 33.

FAIRHAVEN. *Sisters of the Sacred Hearts, Community Headquarters*, 35 Huttleston Ave., 02719-3154. Tel: 508-994-9341. Sisters Eleanor Marie Cyr, SS.CC., Supr.; Claire Bouchard, SS.CC.; Muriel Ann Lebeau, SS.CC.

Sisters of the Sacred Hearts of Jesus and Mary and of Perpetual Adoration, SS.CC. Sisters in Community 3.

NEW BEDFORD. *Franciscan Sisters of the Immaculate*, 106 Bullard St., 02746. Tel: 508-990-0335. Email: fsiusa@verizon.net. Web: www.franciscansoftheimmaculate.com. Sr. Maria Simona Pia, F.I., Local Supr. Professed Sisters 4; Postulants 5.

SOUTH DARTMOUTH. *Dominican Sisters of Hope* (1995) *Bethany Community*, 84 Degaris Ave., 02748. Tel: 508-996-1305. Web: www.ophope.org. Sisters 2.

TAUNTON. *Villa Fatima* (1934) 90 County St., 02780. Tel: 508-822-6282; Fax: 508-823-0825. Email: srsharon@academyofstdorothy.org. Web: www.ssdmission.org; www.sistersofsaintdorothy.org. Sr. Rosalie Patrello, S.S.D., Local Coord. Sisters of St. Dorothy. Professed Sisters 6.

WARHAM. *St. Patrick's Missionary Cenacle*, 86 High St., 02571. Tel: 508-295-0799. Email: srcath@verizon.net. Outreach to the homebound.

[G] RETREAT HOUSES

ATTLEBORO. *La Salette Retreat and Conference Center*, 947 Park St., 02703-0965. Tel: 508-222-8530; Fax: 508-236-9089. Email: office@lasaletteretreatcenter.com. Web: www.lasaletteretreatcenter.com. Rev. Cyriac Mattathilanickal, M.S., Dir.; Bro. Donald Wininski, M.S., Hospitality; Justin Richardson, Youth Retreat Facilit.; Dorothy J. Levesque, Retreat Leader; Sr. Mary Margaret Souza, S.S.D., Retreat Leader. Priests 1; Total Staff 10; Total Assisted 5,200.

EAST FREETOWN. *Cathedral Camp and Retreat Center* (1919) 167 Middleboro Rd., P.O. Box 428, 02717-0428. Tel: 508-763-8874; Fax: 508-763-2230. Email: rena@cathedralcamp.net. Web: www.cathedralcamp.net. Rena Lemieux, Asst. Dir. Total Staff 60.

Cathedral Camp Retreat Center, 167 Middleboro Rd., P.O. Box 428, 02717-0428. Tel: 508-763-8874; Fax: 508-763-2230. Email: rena@cathedralcamp.net. Web: www.cathedralcamp.net. Total Staff 6.

NORTH EASTON. *Holy Cross Retreat House*, 490 Washington St., 02356-1294. Tel: 508-238-2051; Fax: 508-238-0164. Email: jfcal44@hotmail.com. Web: www.retreathouse.org. Rev. Joseph F. Callahan, C.S.C., Spiritual Dir. Priests 1.

WARHAM. *Sacred Hearts Retreat Center*, 226 Great Neck Rd., 02571. Tel: 508-295-0100; Fax: 508-291-2624. Email: retreats@sscc.org. Web: www.sccc.org. Rev. Stanley Kolasa, SS.CC., Dir.; Sr. Claire Bouchard, SS.CC., Admin. Congregation of the Sacred Hearts - United States Province. Priests 1; Sisters 1; Total Staff 6.

[H] DEPARTMENT OF CATHOLIC SOCIAL SERVICES AND SPECIAL APOSTOLATES

FALL RIVER. *Campaign For Human Development Apostolate*, 1600 Bay St., P.O. Box M, South Station, 02724. Tel: 508-674-4681; Fax: 508-675-2224. Email: aam@cssdioc.org. Arlene A. McNamee, L.C.S.W., Coord.

Catholic Social Services of Fall River, 1600 Bay St., P.O. Box M, S. Station, 02724. Tel: 508-674-4681; Fax: 508-675-2224. Email: aam@cssdioc.org. Arlene A. McNamee, L.C.S.W., Exec. Dir. Program Directors: Debora Jones, Office Child

Protection; Phyllis Habib, Pregnancy & Adoption Svcs. LICSW; Matt Dauseau, Office for Persons with Disabilities; Nancy Lawson, Coord. Emergency Solutions; Rosemary Auger, Coord. Supportive Housing Programs.

Catholic Social Services of New Bedford, 238 Bonney St., New Bedford, 02744. Tel: 508-997-7337; Fax: 508-984-1687.

Catholic Social Services of Cape Cod, 261 South St., Hyannis, 02601. Tel: 508-771-6771; Fax: 508-771-4711.

Catholic Social Services of Taunton/Attleboro, 247 Maple St., Attleboro, 02703. Tel: 508-824-3264. *Adoption By Choice*, 311 Hooper St., Tiverton, RI 02878. Tel: 401-624-9270; Fax: 508-675-2224.

HYANNIS. *St. Clare's Residence for Women* 02601. Tel: 508-775-6096; Fax: 508-957-2181. Bed Capacity 5; Total Staff 8; Total Assisted Annually 17.

[I] CAMPS AND COMMUNITY CENTERS

FALL RIVER. *Diocesan Catholic Youth Organization*, 709 Hanover St., 02720. Tel: 508-679-6732; Fax: 508-675-4755. Very Rev. Jay T. Maddock, J.C.L., V.F., Diocesan Dir.

Fall River Area Catholic Youth Organization, Sullivan-McCarrick CYO Center, 403 Anawan St., 02720. Tel: 508-672-9644; Fax: 508-675-4755.

New Bedford Area Catholic Youth Organization, Kennedy Youth Center, 377 County St., New Bedford, 02740. Tel: 508-996-0536; Fax: 508-675-4755. Mr. Nelson Macedo, Area Dir.

Taunton Area Catholic Youth Organization, 61 Summer St., Taunton, 02780. Tel: 774-222-1834; Fax: 508-675-4755. Mr. Donald Morrison, Area Dir.

[J] NEWMAN CENTERS AND CAMPUS MINISTRY

FALL RIVER. *Bristol Community College Campus Ministry* 777 Elsbree St., 02720-7395. Tel: 508-678-2811, Ext. 2810; Fax: 508-730-3286. Web: www.bcccatholics.com. Rev. David C. Frederici, Campus Min. Total Staff 1.

Diocesan Education Center 423 Highland Ave., 02720. Tel: 508-678-2828; Fax: 508-674-4218. Email: mgriffin@dfrcs.com. Web: www.dfrcs.org. Dr. Michael S. Griffin, Supt. of Schools; Dr. Donna Boyle, Asst. Supt. Curriculum; Mrs. Louise P. Kane, Asst. Supt. Personnel; Claire M. McManus, S.T.L., Dir. Faith Formation.

NORTH DARTMOUTH. *Umass Dartmouth Campus Ministry* 285 Old Westport Rd., 02747-2300. Tel: 508-999-8872. Email: dfrederici@umass.edu. Rev. David C. Frederici, Chap.; Mr. Tim Wiedenmann, Campus Min.; Faith Form./Grad.; Deacon Frank R. Lucca, Campus Min. Total Staff 2.

Wheaton College Office for Campus Ministry P.O. Box 70737, 02747. Fax: 774-202-3047.

WEST BARNSTABLE. *Cape Cod Campus Ministry* P.O. Box 1558, Pocasset, 02559. Tel: 508-563-5887; Fax: 508-444-3674. Email: dfrederici@umass.edu. Web: www.capeatholics.com/. Rev. David C. Frederici, Chap.; Vacant, Outreach Coord.

[K] MISCELLANEOUS LISTINGS

FALL RIVER. *Assisi Housing Corporation*, 1600 Bay St., 02724. Tel: 508-674-4681; Fax: 508-675-2224. Arlene A. McNamee, L.C.S.W., Contact Person. *Carmelite Convent of Dartmouth, Inc.*, P.O. Box 2577, 02722.

Community Action for Better Housing, Inc., 1600 Bay St., P.O. Box M, S. Station, 02724. Tel: 508-674-4681; Fax: 508-675-2224. Email: AAM@csdioc.org. Ed Allard, Prog. Coord.

Diocesan Facilities Self-Insurance Group, Inc., P.O. Box 1110, 02722.

St. Dominic's Apartments, Inc., 1600 Bay St., 02724. Tel: 508-674-4681; Fax: 508-675-2224. Arlene A. McNamee, L.C.S.W., Dir.

Foundation to Advance Catholic Education, Inc., P.O. Box 2577, 02722. Tel: 508-675-1311; Fax: 508-676-6591. Web: www.face-dfr.org.

Oscar Romero House, Inc., 1600 Bay St., 02724. Tel: 508-674-4681; Fax: 508-675-2224. Arlene A. McNamee, L.C.S.W., Contact Person.

FAIRHAVEN. *Congregation of the Sacred Hearts - United States Province*, 77 Adams St., P.O. Box 111, 02719. Tel: 508-993-2442; Fax: 508-996-6499. Web: www.sccc.org. Rev. Johnathan A. Hurrell, SS.CC., Prov. Supr.

NEW BEDFORD. *The Institute of the Incarnate Word, Inc.*, 1359 Acushnet Ave., 02746. Tel: 508-993-1691; Fax: 508-999-4775. Rev. Octavio Cortez, I.V.E. Priests 1; Total Staff 4; Total Assisted 150. *Missionaries of Charity*, 556 County St., 02740. Tel: 508-997-7347. Vacant, Supr. Shelter for homeless women. Total in Residence 4; Total Assisted 228.

NORTH EASTON. *Holy Cross Family Ministries* (1942) 518 Washington St., 02356-1200. Tel: 508-238-4095; Fax: 508-238-3953. Email: mission@

hcfm.org. Web: www.hcfm.org. Rev. Raymond, C.S.C., Pres.; James H. Regional Dir. Family Rosary Latin American Guflay, C.S.C., Natl. Dir. of Family Productions; Beth Mahoney, Missionary of High Cleary, C.S.C., Natl. Dir. Family Corporate Name: The Family Sponsored by Congregation of Holy Province).

RELIGIOUS INSTITUTES OF MEN REPRESENTED IN THE DIOCESE

For further details refer to the bracketed number in the Religious Institutes Men or Women section.

[0600]—*Brothers of the Congregation of Holy C.S.C.*

[0270]—*Carmelite Fathers*—O.Carm.

[1140]—*Congregation of the Sacred Hearts and Mary*—SS.CC.

[0480]—*Conventual Franciscans* (Buffalo O.F.M. Conv.

[0520]—*Franciscan Friars* (Immaculate Conv.)—O.F.M.

[0533]—*Franciscan Friars of the Immaculate*

[0685]—*Institute of the Incarnate Word*—I.V.E.

[0720]—*Missionaries of Our Lady of La Salette* (Eastern Prov.)—C.S.C.

RELIGIOUS INSTITUTES OF WOMEN REPRESENTED IN THE DIOCESE

[3815]—*Congregation of the Sisters of St. Arc*—S.J.A.

—*Consecrated Virgin*

[0750]—*Daughters of the Charity of the Sacred Heart of Jesus* (Sacred Heart Prov.)—F.C.S.G.

[1100]—*Dominican Sisters of Charity* (Presentation of the Blessed Virgin)—O.P.

[1105]—*Dominican Sisters of Hope*—O.P.

—*Franciscan of Our Lady of the Holy*—F.L.H.F.

—*Franciscan Sisters of the Immaculate*

[3790]—*Institute of the Sisters of St. Dorothy*

[2710]—*Missionaries of Charity*—M.C.

[2790]—*Missionary Servants of the Most Holy Trinity*—M.S.B.T.

[3450]—*Religious of Jesus and Mary*—R.J.M.

[2070]—*Religious of the Holy Union of the Sacred Hearts* (Immaculate Heart and Sacred Provs.)—S.U.S.C.

—*Secular Institute of the Kingship of Christ*—S.A.B.S.

[2575]—*Sisters of Mercy of the Americas*—S.M.A.

—*Sisters of Our Lady of La Salette*—S.I.N.D.S.

[3720]—*Sisters of Saint Anne*—S.S.A.

[3830-16]—*Sisters of St. Joseph* (Springfield) S.S.J.

[0150]—*Sisters of the Assumption*—S.A.S.V.

[3180]—*Sisters of the Cross and Passion*—O.P.

[1880]—*Sisters of the Good Shepherd* (Contemporary Religious)—C.G.S.R.G.S.

[3690]—*Sisters of the Sacred Hearts of Perpetual Adoration*—SS.CC.

[4048]—*Society of the Sisters, Faithful Companions of Jesus*—F.C.J.

DIOCESAN CEMETERIES

- FALL RIVER. *St. John*
- St. Mary*
- Notre Dame*
- St. Patrick*
- ATTLEBORO. *St. John*
- St. Stephen*
- EAST FALMOUTH. *St. Anthony*
- HYANNIS. *St. Francis*
- MANSFIELD. *St. Mary*
- MATTAPOISETT. *St. Anthony*
- NANTUCKET. *St. Mary*
- NEW BEDFORD. *St. John*
- St. Mary*
- New Bedford Catholic Cemeteries*, 1540 State St., 02721. Tel: 508-998-1195.
- Sacred Heart*
- NORTH ATTLEBORO. *St. Mary*
- NORTH EASTON. *Immaculate Conception*
- OAK BLUFFS. *Sacred Heart*
- PROVINCETOWN. *St. Peter*



Catholic Social Services
Diocese of Fall River

Central Office:

Fall River

1600 Bay Street
P.O. Box M-So. Station
Fall River, MA 02724
Ph: 508-674-4681
Fx: 508-675-2224

Satellite Offices:

Cape Cod

261 South Street
Hyannis, MA 02601
Ph: 508-771-6771

New Bedford

238 Bonney Street
New Bedford, MA 02744
Ph: 508-997-7337

Rhode Island

Adoption by Choice
311 Hooper Street
Tiverton, RI 02878
Ph: 401-624-9270

Susan Mazzarella
Chief Executive Officer

August 21, 2018

Patrick Sullivan
Director of Community Development
City of New Bedford
608 Pleasant Street
New Bedford, MA 02740

RE: Portico FY18 Renewal
Project Number 167345

Dear Mr. Sullivan,

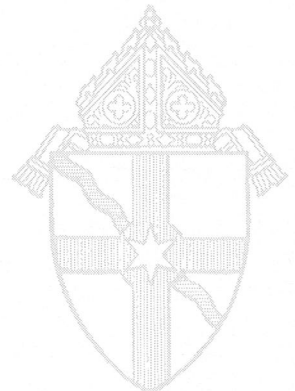
Catholic Social Services will provide \$42,606 as Cash Match for the FY18 HUD CoC Renewal as follows:

1. Amount of cash to be provided to the recipient for the project: \$42,606
2. Specific date the cash will be made available: September 1, 2019 to August 31, 2020
3. The actual grant and fiscal year to which the cash match will be contributed: September 1, 2019 to August 31, 2020
4. Time period during which funding will be available: September 1, 2019 to August 31, 2020
5. Allowable activities to be funded by the cash match. The cash match will cover eligible expenses categories that are not reimbursed by CoC Grant funds incurred by the project.

We look forward to working with you to serve our most vulnerable clients in need of Permanent Supportive Housing.

Regards,


Susan Mazzarella M.A., L.S.W.
Chief Executive Officer



Before Starting the Project Application

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

Things to Remember

- Additional training resources can be found on the HUD Exchange at <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/> - Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2017 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2017 Project Application will be imported into the FY 2018 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2018 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission: Application

2. Type of Application: Renewal Project Application

If "Revision", select appropriate letter(s):

If "Other", specify:

3. Date Received: 09/14/2018

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: MA0493

This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: City of New Bedford

b. Employer/Taxpayer Identification Number (EIN/TIN): 04-6001402

	c. Organizational DUNS:	075719187	PLUS 4	
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d. Address

Street 1: 608 Pleasant Street

Street 2:

City: New Bedford

County:

State: Massachusetts

Country: United States

Zip / Postal Code: 02740

e. Organizational Unit (optional)

Department Name: Office of Housing and Community Development

Division Name:

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

Prefix: Mr.

First Name: Patrick

Middle Name:

Last Name: Sullivan

Suffix:

Title: Director

Organizational Affiliation: City of New Bedford

Telephone Number: (508) 979-1500

Extension:

Fax Number: (508) 979-1575

Email: patrick.sullivan@newbedford-ma.gov

1C. SF-424 Application Details

9. Type of Applicant: C. City or Township Government

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

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: FR-6200-N-25

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (State(s) only): Massachusetts
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: Transition to Stability

16. Congressional District(s):

a. Applicant: MA-009
(for multiple selections hold CTRL key)

b. Project: MA-009
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 09/30/2019

b. End Date: 08/31/2020

18. Estimated Funding (\$)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process? b. Program is subject to E.O. 12372 but has not been selected by the State for review.

If "YES", enter the date this application was made available to the State for review:

20. Is the Applicant delinquent on any Federal debt? No

If "YES," provide an explanation:

1F. SF-424 Declaration

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

I AGREE:

21. Authorized Representative

Prefix: Mr.

First Name: Patrick

Middle Name: J

Last Name: Sullivan

Suffix:

Title: Director

Telephone Number: (508) 979-1500
(Format: 123-456-7890)

Fax Number: (508) 979-1575
(Format: 123-456-7890)

Email: patrick.sullivan@newbedford-ma.gov

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

Date Signed: 09/14/2018

1G. HUD 2880

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

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: City of New Bedford

Prefix: Mr.

First Name: Patrick

Middle Name: J

Last Name: Sullivan

Suffix:

Title: Director

Organizational Affiliation: City of New Bedford

Telephone Number: (508) 979-1500

Extension:

Email: patrick.sullivan@newbedford-ma.gov

City: New Bedford

County:

State: Massachusetts

Country: United States

Zip/Postal Code: 02740

2. Employer ID Number (EIN): 04-6001402

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$153,709.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: Transition to Stability 608 Pleasant Street New Bedford Massachusetts

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

Part I Threshold Determinations

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

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

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

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

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds

Part III Interested Parties

You must disclose:

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

Alphabetical list of all persons with a	Social Security No.	Type of	Financial Interest	Financial Interest
Renewal Project Application FY2018		Page 10		09/14/2018

reportable financial interest in the project or activity (For individuals, give the last name first)	or Employee ID No.	Participation	in Project/Activity (\$)	in Project/Activity (%)
NA	NA	NA	\$0.00	0%

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I certify that this information is true and complete.

I AGREE:

Name / Title of Authorized Official: Patrick Sullivan, Director

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

Date Signed: 09/14/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: City of New Bedford

Program/Activity Receiving Federal Grant Funding: CoC Program

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

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

Sites for Work Performance.

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

Workplaces, including addresses, entered in the attached project application. Refer to addresses entered into the attached project application.

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

X

accurate.

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

Authorized Representative

Prefix: Mr.

First Name: Patrick

Middle Name: J

Last Name: Sullivan

Suffix:

Title: Director

Telephone Number: (508) 979-1500
(Format: 123-456-7890)

Fax Number: (508) 979-1575
(Format: 123-456-7890)

Email: patrick.sullivan@newbedford-ma.gov

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

Date Signed: 09/14/2018

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

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

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

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

X

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

Applicant's Organization: City of New Bedford

Name / Title of Authorized Official: Patrick Sullivan, Director

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

Date Signed: 09/14/2018

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.

Approved by OMB0348-0046

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

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

Answer "No" if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program? No

Legal Name: City of New Bedford

Street 1: 608 Pleasant Street

Street 2:

City: New Bedford

County: Bristol

State: Massachusetts

Country: United States

Zip / Postal Code: 02740

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

I certify that this information is true and complete.

X

Authorized Representative

Prefix: Mr.

First Name: Patrick

Middle Name: J

Last Name: Sullivan

Suffix:

Title: Director

Telephone Number: (508) 979-1500
(Format: 123-456-7890)

Fax Number: (508) 979-1575
(Format: 123-456-7890)

Email: patrick.sullivan@newbedford-ma.gov

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

Date Signed: 09/14/2018

Information About Submission without Changes

After Part 1 is completed; including this screen, Recipient Performance screen, and Renewal Grant Consolidation screen, then Parts 2-6, are available for review as "Read-Only;" except for 3A, 7A and 7B which are mandatory for all projects to update. After project applicants finish reviewing all screens, they will be guided to a "Submissions without Changes" Screen. At this screen, if applicants decide no edits or updates are required to any screens other than the mandatory questions, they can submit without changes. However, if changes to the application are required, e-snaps allows applicants to open individual screens for editing, rather than the entire application. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Importantly, once an applicant makes those selections and clicks "Save" the applicant cannot uncheck those boxes.

If the project is a first-time renewal or selects "Fully Consolidated" on the Renewal Grants Consolidation screen, the "Submit Without Changes" function is not available, and applicants must input data into the application for all required fields relevant to the component type.

Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request? Yes

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request? No

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request? Yes

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request? Yes

Explain the circumstances that led HUD to recapture funds from the most recently expired grant term related to this renewal project request.

The CoC Rapid Rehousing Component has been extremely challenging to execute successfully. We have had trouble identifying eligible participants as well as affordable and appropriate housing for those who are eligible for the program. Identifying landlords willing to work with families who have housing barriers has been extremely challenging. In light of these issues we reallocated funds during the FY17 competition to HMIS. The bulk of unspent funds was in operations, as there were not as many repairs as anticipated, and leasing, due to not being able to identify appropriate housing, totaling \$61,789.33. \$45,000 of these funds were reallocated.

Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2018 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2019, as confirmed on the FY 2018 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2018 CoC Program Competition? No
If "No" click on "Next" or "Save & Next" below to move to the next screen.

2A. Project Subrecipients

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

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

Total Expected Sub-Awards: \$153,709

Organization	Type	Type	Sub-Award Amount
Catholic Social Services of Fall River, Inc.	M. Nonprofit with 501C3 IRS Status	M. Nonprofit with 501C3 IRS Status	\$153,709

2A. Project Subrecipients Detail

a. Organization Name: Catholic Social Services of Fall River, Inc.

b. Organization Type: M. Nonprofit with 501C3 IRS Status

c. Employer or Tax Identification Number: 04-2106394

	* d. Organizational DUNS:	144117389	PLUS 4	
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e. Physical Address

Street 1: 1600 Bay Street

Street 2:

City: Fall River

State: Massachusetts

Zip Code: 02724

f. Congressional District(s): MA-009
(for multiple selections hold CTRL key)

g. Is the subrecipient a Faith-Based Organization? Yes

h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency? Yes

i. Expected Sub-Award Amount: \$153,709

j. Contact Person

Prefix: Ms.

First Name: Angela

Middle Name:

Last Name: Eddings

Suffix:

Title: Coordinator of Permanent Supportive Housing

E-mail Address: aeddings@cssdioc.org

Confirm E-mail Address: aeddings@cssdioc.org

Phone Number: 508-674-4681

Extension:

Fax Number: 508-675-2224

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: MA0493

(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: MA-505 - New Bedford CoC

2b. CoC Collaborative Applicant Name: City of New Bedford

3. Project Name: Transition to Stability

4. Project Status: Standard

5. Component Type: PH

5a. Does the PH project provide PSH or RRH? RRH

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

7. Will this renewal project be part of a new application for a Renewal Expansion Grant? No

3B. Project Description

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

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

This is the fourth renewal for Transition to Stability Project. Transition to Stability is a tenant-based Rapid Rehousing program that targets chronic homeless households in the New Bedford, Massachusetts CoC. It is designed to serve chronically homeless households with the highest need for this type of housing based on Service Prioritization Decision Assistance Tool (SPDAT) score through the Coordinated Entry System. Utilizing a Housing First Approach the project will serve a minimum of seven households per year. Depending on the amount of tenant-based rental assistance needed by each household the project will serve more than seven households in a year. This program attempts to break the barriers these households face in obtaining permanent housing with long-term rental assistance, reducing the amount of time they experience homelessness. Once an appropriate unit has been found, households are connected to community resources that will enable them to achieve stability. Once housed, households can work with the Case Manager set up an Individualized Service Plan based on their unique needs and goals. Case Managers are able to provide a multitude of referrals and options for mainstream resource that will help clients to choose and access the appropriate supportive service or mainstream resource that will help them thrive. It is our experience that through acknowledging each household's unique situation and need stressing that clients take an active role in their decisions and choices when selecting an appropriate solution, gives clients a better opportunity for success. Client choice is seen as an important tool in helping program participants build a solid foundation of self-resolving and life skills that will help them to achieve their goal of permanent and stable housing. In addition to mainstream resources, all clients have access to a life skills coach if necessary to work on basic daily living skills that will help them reach their goals. The performance goals for this project are as follows:

- 85% of all Exits will be to another form of Permanent Housing
- 8% of Adults Stayers in the program will obtain or increase Earned Income
- 10% of Adult Stayers in the program will increase income from non-employment sources
- 8% of Adult Leavers in the program will obtain or increase Earned Income
- 10% of Adult Leavers in the program will obtain or increase non-employment income
- The Utilization Rate of beds will be 90%
- 54% of clients admitted to the program will be Chronically Homeless

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

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

Chronic Homeless	<input checked="" type="checkbox"/>	Domestic Violence	<input checked="" type="checkbox"/>
Veterans	<input checked="" type="checkbox"/>	Substance Abuse	<input checked="" type="checkbox"/>
Youth (under 25)	<input checked="" type="checkbox"/>	Mental Illness	<input checked="" type="checkbox"/>
Families with Children	<input checked="" type="checkbox"/>	HIV/AIDS	<input checked="" type="checkbox"/>
		Other (Click 'Save' to update)	<input type="checkbox"/>

Other:

3. Housing First

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

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

Having too little or little income	<input checked="" type="checkbox"/>
Active or history of substance use	<input checked="" type="checkbox"/>
Having a criminal record with exceptions for state-mandated restrictions	<input checked="" type="checkbox"/>
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

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

Failure to participate in supportive services	<input checked="" type="checkbox"/>
Failure to make progress on a service plan	<input checked="" type="checkbox"/>
Loss of income or failure to improve income	<input checked="" type="checkbox"/>

Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	<input checked="checked" type="checkbox"/>
None of the above	<input type="checkbox"/>

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

4A. Supportive Services for Participants

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

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

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

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

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

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

3. Do project participants have access to Yes

SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?

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

4B. Housing Type and Location

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

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

Total Units: 7

Total Beds: 17

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...)	---	7	17

4B. Housing Type and Location Detail

1. Housing Type: Scattered-site apartments (including efficiencies)

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

a. Units: 7

b. Beds: 17

3. Address

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.

Street 1: 238 Bonney Street

Street 2:

City: New Bedford

State: Massachusetts

ZIP Code: 02724

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

251614 New Bedford

5A. Project Participants - Households

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

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	7	0		7

Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Adults over age 24	7	0		7
Adults ages 18-24		0		0
Accompanied Children under age 18	10			10
Unaccompanied Children under age 18				0
Total Persons	17	0	0	17

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

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

Persons in Households with at Least One Adult and One Child

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24	7			3	0	3	1	0	0	0
Adults ages 18-24										
Children under age 18	10									
Total Persons	17	0	0	3	0	3	1	0	0	0

Click Save to automatically calculate totals

Persons in Households without Children

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

Persons in Households with Only Children

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

5C. Outreach for Participants

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

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

80%	Directly from the street or other locations not meant for human habitation.
20%	Directly from emergency shelters.
	Directly from safe havens.
0%	Persons fleeing domestic violence.
	Directly from transitional housing eliminated in a previous CoC Program Competition.
	Directly from the TH Portion of a Joint TH and PH-RRH Component project.
	Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program.
100%	Total of above percentages

6A. Funding Request

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

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

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

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

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

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

a. Please complete the indirect cost rate schedule below:

Administering Department/Agency	Indirect Cost Rate	Direct Cost Base
Catholic Social Services	10%	de minimis rate

b. Has this rate been approved by your cognizant agency? No

c. Do you plan to use the 10% de minimis rate? Yes

4. Renewal Grant Term: 1 Year

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

Rental Assistance	<input checked="" type="checkbox"/>
Supportive Services	<input checked="" type="checkbox"/>
HMIS	<input type="checkbox"/>

6C. Rental Assistance Budget

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

The following list summarizes the rental assistance funding request for the total term of the project. To add information to the list, select the icon. To view or update information already listed, select the icon.

Total Request for Grant Term:		\$78,984	
Total Units:		7	
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	MA - New Bedford, MA HUD Metro FMR Ar...	7	\$78,984

Rental Assistance Budget Detail

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: MA - New Bedford, MA HUD Metro FMR Area (2500500520)

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? No

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	HUD Paid Rent (Applicant)		12 Months		Total Request (Applicant)
SRO		x	\$495	\$495	x		=	\$0
0 Bedroom		x	\$660	\$660	x		=	\$0
1 Bedroom		x	\$717	\$717	x		=	\$0
2 Bedrooms	4	x	\$849	\$849	x		=	\$40,752
3 Bedrooms	3	x	\$1,062	\$1,062	x		=	\$38,232
4 Bedrooms		x	\$1,170	\$1,170	x		=	\$0
5 Bedrooms		x	\$1,346	\$1,346	x		=	\$0
6 Bedrooms		x	\$1,521	\$1,521	x		=	\$0
7 Bedrooms		x	\$1,697	\$1,697	x		=	\$0
8 Bedrooms		x	\$1,872	\$1,872	x		=	\$0
9 Bedrooms		x	\$2,048	\$2,048	x		=	\$0
Total Units and Annual Assistance Requested	7							\$78,984
Grant Term								1 Year
Total Request for Grant Term								\$78,984

Click the 'Save' button to automatically calculate totals.

6D. Sources of Match

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

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

Summary for Match

Total Value of Cash Commitments:	\$38,427
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$38,427

1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? No

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Private	Catholic Social S...	08/21/2018	\$38,427

Sources of Match Detail

1. Will this commitment be used towards Match? Yes

2. Type of Commitment: Cash

3. Type of Source: Private

4. Name the Source of the Commitment: Catholic Social Services
(Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 08/21/2018

6. Value of Written Commitment: \$38,427

6E. Summary Budget

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

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

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	\$0
1b. Leased Structures	\$0
2. Rental Assistance	\$78,984
3. Supportive Services	\$60,751
4. Operating	\$0
5. HMIS	\$0
6. Sub-total Costs Requested	\$139,735
7. Admin (Up to 10%)	\$13,974
8. Total Assistance plus Admin Requested	\$153,709
9. Cash Match	\$38,427
10. In-Kind Match	\$0
11. Total Match	\$38,427
12. Total Budget	\$192,136

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	CSS 501C3	08/21/2018
2) Other Attachmenbt	No	CSS MATCH LETTER	09/10/2018
3) Other Attachment	No		

Attachment Details

Document Description: CSS 501C3

Attachment Details

Document Description: CSS MATCH LETTER

Attachment Details

Document Description:

7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

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

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

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

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

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

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

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

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

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance. It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 578.33(d) or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

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

15-Year Operation Rule – 24 CFR part 578 only.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

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

C. Explanation.

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

Name of Authorized Certifying Official Patrick Sullivan

Date: 09/14/2018

Title: Director

Applicant Organization: City of New Bedford

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).

X

Submission Without Changes

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

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

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

Part 2 - Subrecipient Information	
2A. Subrecipients	<input type="checkbox"/>
Part 3 - Project Information	
3A. Project Detail	<input checked="" type="checkbox"/>
3B. Description	<input type="checkbox"/>
Part 4 - Housing Services and HMIS	
4A. Services	<input type="checkbox"/>
4B. Housing Type	<input type="checkbox"/>
Part 5 - Participants and Outreach Information	
5A. Households	<input type="checkbox"/>
5B. Subpopulations	<input type="checkbox"/>
5C. Outreach	<input type="checkbox"/>
Part 6 - Budget Information	
6A. Funding Request	<input type="checkbox"/>
6C. Rental Assistance	<input type="checkbox"/>
6D. Match	<input type="checkbox"/>

6E. Summary Budget	<input type="checkbox"/>
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	<input checked="" type="checkbox"/>
7B. Certification	<input checked="" type="checkbox"/>

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

In Part 2, the Subrecipient information was changed to reflect the proper contact person for this program. Changes were made to Part 3 to reflect that the project uses a Housing First Approach. Part 4 was changed to match the GIW. Party 6A was changed to add in the 10% de minimis rate. Changes to Part 6D were necessary to update Match amounts. Updated Match and 501c3 letters were attached in Part 7A.

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

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	09/14/2018
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/14/2018
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1E. SF-424 Compliance	09/14/2018
1F. SF-424 Declaration	09/14/2018
1G. HUD-2880	09/14/2018
1H. HUD-50070	09/14/2018
1I. Cert. Lobbying	09/14/2018
1J. SF-LLL	09/14/2018
Recipient Performance	09/14/2018
Renewal Grant Consolidation	09/14/2018
2A. Subrecipients	09/14/2018
3A. Project Detail	09/14/2018
3B. Description	09/14/2018
4A. Services	09/14/2018
4B. Housing Type	09/14/2018
5A. Households	09/14/2018
5B. Subpopulations	No Input Required
5C. Outreach	09/14/2018
6A. Funding Request	09/14/2018
6C. Rental Assistance	09/14/2018
6D. Match	09/14/2018
6E. Summary Budget	No Input Required
7A. Attachment(s)	09/14/2018
7B. Certification	09/14/2018
Submission Without Changes	09/14/2018

Internal Revenue Service
P.O. Box 2508
Cincinnati, OH 45201

Department of the Treasury

Date: June 2, 2017

Person to Contact:

R. Meyer ID# 0110429

Toll Free Telephone Number:

877-829-5500

United States Conference of Catholic
Bishops
3211 4th Street, NE
Washington, DC 20017-1194

Group Exemption Number:

0928

Dear Sir/Madam:

This responds to your June 2, 2017, request for information regarding the status of your group tax exemption.

Our records indicate that you were issued a determination letter in March 1946, that you are currently exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code, and are not a private foundation within the meaning of section 509(a) of the Code because you are described in sections 509(a)(1) and 170(b)(1)(A)(i).

With your request, you provided a copy of the *Official Catholic Directory for 2017*, which includes the names and addresses of the agencies and instrumentalities and the educational, charitable, and religious institutions operated by the Roman Catholic Church in the United States, its territories, and possessions that are subordinate organizations under your group tax exemption. Your request indicated that each subordinate organization is a non-profit organization, that no part of the net earnings thereof inures to the benefit of any individual, and that no substantial part of their activities is for promotion of legislation. You have further represented that none of your subordinate organizations is a private foundation under section 509(a), although all subordinates do not all share the same sub-classification under section 509(a). Based on your representations, the subordinate organizations in the *Official Catholic Directory for 2017* are recognized as exempt under section 501(c)(3) of the Code under GEN 0928.

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

Subordinate organizations under a group exemption do not receive individual exemption letters. Most subordinate organizations are not separately listed in Publication 78 or the EO Business Master File. Donors may verify that a subordinate organization is included

in your group exemption by consulting the *Official Catholic Directory*, the official subordinate listing approved by you, or by contacting you directly. IRS does not verify the inclusion of subordinate organizations under your group exemption. See IRS Publication 4573, *Group Exemption*, for additional information about group exemptions.

Each subordinate organization covered in a group exemption should have its own EIN. Each subordinate organization must use its own EIN, not the EIN of the central organization, in all filings with IRS.

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

Sincerely,

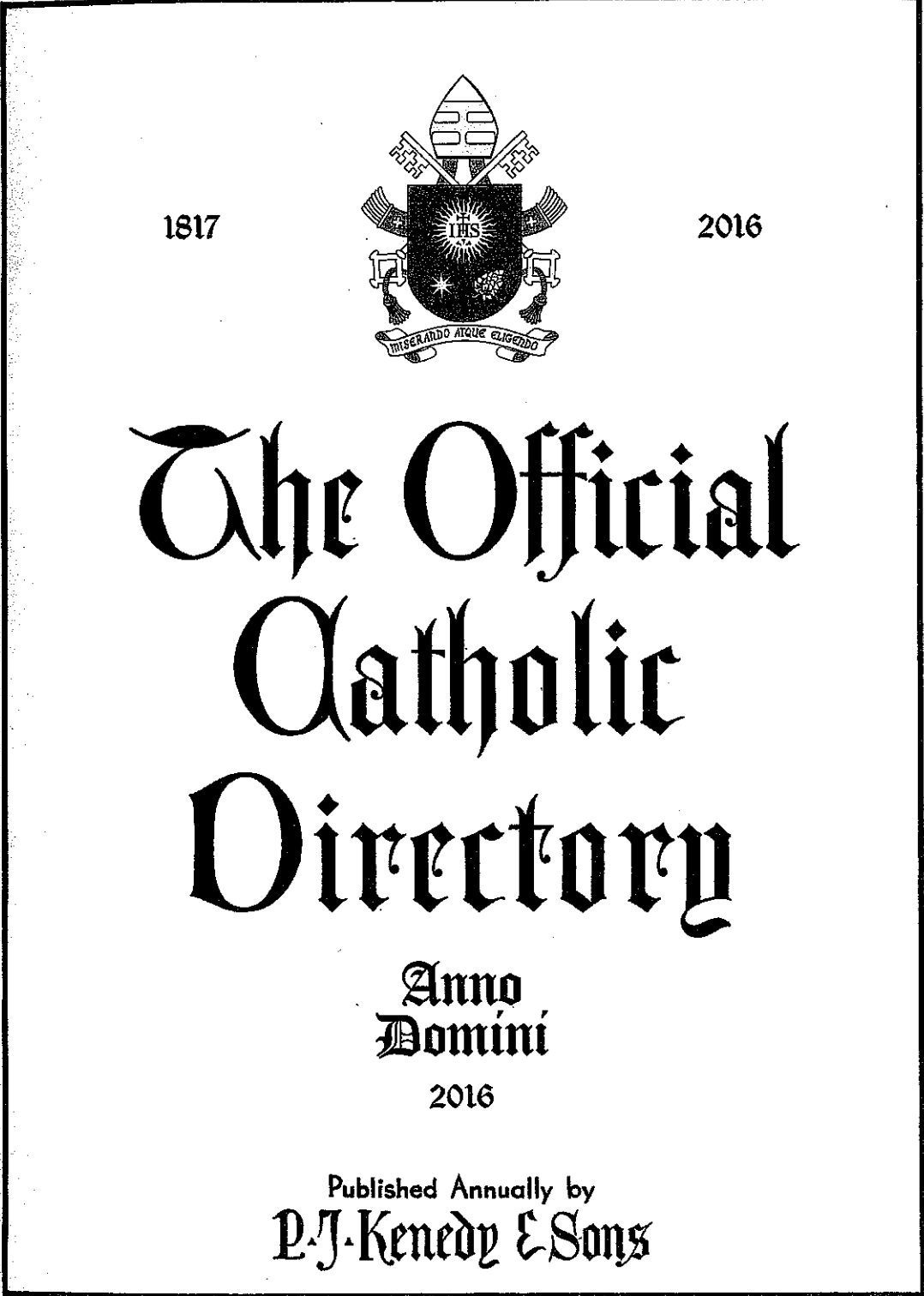
A handwritten signature in black ink that reads "Stephen a. martin". The signature is written in a cursive style with a lowercase 'a' and 'm'.

Stephen A. Martin
Director, Exempt Organizations
Rulings and Agreements

ALABAMA • COLORADO • ARIZONA • MAINE • TEXAS • UTAH • ALASKA •
IOWA • LOUISIANA • WISCONSIN • TENNESSEE • IDAHO •

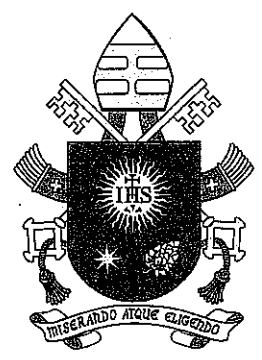
CALIFORNIA • MICHIGAN • MINNESOTA • MISSISSIPPI • MISSOURI • WEST VIRGINIA • NEW YORK • NEVADA •
NORTH DAKOTA • PENNSYLVANIA • SOUTH CAROLINA • SOUTH DAKOTA • MARYLAND • ARKANSAS

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1817

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The Official Catholic Directory

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Web: www.marymediatrix.com. P.O. Box 3003, 02741-3003. Revs. Matthias M. Sasko, F.I.; John Joseph M. Cook, F.I., General Delegate; Maximilian M. Warnisher, F.I., Fr. Guardian; Friars John M. Risse, F.I.; Charbel M. Boustany, F.I.; Pedro Francisco M. Ohero, F.I. Priests 3; Brothers 3.

ONSET. St. Joseph Friary-Franciscan Friars, 46 Robinwood Rd., P.O. Box 63, 02558. Tel: 508-759-7280; Fax: 508-743-9551. Email: charles848@aol.com. Bro. Charles Gingerich, O.F.M., M.R.E., Guard. & Deacon; Rev. Brennan Egan, O.F.M., Ph.D. Total Staff 2; Total in Residence 2.

[F] CONVENTS AND RESIDENCES FOR SISTERS

DIGHTON. Dominican Sisters of Charity of the Presentation of the Blessed Virgin, 3012 Elm St., 02715. Tel: 508-669-5425; 508-669-5023 (Novitiate); Fax: 508-669-8521. Email: domsrs@presentation-op-usa-org. Web: www.presentation-op-usa-org. Sr. Vimala Vadakupadan, O.P., Major Supr. Provincial House-Residence, Residence for Aged Sisters, Novitiate. Sisters 33.

FAIRHAVEN. Sisters of the Sacred Hearts, Community Headquarters, 35 Huttleston Ave., 02719-3154. Tel: 508-994-9341. Sisters Eleanor Marie Cyr, SS.CC., Supr.; Claire Bouchard, SS.CC.; Muriel Ann Lebeau, SS.CC.

Sisters of the Sacred Hearts of Jesus and Mary and of Perpetual Adoration, SS.CC. Sisters in Community 3.

NEW BEDFORD. Franciscan Sisters of the Immaculate, 106 Bullard St., 02746. Tel: 508-990-0335. Email: fsiusa@verizon.net. Web: www.franciscansoftheimmaculate.com. Sr. Maria Simona Pia, F.I., Local Supr. Professed Sisters 4; Postulants 5.

SOUTH DARTMOUTH. Dominican Sisters of Hope (1995) Bethany Community, 84 Degaris Ave., 02748. Tel: 508-996-1305. Web: www.ophope.org. Sisters 2.

TAUNTON. Villa Fatima (1934) 90 County St., 02780. Tel: 508-822-6282; Fax: 508-823-0825. Email: srsharon@academyofstdorothy.org. Web: www.ssdmission.org; www.sistersofsaintdorothy.org. Sr. Rosalie Patrello, S.S.D., Local Coord. Sisters of St. Dorothy. Professed Sisters 6.

WARRENHAM. St. Patrick's Missionary Cenacle, 86 High St., 02571. Tel: 508-295-0799. Email: srcath@verizon.net. Outreach to the homebound.

[G] RETREAT HOUSES

ATTLEBORO. La Salette Retreat and Conference Center, 947 Park St., 02703-0965. Tel: 508-222-8530; Fax: 508-236-9089. Email: office@lasaletteretreatcenter.com. Web: www.lasaletteretreatcenter.com. Rev. Cyriac Mattathilanicakal, M.S., Dir.; Bro. Donald Wininski, M.S., Hospitality; Justin Richardson, Youth Retreat Facilit.; Dorothy J. Levesque, Retreat Leader; Sr. Mary Margaret Souza, S.S.D., Retreat Leader. Priests 1; Total Staff 10; Total Assisted 5,200.

EAST FREETOWN. Cathedral Camp and Retreat Center (1919) 167 Middleboro Rd., P.O. Box 428, 02717-0428. Tel: 508-763-8874; Fax: 508-763-2230. Email: rena@cathedralcamp.net. Web: www.cathedralcamp.net. Rena Lemieux, Asst. Dir. Total Staff 60.

Cathedral Camp Retreat Center, 167 Middleboro Rd., P.O. Box 428, 02717-0428. Tel: 508-763-8874; Fax: 508-763-2230. Email: rena@cathedralcamp.net. Web: www.cathedralcamp.net. Total Staff 6.

NORTH EASTON. Holy Cross Retreat House, 490 Washington St., 02356-1294. Tel: 508-238-2051; Fax: 508-238-0164. Email: jfca44@hotmail.com. Web: www.retreathouse.org. Rev. Joseph F. Callahan, C.S.C., Spiritual Dir. Priests 1.

WARRENHAM. Sacred Hearts Retreat Center, 226 Great Neck Rd., 02571. Tel: 508-295-0100; Fax: 508-291-2624. Email: retreats@sscc.org. Web: www.sccc.org. Rev. Stanley Kolasa, SS.CC., Dir.; Sr. Claire Bouchard, SS.CC., Admin. Congregation of the Sacred Hearts - United States Province. Priests 1; Sisters 1; Total Staff 6.

[H] DEPARTMENT OF CATHOLIC SOCIAL SERVICES AND SPECIAL APOSTOLATES

FALL RIVER. Campaign For Human Development Apostolate, 1600 Bay St., P.O. Box M, South Station, 02724. Tel: 508-674-4681; Fax: 508-675-2224. Email: aam@cssdioc.org. Arlene A. McNamee, L.C.S.W., Coord.

Catholic Social Services of Fall River, 1600 Bay St., P.O. Box M, S. Station, 02724. Tel: 508-674-4681; Fax: 508-675-2224. Email: aam@cssdioc.org. Arlene A. McNamee, L.C.S.W., Exec. Dir. Program Directors: Debora Jones, Office Child

Protection; Phyllis Habib, Pregnancy & Adoption Svcs. LICSW; Matt Dauseau, Office for Persons with Disabilities; Nancy Lawson, Coord. Emergency Solutions; Rosemary Auger, Coord. Supportive Housing Programs.

Catholic Social Services of New Bedford, 238 Bonney St., New Bedford, 02744. Tel: 508-997-7337; Fax: 508-984-1687.

Catholic Social Services of Cape Cod, 261 South St., Hyannis, 02601. Tel: 508-771-6771; Fax: 508-771-4711.

Catholic Social Services of Taunton/Attleboro, 247 Maple St., Attleboro, 02703. Tel: 508-824-3264. **Adoption By Choice,** 311 Hooper St., Tiverton, RI 02878. Tel: 401-624-9270; Fax: 508-675-2224.

HYANNIS. St. Clare's Residence for Women 02601. Tel: 508-775-6096; Fax: 508-957-2181. Bed Capacity 5; Total Staff 8; Total Assisted Annually 17.

[I] CAMPS AND COMMUNITY CENTERS

FALL RIVER. Diocesan Catholic Youth Organization, 709 Hanover St., 02720. Tel: 508-679-6732; Fax: 508-675-4755. Very Rev. Jay T. Maddock, J.C.L., V.F., Diocesan Dir.

Fall River Area Catholic Youth Organization, Sullivan-McCarrick CYO Center, 403 Anawan St., 02720. Tel: 508-672-9644; Fax: 508-675-4755.

New Bedford Area Catholic Youth Organization, Kennedy Youth Center, 377 County St., New Bedford, 02740. Tel: 508-996-0536; Fax: 508-675-4755. Mr. Nelson Macedo, Area Dir.

Taunton Area Catholic Youth Organization, 61 Summer St., Taunton, 02780. Tel: 774-222-1834; Fax: 508-675-4755. Mr. Donald Morrison, Area Dir.

[J] NEWMAN CENTERS AND CAMPUS MINISTRY

FALL RIVER. Bristol Community College Campus Ministry 777 Elsbree St., 02720-7395. Tel: 508-678-2811, Ext. 2810; Fax: 508-730-3286. Web: www.bcccatholics.com. Rev. David C. Frederici, Campus Min. Total Staff 1.

Diocesan Education Center 423 Highland Ave., 02720. Tel: 508-678-2828; Fax: 508-674-4218. Email: mgriffin@dfrcs.com. Web: www.dfrcs.org. Dr. Michael S. Griffin, Supt. of Schools; Dr. Donna Boyle, Asst. Supt. Curriculum; Mrs. Louise P. Kane, Asst. Supt. Personnel; Claire M. McManus, S.T.L., Dir. Faith Formation.

NORTH DARTMOUTH. UMass Dartmouth Campus Ministry 285 Old Westport Rd., 02747-2300. Tel: 508-999-8872. Email: dfrederici@umass.edu. Rev. David C. Frederici, Chap.; Mr. Tim Wiedenmann, Campus Min.; Faith Form./Grad.; Deacon Frank R. Lucca, Campus Min. Total Staff 2.

Wheaton College Office for Campus Ministry P.O. Box 70737, 02747. Fax: 774-202-3047.

WEST BARNSTABLE. Cape Cod Campus Ministry P.O. Box 1558, Pocasset, 02559. Tel: 508-563-5887; Fax: 508-444-3674. Email: dfrederici@umass.edu. Web: www.capecatholics.com/. Rev. David C. Frederici, Chap.; Vacant, Outreach Coord.

[K] MISCELLANEOUS LISTINGS

FALL RIVER. Assisi Housing Corporation, 1600 Bay St., 02724. Tel: 508-674-4681; Fax: 508-675-2224. Arlene A. McNamee, L.C.S.W., Contact Person. **Carmelite Convent of Dartmouth, Inc.,** P.O. Box 2577, 02722.

Community Action for Better Housing, Inc., 1600 Bay St., P.O. Box M, S. Station, 02724. Tel: 508-674-4681; Fax: 508-675-2224. Email: AAM@csdioc.org. Ed Allard, Prog. Coord.

Diocesan Facilities Self-Insurance Group, Inc., P.O. Box 1110, 02722.

St. Dominic's Apartments, Inc., 1600 Bay St., 02724. Tel: 508-674-4681; Fax: 508-675-2224. Arlene A. McNamee, L.C.S.W., Dir.

Foundation to Advance Catholic Education, Inc., P.O. Box 2577, 02722. Tel: 508-675-1311; Fax: 508-676-6591. Web: www.face-dfr.org.

Oscar Romero House, Inc., 1600 Bay St., 02724. Tel: 508-674-4681; Fax: 508-675-2224. Arlene A. McNamee, L.C.S.W., Contact Person.

FAIRHAVEN. Congregation of the Sacred Hearts - United States Province, 77 Adams St., P.O. Box 111, 02719. Tel: 508-993-2442; Fax: 508-996-6499. Web: www.sccc.org. Rev. Johnathan A. Hurrell, SS.CC., Prov. Supr.

NEW BEDFORD. The Institute of the Incarnate Word, Inc., 1359 Acushnet Ave., 02746. Tel: 508-993-1691; Fax: 508-999-4775. Rev. Octavio Cortez, I.V.E. Priests 1; Total Staff 4; Total Assisted 150. **Missionaries of Charity,** 556 County St., 02740. Tel: 508-997-7347. Vacant, Supr. Shelter for homeless women. Total in Residence 4; Total Assisted 228.

NORTH EASTON. Holy Cross Family Ministries (1942) 518 Washington St., 02356-1200. Tel: 508-238-4095; Fax: 508-238-3953. Email: mission@

hcfm.org. Web: www.hcfm.org. Rev. Raymond, C.S.C., Pres.; James H. Regional Dir. Family Rosary Latin American Guifey, C.S.C., Natl. Dir. of Family Productions; Beth Mahoney, Missionary of Hugh Cleary, C.S.C., Natl. Dir. Family Corporate Name: The Family Sponsored by Congregation of Holy Province).

RELIGIOUS INSTITUTES OF MEN REPRESENTED IN THE DIOCESE

For further details refer to the bracketed number in the Religious Institutes Men or Women section.

[0600]—Brothers of the Congregation of Holy C.S.C.

[0270]—Carmelite Fathers—O.Carm.

[1140]—Congregation of the Sacred Hearts and Mary—SS.CC.

[0480]—Conventual Franciscans (Buffalo O.F.M. Conv.

[0520]—Franciscan Friars (Immaculate Conv.)—O.F.M.

[0533]—Franciscan Friars of the Immaculate

[0685]—Institute of the Incarnate Word—I.V.E.

[0720]—Missionaries of Our Lady of La Salette (Eastern Prov.)—C.S.C.

RELIGIOUS INSTITUTES OF WOMEN REPRESENTED IN THE DIOCESE

[3815]—Congregation of the Sisters of Holy Arc—S.J.A.

[]—Consecrated Virgin

[0750]—Daughters of the Charity of the Sacred Heart of Jesus (Sacred Heart Prov.)—F.C.S.C.

[1100]—Dominican Sisters of Charity Presentation of the Blessed Virgin—O.P.

[1105]—Dominican Sisters of Hope—O.P.

[]—Franciscan of Our Lady of the Holy F.L.H.F.

[]—Franciscan Sisters of the Immaculate

[3790]—Institute of the Sisters of St. Dorothy

[2710]—Missionaries of Charity—M.C.

[2790]—Missionary Servants of the Most Holy Trinity—M.S.B.T.

[3450]—Religious of Jesus and Mary—R.J.M.

[2070]—Religious of the Holy Union of the Sacred Hearts (Immaculate Heart and Sacred Provs.)—S.U.S.C.

[]—Secular Institute of the Kingship of Christ

[]—Sisters of Adoration of the Blessed Sacrament S.A.B.S.

[2575]—Sisters of Mercy of the Americas—S.M.A.

[]—Sisters of Our Lady of La Salette—S.I.N.D.S.

[3720]—Sisters of Saint Anne—S.S.A.

[3830-16]—Sisters of St. Joseph (Springfield) S.S.J.

[0150]—Sisters of the Assumption—S.A.S.V.

[3180]—Sisters of the Cross and Passion—O.P.

[1880]—Sisters of the Good Shepherd (Contemporary Religious)—C.G.S.R.G.S.

[3690]—Sisters of the Sacred Hearts of Perpetual Adoration—SS.CC.

[4048]—Society of the Sisters, Faithful Companions of Jesus—F.C.J.

DIOCESAN CEMETERIES

- FALL RIVER. St. John
- St. Mary
- Notre Dame
- St. Patrick
- ATTLEBORO. St. John
- St. Stephen
- EAST FALMOUTH. St. Anthony
- HYANNIS. St. Francis
- MANSFIELD. St. Mary
- MATTAPOISETT. St. Anthony
- NANTUCKET. St. Mary
- NEW BEDFORD. St. John
- St. Mary
- New Bedford Catholic Cemeteries, 1540 State St., 02721. Tel: 508-998-1195.
- Sacred Heart
- NORTH ATTLEBORO. St. Mary
- NORTH EASTON. Immaculate Conception
- OAK BLUFFS. Sacred Heart
- PROVINCETOWN. St. Peter



Catholic Social Services
Diocese of Fall River

August 21, 2018

Patrick Sullivan
Director of Community Development
City of New Bedford
608 Pleasant Street
New Bedford, MA 02740

Central Office:

Fall River
1600 Bay Street
P.O. Box M-So. Station
Fall River, MA 02724
Ph: 508-674-4681
Fx: 508-675-2224

RE: TRANSITION TO STABILITIY FY18 Renewal
Project Number 167342

Dear Mr. Sullivan,

Catholic Social Services will provide \$38,427 as Cash Match for the FY18 HUD CoC Renewal as follows:

Satellite Offices:

Cape Cod
261 South Street
Hyannis, MA 02601
Ph: 508-771-6771

New Bedford
238 Bonney Street
New Bedford, MA 02744
Ph: 508-997-7337

Rhode Island
Adoption by Choice
311 Hooper Street
Tiverton, RI 02878
Ph: 401-624-9270

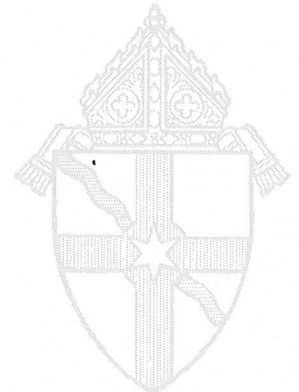
1. Amount of cash to be provided to the recipient for the project: \$38,427
2. Specific date the cash will be made available: September 1, 2019 to August 31, 2020
3. The actual grant and fiscal year to which the cash match will be contributed: September 1, 2019 to August 31, 2020
4. Time period during which funding will be available: September 1, 2019 to August 31, 2020
5. Allowable activities to be funded by the cash match. The cash match will cover eligible expenses categories that are not reimbursed by CoC Grant funds incurred by the project.

Susan Mazzarella
Chief Executive Officer

We look forward to working with you to serve our most vulnerable clients in need of CoC Rapid Rehousing Funds.

Regards,


Susan Mazzarella M.A., L.S.W.
Chief Executive Officer



Before Starting the Project Application

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

Things to Remember

- Additional training resources can be found on the HUD Exchange at <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/> - Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2017 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2017 Project Application will be imported into the FY 2018 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2018 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission: Application

2. Type of Application: Renewal Project Application

If "Revision", select appropriate letter(s):

If "Other", specify:

3. Date Received: 09/14/2018

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: MA0434

This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: City of New Bedford

b. Employer/Taxpayer Identification Number (EIN/TIN): 04-6001402

	c. Organizational DUNS:	075719187	PLUS 4	
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d. Address

Street 1: 608 Pleasant Street

Street 2:

City: New Bedford

County:

State: Massachusetts

Country: United States

Zip / Postal Code: 02740

e. Organizational Unit (optional)

Department Name: Office of Housing and Community Development

Division Name:

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

Prefix: Mr.

First Name: Patrick

Middle Name:

Last Name: Sullivan

Suffix:

Title: Director

Organizational Affiliation: City of New Bedford

Telephone Number: (508) 979-1500

Extension:
Fax Number: (508) 979-1575
Email: patrick.sullivan@newbedford-ma.gov

1C. SF-424 Application Details

9. Type of Applicant: C. City or Township Government

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

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: FR-6200-N-25

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (State(s) only): Massachusetts
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: Prism

16. Congressional District(s):

a. Applicant: MA-009
(for multiple selections hold CTRL key)

b. Project: MA-009
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 10/01/2019

b. End Date: 09/30/2020

18. Estimated Funding (\$)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process? b. Program is subject to E.O. 12372 but has not been selected by the State for review.

If "YES", enter the date this application was made available to the State for review:

20. Is the Applicant delinquent on any Federal debt? No

If "YES," provide an explanation:

1F. SF-424 Declaration

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

I AGREE:

21. Authorized Representative

Prefix: Mr.

First Name: Patrick

Middle Name: J

Last Name: Sullivan

Suffix:

Title: Director

Telephone Number: (508) 979-1500
(Format: 123-456-7890)

Fax Number: (508) 979-1575
(Format: 123-456-7890)

Email: patrick.sullivan@newbedford-ma.gov

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

Date Signed: 09/14/2018

1G. HUD 2880

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

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: City of New Bedford

Prefix: Mr.

First Name: Patrick

Middle Name: J

Last Name: Sullivan

Suffix:

Title: Director

Organizational Affiliation: City of New Bedford

Telephone Number: (508) 979-1500

Extension:

Email: patrick.sullivan@newbedford-ma.gov

City: New Bedford

County:

State: Massachusetts

Country: United States

Zip/Postal Code: 02740

2. Employer ID Number (EIN): 04-6001402

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$109,030.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: Prism 608 Pleasant Street New Bedford Massachusetts

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

Part I Threshold Determinations

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

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

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

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

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds

Part III Interested Parties

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

Alphabetical list of all persons with a	Social Security No.	Type of	Financial Interest	Financial Interest
Renewal Project Application FY2018		Page 10		09/14/2018

reportable financial interest in the project or activity (For individuals, give the last name first)	or Employee ID No.	Participation	in Project/Activity (\$)	in Project/Activity (%)
NA	NA	NA	\$0.00	0%

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I certify that this information is true and complete.

I AGREE:

Name / Title of Authorized Official: Patrick Sullivan, Director

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

Date Signed: 09/14/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: City of New Bedford

Program/Activity Receiving Federal Grant Funding: CoC Program

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

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

Sites for Work Performance.

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

Workplaces, including addresses, entered in the attached project application.
 Refer to addresses entered into the attached project application.

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

X

accurate.

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

Authorized Representative

Prefix: Mr.

First Name: Patrick

Middle Name: J

Last Name: Sullivan

Suffix:

Title: Director

Telephone Number: (508) 979-1500
(Format: 123-456-7890)

Fax Number: (508) 979-1575
(Format: 123-456-7890)

Email: patrick.sullivan@newbedford-ma.gov

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

Date Signed: 09/14/2018

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

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

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

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

X

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

Applicant's Organization: City of New Bedford

Name / Title of Authorized Official: Patrick Sullivan, Director

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

Date Signed: 09/14/2018

1J. SF-LLL

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

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

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

Answer "No" if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program? No

Legal Name: City of New Bedford

Street 1: 608 Pleasant Street

Street 2:

City: New Bedford

County: Bristol

State: Massachusetts

Country: United States

Zip / Postal Code: 02740

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

I certify that this information is true and complete.

X

Authorized Representative

Prefix: Mr.

First Name: Patrick

Middle Name: J

Last Name: Sullivan

Suffix:

Title: Director

Telephone Number: (508) 979-1500
(Format: 123-456-7890)

Fax Number: (508) 979-1575
(Format: 123-456-7890)

Email: patrick.sullivan@newbedford-ma.gov

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

Date Signed: 09/14/2018

Information About Submission without Changes

After Part 1 is completed; including this screen, Recipient Performance screen, and Renewal Grant Consolidation screen, then Parts 2-6, are available for review as "Read-Only;" except for 3A, 7A and 7B which are mandatory for all projects to update. After project applicants finish reviewing all screens, they will be guided to a "Submissions without Changes" Screen. At this screen, if applicants decide no edits or updates are required to any screens other than the mandatory questions, they can submit without changes. However, if changes to the application are required, e-snaps allows applicants to open individual screens for editing, rather than the entire application. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Importantly, once an applicant makes those selections and clicks "Save" the applicant cannot uncheck those boxes.

If the project is a first-time renewal or selects "Fully Consolidated" on the Renewal Grants Consolidation screen, the "Submit Without Changes" function is not available, and applicants must input data into the application for all required fields relevant to the component type.

Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request? Yes

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request? No

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request? Yes

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request? Yes

Explain the circumstances that led HUD to recapture funds from the most recently expired grant term related to this renewal project request.

For the grant year ending in 2017, the only category with funds that will need to be recaptured is in the leasing line item in the amount of \$16,006. This is due to not being able to secure appropriate housing in the area due to low FMRs and landlords unwilling to rent to our program. We continue outreach efforts to recruit new landlords.



Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2018 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2019, as confirmed on the FY 2018 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2018 CoC Program Competition? **No**
If “No” click on “Next” or “Save & Next” below to move to the next screen.

2A. Project Subrecipients

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

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

Total Expected Sub-Awards: \$109,030

Organization	Type	Type	Sub-Award Amount
Catholic Social Services of Fall River, Inc.	M. Nonprofit with 501C3 IRS Status	M. Nonprofit with 501C3 IRS Status	\$109,030

2A. Project Subrecipients Detail

a. Organization Name: Catholic Social Services of Fall River, Inc.

b. Organization Type: M. Nonprofit with 501C3 IRS Status

c. Employer or Tax Identification Number: 04-2106394

	* d. Organizational DUNS:	144117389	PLUS 4	
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e. Physical Address

Street 1: 1600 Bay Street

Street 2:

City: Fall River

State: Massachusetts

Zip Code: 02724

f. Congressional District(s): MA-009
(for multiple selections hold CTRL key)

g. Is the subrecipient a Faith-Based Organization? Yes

h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency? Yes

i. Expected Sub-Award Amount: \$109,030

j. Contact Person

Prefix: Ms.

First Name: Maritza

Middle Name:

Last Name: Irizarry

Suffix:

Title: Coordinator of Permanent Supportive Housing

E-mail Address: mirizarry@cssdioc.org

Confirm E-mail Address: mirizarry@cssdioc.org

Phone Number: 508-674-4681

Extension:

Fax Number: 508-675-2224

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: MA0434

(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: MA-505 - New Bedford CoC

2b. CoC Collaborative Applicant Name: City of New Bedford

3. Project Name: Prism

4. Project Status: Standard

5. Component Type: PH

5a. Does the PH project provide PSH or RRH? PSH

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

7. Will this renewal project be part of a new application for a Renewal Expansion Grant? No

3B. Project Description

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

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

This application is for the renewal of the Prism Program. Prism is a Permanent Supportive Housing Program that has been in existence for the last 5 years. During the FY15 CoC Renewal and Tiering Process, Prism was a straddle project. Funding was only awarded for the Tier 1 portion of the program. Therefore this renewal project now consist of 6 Units/12 Beds. Prism consists of scattered site housing within the New Bedford, MA CoC area. It is designed to serve chronically homeless individuals with the highest need for this type of housing based on their Vulnerability Index score through the Coordinated Entry System. Prism uses a Housing First Model of service delivery that focuses first on stabilizing the client in housing. Clients share scattered site units as unrelated persons in a roommate model that Catholic Social Services has used successfully for several years. This model helps provide a stable living situation for clients, while at the same time creates a positive non-isolating environment that helps clients with social as well as problem solving/negotiating skills. Once the client is stabilized and the basic need of shelter has been eliminated, the client can then choose to participate in getting wrap around support services put into place. The Case Manager would then work with each program participant to formulate individual service plans that will maximize housing stability, increase income, and achieve greater self-determination based on the unique needs and choices of each client. Case Managers are able to provide a multitude of referrals and options for mainstream resource that will help clients to choose and access the appropriate supportive service or mainstream resource that will help them thrive. It is our experience that through acknowledging each individual's unique situation and need stressing that clients take an active role in their decisions and choices when selecting an appropriate solution, gives clients a better opportunity for success. Client choice is seen as an important tool in helping program participants build a solid foundation of self-resolving and life skills that will help them to achieve their goal of permanent and stable housing. In addition to mainstream resources, CSS employs a life skills coach so clients can, if necessary, to work on improving basic daily living skills that can help them reach their goals. The performance goals for this project are as follows:

- 85% of all Exits will be to another form of Permanent Housing
- 8% of Adults Stayers in the program will obtain or increase Earned Income
- 10% of Adult Stayers in the program will increase income from non-employment sources
- 8% of Adult Leavers in the program will obtain or increase Earned Income
- 10% of Adult Leavers in the program will obtain or increase non-employment income

- The Utilization Rate of beds will be 90%
- 54% of clients admitted to the program will be Chronically Homeless

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

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

Chronic Homeless	<input checked="" type="checkbox"/>	Domestic Violence	<input checked="" type="checkbox"/>
Veterans	<input checked="" type="checkbox"/>	Substance Abuse	<input checked="" type="checkbox"/>
Youth (under 25)	<input checked="" type="checkbox"/>	Mental Illness	<input checked="" type="checkbox"/>
Families with Children	<input type="checkbox"/>	HIV/AIDS	<input checked="" type="checkbox"/>
		Other (Click 'Save' to update)	<input type="checkbox"/>

Other:

3. Housing First

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

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

Having too little or little income	<input checked="" type="checkbox"/>
Active or history of substance use	<input checked="" type="checkbox"/>
Having a criminal record with exceptions for state-mandated restrictions	<input checked="" type="checkbox"/>
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

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

Failure to participate in supportive services	<input checked="" type="checkbox"/>
Failure to make progress on a service plan	<input checked="" type="checkbox"/>

Loss of income or failure to improve income	<input checked="" type="checkbox"/>
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

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

3C. Dedicated Plus

Dedicated and DedicatedPLUS

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

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

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

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

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

4A. Supportive Services for Participants

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

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

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

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

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

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

3. Do project participants have access to Yes

SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?

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

4B. Housing Type and Location

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

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

Total Units: 6

Total Beds: 12

Total Dedicated CH Beds: 12

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...)	---	6	12

4B. Housing Type and Location Detail

1. Housing Type: Scattered-site apartments (including efficiencies)

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

a. Units: 6

b. Beds: 12

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 12

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

4. Address:

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.

Street 1: 238 Bonney Street

Street 2:

City: New Bedford

State: Massachusetts

ZIP Code: 02744

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

251614 New Bedford

5A. Project Participants - Households

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

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	0	12	0	12

Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Adults over age 24	0	12		12
Adults ages 18-24	0	0		0
Accompanied Children under age 18	0		0	0
Unaccompanied Children under age 18			0	0
Total Persons	0	12	0	12

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

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

Persons in Households with at Least One Adult and One Child

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

Persons in Households without Children

Characteristics	Chronic Homeless Non-Veterans	Chronic Homeless Veterans	Non-Chronic Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24	11		1	8	0	4	1	0	0	0
Adults ages 18-24		0	0	0	0	0	0	0	0	0
Total Persons	11	0	1	8	0	4	1	0	0	0

Click Save to automatically calculate totals

Persons in Households with Only Children

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

5C. Outreach for Participants

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

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

20%	Directly from the street or other locations not meant for human habitation.
80%	Directly from emergency shelters.
	Directly from safe havens.
0%	Persons fleeing domestic violence.
	Directly from transitional housing eliminated in a previous CoC Program Competition.
	Directly from the TH Portion of a Joint TH and PH-RRH Component project.
	Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program.
100%	Total of above percentages

6A. Funding Request

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

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

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

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

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

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

a. Please complete the indirect cost rate schedule below:

Administering Department/Agency	Indirect Cost Rate	Direct Cost Base
Catholic Social Services	10%	de minimis rate

b. Has this rate been approved by your cognizant agency? No

c. Do you plan to use the 10% de minimis rate? Yes

4. Renewal Grant Term: 1 Year

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

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

6B. Leased Units Budget

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

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

Total Annual Assistance Requested:		\$62,208	
Grant Term:		1 Year	
Total Request for Grant Term:		\$62,208	
Total Units:		6	
FMR Area	Total Units Requested	Total Annual Budget Requested	Total Budget Requested
MA - New Bedford,...	6	\$62,208	\$62,208

Leased Units Budget Detail

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

Metropolitan or non-metropolitan fair market rent area: MA - New Bedford, MA HUD Metro FMR Area (2500500520)

Leased Units Annual Budget

Size of Units	# of Units (Applicant)	Total Request (Applicant)
SRO		
0 Bedroom		
1 Bedroom		
2 Bedroom	6	
3 Bedroom		
4 Bedroom		
5 Bedroom		
6 Bedroom		
7 Bedroom		
8 Bedroom		
9 Bedroom		
Total Units and Annual Assistance Requested	6	\$62,208
Grant Term		1 Year
Total Request for Grant Term		\$62,208

Click the 'Save' button to automatically calculate totals.

6D. Sources of Match

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

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

Summary for Match

Total Value of Cash Commitments:	\$11,706
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$11,706

1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? No

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Private	Catholic Social S...	08/21/2018	\$11,706

Sources of Match Detail

- 1. Will this commitment be used towards Match?** Yes
- 2. Type of Commitment:** Cash
- 3. Type of Source:** Private
- 4. Name the Source of the Commitment:** Catholic Social Services
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 08/21/2018
- 6. Value of Written Commitment:** \$11,706

6E. Summary Budget

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

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

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	\$62,208
1b. Leased Structures	\$0
2. Rental Assistance	\$0
3. Supportive Services	\$24,797
4. Operating	\$12,117
5. HMIS	\$0
6. Sub-total Costs Requested	\$99,122
7. Admin (Up to 10%)	\$9,908
8. Total Assistance plus Admin Requested	\$109,030
9. Cash Match	\$11,706
10. In-Kind Match	\$0
11. Total Match	\$11,706
12. Total Budget	\$120,736

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	CSS 501C3	08/21/2018
2) Other Attachmenbt	No	CSS MATCH LETTER	09/10/2018
3) Other Attachment	No		

Attachment Details

Document Description: CSS 501C3

Attachment Details

Document Description: CSS MATCH LETTER

Attachment Details

Document Description:

7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

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

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

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

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

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

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

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

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

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance. It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 578.33(d) or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

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

15-Year Operation Rule – 24 CFR part 578 only.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

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

C. Explanation.

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

Name of Authorized Certifying Official Patrick Sullivan

Date: 09/14/2018

Title: Director

Applicant Organization: City of New Bedford

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).

X

Submission Without Changes

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

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

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

Part 2 - Subrecipient Information	
2A. Subrecipients	<input type="checkbox"/>
Part 3 - Project Information	
3A. Project Detail	<input checked="" type="checkbox"/>
3B. Description	<input type="checkbox"/>
3C. Dedicated Plus	<input type="checkbox"/>
Part 4 - Housing Services and HMIS	
4A. Services	<input type="checkbox"/>
4B. Housing Type	<input type="checkbox"/>
Part 5 - Participants and Outreach Information	
5A. Households	<input type="checkbox"/>
5B. Subpopulations	<input type="checkbox"/>
5C. Outreach	<input type="checkbox"/>
Part 6 - Budget Information	
6A. Funding Request	<input type="checkbox"/>
6B. Leased Units	<input type="checkbox"/>

6D. Match	<input type="checkbox"/>
6E. Summary Budget	<input type="checkbox"/>
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	<input checked="" type="checkbox"/>
7B. Certification	<input checked="" type="checkbox"/>

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

Part 2A was changed to reflect the correct contact person for the subrecipient. Changes were made to Part 3 to reflect that the project uses a Housing First Approach. Part 6A was changed to add in the 10% de minimis rate for indirect costs in FY18. Changes to Part 6D were necessary to update Match amounts. Changes to Part 6E were made to match GIW. Updated Match and 501c3 letters were attached in Part 7A.

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

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	09/14/2018
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required

Renewal Project Application FY2018	Page 50	09/14/2018
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1D. SF-424 Congressional District(s)	09/14/2018
1E. SF-424 Compliance	09/14/2018
1F. SF-424 Declaration	09/14/2018
1G. HUD-2880	09/14/2018
1H. HUD-50070	09/14/2018
1I. Cert. Lobbying	09/14/2018
1J. SF-LLL	09/14/2018
Recipient Performance	09/14/2018
Renewal Grant Consolidation	09/14/2018
2A. Subrecipients	09/14/2018
3A. Project Detail	09/14/2018
3B. Description	09/14/2018
3C. Dedicated Plus	09/14/2018
4A. Services	09/14/2018
4B. Housing Type	09/14/2018
5A. Households	09/14/2018
5B. Subpopulations	No Input Required
5C. Outreach	09/14/2018
6A. Funding Request	09/14/2018
6B. Leased Units	09/14/2018
6D. Match	09/14/2018
6E. Summary Budget	No Input Required
7A. Attachment(s)	09/14/2018
7B. Certification	09/14/2018
Submission Without Changes	09/14/2018

Internal Revenue Service
P.O. Box 2508
Cincinnati, OH 45201

Department of the Treasury

Date: June 2, 2017

Person to Contact:

R. Meyer ID# 0110429

Toll Free Telephone Number:

877-829-5500

United States Conference of Catholic
Bishops
3211 4th Street, NE
Washington, DC 20017-1194

Group Exemption Number:

0928

Dear Sir/Madam:

This responds to your June 2, 2017, request for information regarding the status of your group tax exemption.

Our records indicate that you were issued a determination letter in March 1946, that you are currently exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code, and are not a private foundation within the meaning of section 509(a) of the Code because you are described in sections 509(a)(1) and 170(b)(1)(A)(i).

With your request, you provided a copy of the *Official Catholic Directory for 2017*, which includes the names and addresses of the agencies and instrumentalities and the educational, charitable, and religious institutions operated by the Roman Catholic Church in the United States, its territories, and possessions that are subordinate organizations under your group tax exemption. Your request indicated that each subordinate organization is a non-profit organization, that no part of the net earnings thereof inures to the benefit of any individual, and that no substantial part of their activities is for promotion of legislation. You have further represented that none of your subordinate organizations is a private foundation under section 509(a), although all subordinates do not all share the same sub-classification under section 509(a). Based on your representations, the subordinate organizations in the *Official Catholic Directory for 2017* are recognized as exempt under section 501(c)(3) of the Code under GEN 0928.

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

Subordinate organizations under a group exemption do not receive individual exemption letters. Most subordinate organizations are not separately listed in Publication 78 or the EO Business Master File. Donors may verify that a subordinate organization is included

in your group exemption by consulting the *Official Catholic Directory*, the official subordinate listing approved by you, or by contacting you directly. IRS does not verify the inclusion of subordinate organizations under your group exemption. See IRS Publication 4573, *Group Exemption*, for additional information about group exemptions.

Each subordinate organization covered in a group exemption should have its own EIN. Each subordinate organization must use its own EIN, not the EIN of the central organization, in all filings with IRS.

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

Sincerely,

A handwritten signature in black ink that reads "Stephen a. martin". The signature is written in a cursive style with a lowercase 'a' and 'm'.


Stephen A. Martin
Director, Exempt Organizations
Rulings and Agreements

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IOWA • LOUISIANA • WISCONSIN • TENNESSEE • IDAHO •

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ONSET. St. Joseph Friary-Franciscan Friars, 46 Robinwood Rd., P.O. Box 63, 02558. Tel: 508-759-7280; Fax: 508-743-9551. Email: charles848@aol.com. Bro. Charles Gingerich, O.F.M., M.R.E., Guard. & Deacon; Rev. Brennan Egan, O.F.M., Ph.D. Total Staff 2; Total in Residence 2.

[F] CONVENTS AND RESIDENCES FOR SISTERS

DIGHTON. Dominican Sisters of Charity of the Presentation of the Blessed Virgin, 3012 Elm St., 02715. Tel: 508-669-5425; 508-669-5023 (Novitiate); Fax: 508-669-8521. Email: domsrs@presentation-op-usa-org. Web: www.presentation-op-usa-org. Sr. Vimala Vadakupadan, O.P., Major Supr. Provincial House-Residence, Residence for Aged Sisters, Novitiate. Sisters 33.

FAIRHAVEN. Sisters of the Sacred Hearts, Community Headquarters, 35 Huttleston Ave., 02719-3154. Tel: 508-994-9341. Sisters Eleanor Marie Cyr, SS.CC., Supr.; Claire Bouchard, SS.CC.; Muriel Ann Lebeau, SS.CC.

Sisters of the Sacred Hearts of Jesus and Mary and of Perpetual Adoration, SS.CC. Sisters in Community 3.

NEW BEDFORD. Franciscan Sisters of the Immaculate, 106 Bullard St., 02746. Tel: 508-990-0335. Email: fsiusa@verizon.net. Web: www.franciscansoftheimmaculate.com. Sr. Maria Simona Pia, F.I., Local Supr. Professed Sisters 4; Postulants 5.

SOUTH DARTMOUTH. Dominican Sisters of Hope (1995) Bethany Community, 84 Degaris Ave., 02748. Tel: 508-996-1305. Web: www.ophope.org. Sisters 2.

TAUNTON. Villa Fatima (1934) 90 County St., 02780. Tel: 508-822-6282; Fax: 508-823-0825. Email: srsharon@academyofstdorothy.org. Web: www.ssdmission.org; www.sistersofsaintdorothy.org. Sr. Rosalie Patrello, S.S.D., Local Coord. Sisters of St. Dorothy. Professed Sisters 6.

WARRENHAM. St. Patrick's Missionary Cenacle, 86 High St., 02571. Tel: 508-295-0799. Email: srcath@verizon.net. Outreach to the homebound.

[G] RETREAT HOUSES

ATTLEBORO. La Salette Retreat and Conference Center, 947 Park St., 02703-0965. Tel: 508-222-8530; Fax: 508-236-9089. Email: office@lasaletteretreatcenter.com. Web: www.lasaletteretreatcenter.com. Rev. Cyriac Mattathilanickal, M.S., Dir.; Bro. Donald Wininski, M.S., Hospitality; Justin Richardson, Youth Retreat Facilit.; Dorothy J. Levesque, Retreat Leader; Sr. Mary Margaret Souza, S.S.D., Retreat Leader. Priests 1; Total Staff 10; Total Assisted 5,200.

EAST FREETOWN. Cathedral Camp and Retreat Center (1919) 167 Middleboro Rd., P.O. Box 428, 02717-0428. Tel: 508-763-8874; Fax: 508-763-2230. Email: rena@cathedralcamp.net. Web: www.cathedralcamp.net. Rena Lemieux, Asst. Dir. Total Staff 60.

Cathedral Camp Retreat Center, 167 Middleboro Rd., P.O. Box 428, 02717-0428. Tel: 508-763-8874; Fax: 508-763-2230. Email: rena@cathedralcamp.net. Web: www.cathedralcamp.net. Total Staff 6.

NORTH EASTON. Holy Cross Retreat House, 490 Washington St., 02356-1294. Tel: 508-238-2051; Fax: 508-238-0164. Email: jfca14@hotmail.com. Web: www.retreathouse.org. Rev. Joseph F. Callahan, C.S.C., Spiritual Dir. Priests 1.

WARRENHAM. Sacred Hearts Retreat Center, 226 Great Neck Rd., 02571. Tel: 508-295-0100; Fax: 508-291-2624. Email: retreats@sscc.org. Web: www.sccc.org. Rev. Stanley Kolasa, SS.CC., Dir.; Sr. Claire Bouchard, SS.CC., Admin. Congregation of the Sacred Hearts - United States Province. Priests 1; Sisters 1; Total Staff 6.

[H] DEPARTMENT OF CATHOLIC SOCIAL SERVICES AND SPECIAL APOSTOLATES

FALL RIVER. Campaign For Human Development Apostolate, 1600 Bay St., P.O. Box M, South Station, 02724. Tel: 508-674-4681; Fax: 508-675-2224. Email: aam@cssdioc.org. Arlene A. McNamee, L.C.S.W., Coord.

Catholic Social Services of Fall River, 1600 Bay St., P.O. Box M, S. Station, 02724. Tel: 508-674-4681; Fax: 508-675-2224. Email: aam@cssdioc.org. Arlene A. McNamee, L.C.S.W., Exec. Dir. Program Directors: Debora Jones, Office Child

Protection; Phyllis Habib, Pregnancy & Adoption Svcs. LICSW; Matt Dauseau, Office for Persons with Disabilities; Nancy Lawson, Coord. Emergency Solutions; Rosemary Auger, Coord. Supportive Housing Programs.

Catholic Social Services of New Bedford, 238 Bonney St., New Bedford, 02744. Tel: 508-997-7337; Fax: 508-984-1687.

Catholic Social Services of Cape Cod, 261 South St., Hyannis, 02601. Tel: 508-771-6771; Fax: 508-771-4711.

Catholic Social Services of Taunton/Attleboro, 247 Maple St., Attleboro, 02703. Tel: 508-824-3264. **Adoption By Choice,** 311 Hooper St., Tiverton, RI 02878. Tel: 401-624-9270; Fax: 508-675-2224.

HYANNIS. St. Clare's Residence for Women 02601. Tel: 508-775-6096; Fax: 508-957-2181. Bed Capacity 5; Total Staff 8; Total Assisted Annually 17.

[I] CAMPS AND COMMUNITY CENTERS

FALL RIVER. Diocesan Catholic Youth Organization, 709 Hanover St., 02720. Tel: 508-679-6732; Fax: 508-675-4755. Very Rev. Jay T. Maddock, J.C.L., V.F., Diocesan Dir.

Fall River Area Catholic Youth Organization, Sullivan-McCarrick CYO Center, 403 Anawan St., 02720. Tel: 508-672-9644; Fax: 508-675-4755.

New Bedford Area Catholic Youth Organization, Kennedy Youth Center, 377 County St., New Bedford, 02740. Tel: 508-996-0536; Fax: 508-675-4755. Mr. Nelson Macedo, Area Dir.

Taunton Area Catholic Youth Organization, 61 Summer St., Taunton, 02780. Tel: 774-222-1834; Fax: 508-675-4755. Mr. Donald Morrison, Area Dir.

[J] NEWMAN CENTERS AND CAMPUS MINISTRY

FALL RIVER. Bristol Community College Campus Ministry 777 Elsbree St., 02720-7395. Tel: 508-678-2811, Ext. 2810; Fax: 508-730-3286. Web: www.bcccatholics.com. Rev. David C. Frederici, Campus Min. Total Staff 1.

Diocesan Education Center 423 Highland Ave., 02720. Tel: 508-678-2828; Fax: 508-674-4218. Email: mgriffin@dfrcs.com. Web: www.dfrcs.org. Dr. Michael S. Griffin, Supt. of Schools; Dr. Donna Boyle, Asst. Supt. Curriculum; Mrs. Louise P. Kane, Asst. Supt. Personnel; Claire M. McManus, S.T.L., Dir. Faith Formation.

NORTH DARTMOUTH. Umass Dartmouth Campus Ministry 285 Old Westport Rd., 02747-2300. Tel: 508-999-8872. Email: dfrederici@umass.edu. Rev. David C. Frederici, Chap.; Mr. Tim Wiedenmann, Campus Min.; Faith Form./Grad.; Deacon Frank R. Lucca, Campus Min. Total Staff 2.

Wheaton College Office for Campus Ministry P.O. Box 70737, 02747. Fax: 774-202-3047.

WEST BARNSTABLE. Cape Cod Campus Ministry P.O. Box 1558, Pocasset, 02559. Tel: 508-563-5887; Fax: 508-444-3674. Email: dfrederici@umass.edu. Web: www.capecatholics.com/. Rev. David C. Frederici, Chap.; Vacant, Outreach Coord.

[K] MISCELLANEOUS LISTINGS

FALL RIVER. Assisi Housing Corporation, 1600 Bay St., 02724. Tel: 508-674-4681; Fax: 508-675-2224. Arlene A. McNamee, L.C.S.W., Contact Person. **Carmelite Convent of Dartmouth, Inc.,** P.O. Box 2577, 02722.

Community Action for Better Housing, Inc., 1600 Bay St., P.O. Box M, S. Station, 02724. Tel: 508-674-4681; Fax: 508-675-2224. Email: AAM@csdioc.org. Ed Allard, Prog. Coord.

Diocesan Facilities Self-Insurance Group, Inc., P.O. Box 1110, 02722.

St. Dominic's Apartments, Inc., 1600 Bay St., 02724. Tel: 508-674-4681; Fax: 508-675-2224. Arlene A. McNamee, L.C.S.W., Dir.

Foundation to Advance Catholic Education, Inc., P.O. Box 2577, 02722. Tel: 508-675-1311; Fax: 508-676-6591. Web: www.face-dfr.org.

Oscar Romero House, Inc., 1600 Bay St., 02724. Tel: 508-674-4681; Fax: 508-675-2224. Arlene A. McNamee, L.C.S.W., Contact Person.

FAIRHAVEN. Congregation of the Sacred Hearts - United States Province, 77 Adams St., P.O. Box 111, 02719. Tel: 508-993-2442; Fax: 508-996-6499. Web: www.sccc.org. Rev. Johnathan A. Hurrell, SS.CC., Prov. Supr.

NEW BEDFORD. The Institute of the Incarnate Word, Inc., 1359 Acushnet Ave., 02746. Tel: 508-993-1691; Fax: 508-999-4775. Rev. Octavio Cortez, I.V.E. Priests 1; Total Staff 4; Total Assisted 150. **Missionaries of Charity,** 556 County St., 02740. Tel: 508-997-7347. Vacant, Supr. Shelter for homeless women. Total in Residence 4; Total Assisted 228.

NORTH EASTON. Holy Cross Family Ministries (1942) 518 Washington St., 02356-1200. Tel: 508-238-4095; Fax: 508-238-3953. Email: mission@

hcfm.org. Web: www.hcfm.org. Rev. Raymond, C.S.C., Pres.; James H. Regional Dir. Family Rosary Latin American Guifey, C.S.C., Natl. Dir. of Family Productions; Beth Mahoney, Missionary of High Cleary, C.S.C., Natl. Dir. Family Corporate Name: The Family Sponsored by Congregation of Holy Province).

RELIGIOUS INSTITUTES OF MEN REPRESENTED IN THE DIOCESE

For further details refer to the bracketed number in the Religious Institutes Men or Women section.

[0600]—Brothers of the Congregation of Holy C.S.C.

[0270]—Carmelite Fathers—O.Carm.

[1140]—Congregation of the Sacred Hearts and Mary—SS.CC.

[0480]—Conventual Franciscans (Buffalo O.F.M. Conv.

[0520]—Franciscan Friars (Immaculate Conv.)—O.F.M.

[0533]—Franciscan Friars of the Immaculate

[0685]—Institute of the Incarnate Word—I.V.E.

[0720]—Missionaries of Our Lady of La Salette (Eastern Prov.)—C.S.C.

RELIGIOUS INSTITUTES OF WOMEN REPRESENTED IN THE DIOCESE

[3815]—Congregation of the Sisters of St. Arc—S.J.A.

—Consecrated Virgin

[0750]—Daughters of the Charity of the Sacred Heart of Jesus (Sacred Heart Prov.)—F.C.S.G.

[1100]—Dominican Sisters of Charity Presentation of the Blessed Virgin—O.P.

[1105]—Dominican Sisters of Hope—O.P.

—Franciscan of Our Lady of the Holy F.L.H.F.

—Franciscan Sisters of the Immaculate

[3790]—Institute of the Sisters of St. Dorothy

[2710]—Missionaries of Charity—M.C.

[2790]—Missionary Servants of the Most Holy Trinity—M.S.B.T.

[3450]—Religious of Jesus and Mary—R.J.M.

[2070]—Religious of the Holy Union of the Sacred Hearts (Immaculate Heart and Sacred Provs.)—S.U.S.C.

—Secular Institute of the Kingship of Christ

—Sisters of Adoration of the Blessed Sacrament S.A.B.S.

[2575]—Sisters of Mercy of the Americas—S.M.A.

—Sisters of Our Lady of La Salette—S.I.N.D.S.

[3720]—Sisters of Saint Anne—S.S.A.

[3830-16]—Sisters of St. Joseph (Springfield) S.S.J.

[0150]—Sisters of the Assumption—S.A.S.V.

[3180]—Sisters of the Cross and Passion—O.P.

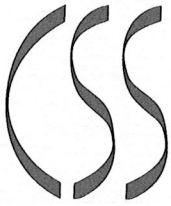
[1880]—Sisters of the Good Shepherd (Contemporary Religious)—C.G.S./R.G.S.

[3690]—Sisters of the Sacred Hearts of Perpetual Adoration—SS.CC.

[4048]—Society of the Sisters, Faithful Companions of Jesus—F.C.J.

DIOCESAN CEMETERIES

- FALL RIVER. St. John
- St. Mary
- Notre Dame
- St. Patrick
- ATTLEBORO. St. John
- St. Stephen
- EAST FALMOUTH. St. Anthony
- HYANNIS. St. Francis
- MANSFIELD. St. Mary
- MATTAPOISETT. St. Anthony
- NANTUCKET. St. Mary
- NEW BEDFORD. St. John
- St. Mary
- New Bedford Catholic Cemeteries, 1540 State St. 02721. Tel: 508-998-1195.
- Sacred Heart
- NORTH ATTLEBORO. St. Mary
- NORTH EASTON. Immaculate Conception
- OAK BLUFFS. Sacred Heart
- PROVINCETOWN. St. Peter



Catholic Social Services
Diocese of Fall River

August 21, 2018

Patrick Sullivan
Director of Community Development
City of New Bedford
608 Pleasant Street
New Bedford, MA 02740

Central Office:

Fall River
1600 Bay Street
P.O. Box M-So. Station
Fall River, MA 02724
Ph: 508-674-4681
Fx: 508-675-2224

RE: Prism FY18 Renewal
Project Number

Dear Mr. Sullivan,

Catholic Social Services will provide \$11,706 as Cash Match for the FY18 HUD CoC Renewal as follows:

Satellite Offices:

Cape Cod
261 South Street
Hyannis, MA 02601
Ph: 508-771-6771

1. Amount of cash to be provided to the recipient for the project: \$11,706
2. Specific date the cash will be made available: October 1, 2019 to September 30, 2020

New Bedford
238 Bonney Street
New Bedford, MA 02744
Ph: 508-997-7337

3. The actual grant and fiscal year to which the cash match will be contributed: FY18 October 1, 2019 to September 30, 2020

Rhode Island
Adoption by Choice
311 Hooper Street
Tiverton, RI 02878
Ph: 401-624-9270

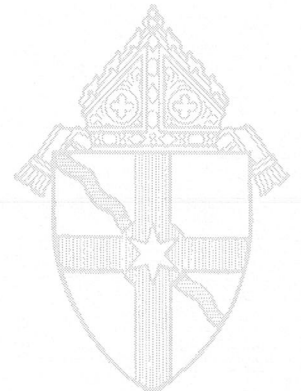
4. Time period during which funding will be available: October 1, 2019 to September 30, 2020
5. Allowable activities to be funded by the cash match. The cash match will cover eligible expenses categories that are not reimbursed by CoC Grant funds incurred by the project.

Susan Mazzarella
Chief Executive Officer

We look forward to working with you to serve our most vulnerable clients in need of Permanent Supportive Housing.

Regards,

Susan Mazzarella M.A., L.S.W.
Chief Executive Officer



Before Starting the Project Application

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

Things to Remember:

- Additional training resources can be found on the HUD Exchange at <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>.
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2018 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- New projects may only be submitted as either Reallocated or Permanent Supportive Housing Bonus Projects. These funding methods are determined in collaboration with local CoC and it is critical that applicants indicate the correct funding method. Project applicants must communicate with their CoC to make sure that the CoC submissions reflect the same funding method.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- HUD reserves the right to reduce or reject any new project that fails to adhere to (24 CFR part 578 and application requirements set forth in FY 2018 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:

2. Type of Application: New Project Application

If Revision, select appropriate letter(s):

If "Other", specify:

3. Date Received: 09/14/2018

4. Applicant Identifier:

5a. Federal Entity Identifier:

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: City of New Bedford

b. Employer/Taxpayer Identification Number (EIN/TIN): 04-6001402

	c. Organizational DUNS:	075719187	PLUS 4:	
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d. Address

Street 1: 608 Pleasant Street

Street 2:

City: New Bedford

County:

State: Massachusetts

Country: United States

Zip / Postal Code: 02740

e. Organizational Unit (optional)

Department Name: Office of Housing and Community Development

Division Name:

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

Prefix: Mr.

First Name: Patrick

Middle Name:

Last Name: Sullivan

Suffix:

Title: Director

Organizational Affiliation: City of New Bedford

Telephone Number: (508) 979-1500

Extension:

Fax Number: (508) 979-1575

Email: patrick.sullivan@newbedford-ma.gov

1C. SF-424 Application Details

9. Type of Applicant: C. City or Township Government

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

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: FR-6200-N-25

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (state(s) only): Massachusetts
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: Homeport PH-RRH

16. Congressional District(s):

a. Applicant: MA-009
b. Project: MA-009
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 09/01/2019
b. End Date: 08/31/2020

18. Estimated Funding (\$)

a. Federal:
b. Applicant:
c. State:
d. Local:
e. Other:
f. Program Income:
g. Total:

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process? b. Program is subject to E.O. 12372 but has not been selected by the State for review.

If "YES", enter the date this application was made available to the State for review:

20. Is the Applicant delinquent on any Federal debt? No

If "YES," provide an explanation:

1F. SF-424 Declaration

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

I AGREE:

21. Authorized Representative

Prefix: Mr.

First Name: Patrick

Middle Name: J

Last Name: Sullivan

Suffix:

Title: Director

Telephone Number: (508) 979-1500
(Format: 123-456-7890)

Fax Number: (508) 979-1575
(Format: 123-456-7890)

Email: patrick.sullivan@newbedford-ma.gov

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

Date Signed: 09/14/2018

1G. HUD 2880

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

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: City of New Bedford

Prefix: Mr.

First Name: Patrick

Middle Name: J

Last Name: Sullivan

Suffix:

Title: Director

Organizational Affiliation: City of New Bedford

Telephone Number: (508) 979-1500

Extension:

Email: patrick.sullivan@newbedford-ma.gov

City: New Bedford

County:

State: Massachusetts

Country: United States

Zip/Postal Code: 02740

2. Employer ID Number (EIN): 04-6001402

3. HUD Program: Continuum of Care Program

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

(Requested amounts will be automatically entered within applications)

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

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

Part I Threshold Determinations

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

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

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

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

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds

Note: If additional sources of Government Assistance, please use the "Other Attachments" screen of the project applicant profile.

Part III Interested Parties

You must disclose:

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

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation	Financial Interest in Project/Activity (\$)	Financial Interest in Project/Activity (%)
NA	NA	NA	\$0.00	0%

Note: If there are no other people included, write NA in the boxes.

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I certify that this information is true and complete.

I AGREE:

Name / Title of Authorized Official: Patrick Sullivan, Director

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

Date Signed: 09/14/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: City of New Bedford

Program/Activity Receiving Federal Grant Funding: CoC Program

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

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

2. Sites for Work Performance.

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

I hereby certify that all the information stated herein, as well as any information provided in

X

the accompaniment herewith, is true and accurate.



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

Authorized Representative

Prefix: Mr.

First Name: Patrick

Middle Name: J

Last Name: Sullivan

Suffix:

Title: Director

Telephone Number: (508) 979-1500
(Format: 123-456-7890)

Fax Number: (508) 979-1575
(Format: 123-456-7890)

Email: patrick.sullivan@newbedford-ma.gov

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

Date Signed: 09/14/2018

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

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

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

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

X

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

Applicant's Organization: City of New Bedford

Name / Title of Authorized Official: Patrick Sullivan, Director

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

Date Signed: 09/14/2018

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.

Approved by OMB0348-0046

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

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

Answer "No" if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program? No

Legal Name: City of New Bedford

Street 1: 608 Pleasant Street

Street 2:

City: New Bedford

County:

State: Massachusetts

Country: United States

Zip / Postal Code: 02740

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

I certify that this information is true and complete.

X

Authorized Representative

Prefix: Mr.

First Name: Patrick

Middle Name: J

Last Name: Sullivan

Suffix:

Title: Director

Telephone Number: (508) 979-1500
(Format: 123-456-7890)

Fax Number: (508) 979-1575
(Format: 123-456-7890)

Email: patrick.sullivan@newbedford-ma.gov

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

Date Signed: 09/14/2018

2A. Project Subrecipients

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

Total Expected Sub-Awards: \$150,000

Organization	Type	Sub-Award Amount
New Bedford Women's Center, Inc.	M. Nonprofit with 501C3 IRS Status	\$150,000

2A. Project Subrecipients Detail

a. Organization Name: New Bedford Women's Center, Inc.

b. Organization Type: M. Nonprofit with 501C3 IRS Status
If "Other" specify:

c. Employer or Tax Identification Number: 04-2557022

	* d. Organizational DUNS:	090918040	PLUS 4:	
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e. Physical Address

Street 1: 405 County Street

Street 2:

City: New Bedford

State: Massachusetts

Zip Code: 02740

f. Congressional District(s): MA-009
(for multiple selections hold CTRL key)

g. Is the subrecipient a Faith-Based Organization? No

h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency? Yes

i. Expected Sub-Award Amount: \$150,000

j. Contact Person

Prefix: Ms.

First Name: Janette

Middle Name:

Last Name: Otero

Suffix:

Title: Housing Coodinator

E-mail Address: jotero@thewomenscentersc.com

Confirm E-mail Address: jotero@thewomenscentersc.com

Phone Number: 508-996-3343

Extension:

Fax Number: 508-999-7139

2B. Experience of Applicant, Subrecipient(s), and Other Partners

1. Describe the experience of the applicant and potential subrecipients (if any), in effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations.

The agency's experience serving South Coast communities dates to 1973 and the Center began to offer domestic violence services in 1978. The Center has had a Housing Stabilization program funded by DCF for ten years and also had an OVW Office of Justice housing program for seven years. Additionally, the Center had housing funding from both Fall River and New Bedford rapid re-Housing programs in 2008-2011 and managed the LOFT (Living Opportunities for Families in Transition) program for five years. In our Housing Stabilization program, Homeport, a community-based counselor is assigned to work together with the Housing Advocate with an individual and/or family seeking services to provide coordination of care, support, advocacy and assistance to ensure they have access to all needed services including facilitating/working with DCF, DTA, schools, health care, IPAE programs and housing, among others. The Women's Center's housing programs provide comprehensive, wrap-around services that meet all clients' needs and help them to achieve safety while not sacrificing autonomy. The Center is fortunate to have an experienced, seasoned staff and staff retention is quite high – probably because many members of our staff are survivors themselves and have a unique dedication to the mission. We are fortunate to have counselors with experience ranging from 3–18 years. New staff members are mentored by their peers and the clinical director to assure that their advocacy skills are high quality and their approach is trauma-informed, compassionate and founded in equal justice. Clients' needs beyond domestic violence services – including career counseling, financial planning and assistance – are met through the Center's wonderful network of community partners. The Women's Center's Housing Advocate is bicultural/bilingual in Spanish and is available to clients via cell phone for emergencies. The Women's Center has developed an extensive network of collaborating partners over the 45 years that TWC has been providing services to victims of partner abuse. This network allows the center to provide comprehensive, wrap-around services to victims and survivors. The agency has no experience in construction and/or rehabilitation of property since we used scattered-site, leased apartments. The agency has been very successful in acquiring matching funds for our programs and services and currently has funding from the state Department of Public Health, VOCA, MOVA and OVW. (4) The Women's Center's Finance Director is a CPA with over thirty years' non-profit accounting experience. The agency undergoes a complete audit from an independent firm done annually and have had no audit findings currently or previously.

2. Describe the experience of the applicant and potential subrecipients (if any) in leveraging other Federal, State, local, and private sector funds.

As mentioned in our response to #1 above, the agency has been very successful in leveraging funds for our programs and services and currently has funding from the state Department of Public Health with a 10 year contract for \$2,011,892 per year, the Department of Children and Families and MOVA (Massachusetts Office for Victim Assistance for with a 2 year contract of \$103,1000 per year. Federal monies that support the agency are through VOCA Victims of Crime Act)with a 2 year contract for 760,332 per year and OVW with a 3 year contract for \$275,000 per year. Current funding sources have been on place for over twenty years.

3. Describe the basic organization and management structure of the applicant and subrecipients (if any). Include evidence of internal and external coordination and an adequate financial accounting system.

The Women’s Center is a 501 (c) (3) organization with a 13-15 member Board of Directors that meets once a month as an entity and as needed in sub-committees such as the Finance, Building, Personnel and Nominating Committees,. The Executive Director reports directly to the Board and is responsible for the daily operation and staff management. The Board sets agency policy. Currently, there are 56 full-time staff members and 12 relief and part-time staff. Volunteers and interns are selected and trained to provide additional relief and support. The Center’s staff is particularly attuned to the special needs of underserved populations in our community, including the low-moderate income populations; the Hispanic/Latino and Portuguese communities; immigrants and refugees; and non-English speaking victims. Direct services, as well as outreach and education, are multilingual. 85% of TWC direct se5rfvice staff speak another language and are bicultural as well as bilingual. An independent auditor conducts an annual audit of the agency and assures that accounting controls are in place to guarantee funder reporting compliance and fraud protection. The agency’s Finance director is a CPA with over thirty years” experience in non-profit accounting and the agency uses SAGE for our accounting system and we have a financial audit every year.

4a. Are there any unresolved monitoring or audit findings for any HUD grants(including ESG) operated by the applicant or potential subrecipients (if any)? No

3A. Project Detail

1a. CoC Number and Name: MA-505 - New Bedford CoC

1b. CoC Collaborative Applicant Name: City of New Bedford

2. Project Name: Homeport PH-RRH

3. Project Status: Standard

4. Component Type: PH

4a. Will the PH project provide PSH or RRH? RRH

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

6. Is this new project application requesting to transition from eligible renewal project(s) that were awarded to the same recipient and fully eliminated through reallocation in the FY 2018 CoC Program Competition? (Section II.B.2. and Section III.C.3.q. of the FY 2018 NOFA). No

3B. Project Description

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

The Women's Center is proposing to offer high-quality, trauma-informed housing services to survivors of domestic violence in the community. The Homeport rapid re-housing program will offer services and support to eleven scattered site apartments to survivors of domestic violence and their children for up to 24 months of assistance. The Women's Center does participate in the coordinated entry system also known as the CALL which provides coordinated access for any individual looking for housing. Housing services include access to the center's multilingual individual and group counseling, court and medical advocacy, and assistance with related immigration, employment and permanent housing issues. More comprehensive client needs (such as career counseling and income stability) are provided through a network of collaborating partners and targeted warm referrals and resources. The Program collaborates with agencies like DCF, DTA, Coastline Elderly Services, Catholic Social Services, High Point (substance misuse services), public housing authorities, the Homeless Service Providers Network, local CHNAs, area police departments, and many other state and community organizations to address comprehensive client needs. These strong community collaborations and network of community partners allows us to provide comprehensive, wrap-around services that address the multiple, sometimes complex needs of survivors. These contacts allow us to surround survivors with a network of support that helps them to build on existing relationships and strengths to access those services that best meet their needs and goals. The Center's VOCA-funded Child Trauma Program provides comprehensive services to child witnesses or victims of SDV, including clinical assessments, diagnosis, and treatment with licensed child therapists and support staff. The Center's Child Trauma program works together with our housing program, providing trauma-informed support to parents and their children. The Center is the only organization in the area that has two Spanish-speaking, bilingual, bi-cultural child trauma clinicians. Services are offered on a walk-in basis Monday – Friday 8:30-4:30 at the Center and satellite locations and 24/7 through the Center's hotline. The Housing Advocate will be fluent in Spanish, accessible by cell phone. The advocate will convene housing client meetings once each month. Case management will be ongoing and targeted to meeting the goals that clients identify as most important to themselves and their families. COC program funding is needed to meet the overwhelming need for affordable housing for victims of domestic violence. There has never been enough permanent housing for victims of domestic violence and, unfortunately, these families have been pushed even further down on priority housing lists due to the influx of families from weather-ravaged Puerto Rico.

2. For each primary project location or structure in the project, enter the number of days from the execution of the grant agreement that each of the following milestones will occur as related to CoC Program funds requested in this project application. If a milestone is not applicable, leave the associated fields blank. If the project has only one location or structure, or no structures, complete only column A. If multiple

structures, complete one column for each structure.

Note: To expend funds within statutorily required deadlines, project applicants must be able to begin assistance within 12 months of conditional award. The one exception is for applicants who are conditionally awarded sponsor-based and project-based rental assistance. These conditional award recipients will have 24 months to execute a grant agreement; however, HUD encourages all recipients conditionally awarded funds to begin assistance within 12 months. The estimated schedule should reflect these statutorily required deadlines.

Project Milestones	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement
	A	B	C	D
New project staff hired, or other project expenses begin?	30			
Participant enrollment in project begins?	30			
Participants begin to occupy leased units or structure(s), and supportive services begin?	60			
Leased or rental assistance units or structure, and supportive services near 100% capacity?	90			
Closing on purchase of land, structure(s), or execution of structure lease?				
Rehabilitation started?				
Rehabilitation completed?				
New construction started?				
New construction completed?				

3. Will your project participate in a CoC Coordinated Entry Process? Yes

*** 4. Please identify the project's specific population focus.**

(Select ALL that apply)

Chronic Homeless	<input checked="" type="checkbox"/>	Domestic Violence	<input checked="" type="checkbox"/>
Veterans	<input type="checkbox"/>	Substance Abuse	<input type="checkbox"/>
Youth (under 25)	<input type="checkbox"/>	Mental Illness	<input type="checkbox"/>
Families	<input type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>
		Other (Click 'Save' to update)	<input type="checkbox"/>

5. Housing First

a. Will the project quickly move participants into permanent housing? Yes

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

Having too little or little income	<input checked="" type="checkbox"/>
Active or history of substance use	<input checked="" type="checkbox"/>
Having a criminal record with exceptions for state-mandated restrictions	<input checked="" type="checkbox"/>
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

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

Failure to participate in supportive services	<input checked="" type="checkbox"/>
Failure to make progress on a service plan	<input checked="" type="checkbox"/>
Loss of income or failure to improve income	<input checked="" type="checkbox"/>
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

d. Will the project follow a "Housing First" approach? Yes
 (Click 'Save' to update)

6. If applicable, describe the proposed development activities and the responsibilities that the applicant and potential subrecipients (if any) will have in developing, operating, and maintaining the property.

7. Will participants be required to live in a particular structure, unit, or locality, at some point during the period of participation? No

8. Will more than 16 persons live in one structure? No

3C. Project Expansion Information

1. Will the project use an existing homeless facility or incorporate activities provided by an existing project? No

4A. Supportive Services for Participants

1. Applicants requesting funds to provide housing or services to children and youth, with or without families, must establish policies and practices that are consistent with and do not restrict the exercise of rights provided by subtitle B of title VII of the McKinney-Vento Act (42 U.S.C. 11431, et seq.), and other laws (e.g. Head Start, part C of the Individuals with Disabilities Education Act) relating to the provision of educational and related services to individuals and families experiencing homelessness. Projects serving households with children or youth must have a staff person that is designated to ensure children or youth are enrolled in school and connected to the appropriate services within the community. Reminder: failure to comply with federal education assurances may result in Federal sanctions and significantly reduce the likelihood of receiving funding through the CoC Program Competition.

Please check the box that you acknowledge you will be required to meet the above requirements if you have any qualifying participants.

2. Describe how participants will be assisted to obtain and remain in permanent housing.

Homeport rapid re-housing will provide individuals and families the stability needed after they have become homeless due to domestic violence. During initial contacts, survivors speak to a trained DV/SA counselor, register for ongoing supportive counseling or apply for our housing stabilization program. The Women's Center help clients obtain housing by using our preexisting network of landlords who partner with the agency to provide scattered-site apartments to our clients. Once in the apartment, the advocate provides case management to progress the client along with employment and education options. The lease for the Homeport rapid re-housing program will be between the client and the landlord. In the past, it has been the agency's experience that landlords typically prefer a lease with the agency but The Women's Center will make assurances to support the clients to maintain their apartments and keep in good standing with the landlord.

3. Describe specifically how participants will be assisted both to increase their employment and/or income and to maximize their ability to live independently.

Once clients are in the Homeport rapid re-housing program advocates and counselors provide an understanding of what resources are available to help the family and the survivor set future goals for becoming independent and gaining employment. The Women's Center looks at these clients thru a DV lense and providing assessments and counseling for the victim's trauma is essential in the process of gaining independence. In individual advocacy sessions with a counselor or advocate, survivors discuss their present

concerns, their existing support networks and their goals for themselves and their children. In cases where there are more emergent mental health issues, clients receive warm referrals to the Center's strong collaborative network of medical and mental health professionals and may speak to our consultant, psychiatric nurse practitioner. An assessment of survivors' supports, strengths and existing resources is inherent in any intake/assessment process. Helping survivors to understand what existing resources they can call upon while assisting them to add to that network through our partnerships helps them to feel more "in the driver's seat". Once the initial needs of the client are addressed, advocate work to help with employment and education opportunities as well as life skills to increase their independence. Organization's the agency works with to help clients increase the options for employment and other income are as follows; DTA- Help with cash and food stamps benefit; SRTA- Bus passes for our clients; New Bedford School Department- Helping families enroll children in school; Pace- Assistance with vouchers for Daycare; DCF- communication regarding visitation issues or service plans in place; Bay Coast Bank- assisting in opening saving account ; BCC- Assisting with continuing education and ESL classes; Life stream- CNA Classes; Homeless Service Provider's network- resources available for homeless families; Salvation Army- Help during Thanksgiving and Christmas. In addition to these services it is also an expectation of the program that clients volunteer, attend local job fairs thru Southcoast Chamber, UMASS Dartmouth and BBC, as well as visit the career center to gain employment. The agency prioritizes education and will enroll clients in programs at BCC and Lifestream to improve basic skills such as resume building and ESL courses to help them obtain employment. The Women's Center will continue to build on this network for the additional rapid re-housing units provided through COC funding through present contacts and existing networks such as the Homeless Services Provider network.

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

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

Transportation
Utility Deposits

Subrecipient	As needed
Partner	As needed

5. Please identify whether the project will include the following activities:



5a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

5b. Regular follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

6. Will project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Yes

6a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. No

4B. Housing Type and Location

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

Total Units: 11

Total Beds: 19

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...)	---	11	19

4B. Housing Type and Location Detail

1. Housing Type: Scattered-site apartments (including efficiencies)

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

a. Units: 11

b. Beds: 19

3. Address

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.

Street 1: County Street

Street 2:

City: New Bedford

State: Massachusetts

ZIP Code: 02747

***4. Select the geographic area(s) associated with the address. For new projects, select the area(s) expected to be covered.
(for multiple selections hold CTRL key)**

251614 New Bedford

5A. Project Participants - Households

Households Table

	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Number of Households	7	4		11
Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Adults over age 24	5	4		9
Adults ages 18-24	2			2
Accompanied Children under age 18	8			8
Unaccompanied Children under age 18				0
Total Persons	15	4	0	19

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

Persons in Households with at Least One Adult and One Child

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24	2	2	1	1			3			
Adults ages 18-24	2						2			
Children under age 18	8						8			
Total Persons	12	2	1	1	0	0	13	0	0	0

Click Save to automatically calculate totals

Persons in Households without Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24	2	1	1	2			1	1		
Adults ages 18-24										
Total Persons	2	1	1	2	0	0	1	1	0	0

Click Save to automatically calculate totals

Persons in Households with Only Children

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

5C. Outreach for Participants

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

30%	Directly from the street or other locations not meant for human habitation.
70%	Directly from emergency shelters.
	Directly from safe havens.
	Persons fleeing domestic violence.
	Directly from transitional housing eliminated in a previous CoC Program Competition.
	Directly from the TH Portion of a Joint TH and PH-RRH Component project.
	Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program (Eligible for JOINT projects if from TH or Emergency Shelters).
100%	Total of above percentages

2. Describe the outreach plan to bring these homeless participants into the project.

The Women's Center participates in The Call, in SafeLink as well as in the shelter system to received participants for our project.

6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 30, 2020? Yes

2. What type of CoC funding is this project applying for in the 2018 CoC Competition? DV Bonus

Only RRH, SSO and JOINT component types can apply for this funding

3. Does this project propose to allocate funds according to an indirect cost rate? No

4. Select a grant term: 1 Year

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

Rental Assistance	<input checked="" type="checkbox"/>
Supportive Services	<input checked="" type="checkbox"/>
HMIS	<input type="checkbox"/>

6E. Rental Assistance Budget

The following list summarizes the rental assistance funding request for the total term of the project. To add information to the list, select the icon. To view or update information already listed, select the icon.

Total Request for Grant Term:			\$109,260
Total Units:			11
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	MA - New Bedford, MA HUD Metro FMR Ar...	11	\$109,260

Rental Assistance Budget Detail

Instructions:

Type of Rental Assistance: Select the applicable type of rental assistance from the dropdown menu. Options include tenant-based (TRA), sponsor-based (SRA), and project-based assistance (PRA). Each type has unique requirements and applicants should refer to the 24 CFR 578.51 before making a selection.

Metropolitan or non-metropolitan fair market rent area: This is a required field. Select the FY 2016 FMR area in which the project is located. The list is sorted by state abbreviation. The selected FMR area will be used to populate the rents in the chart below.

Size of Units: These options are system generated. Unit size is defined by the number of distinct bedrooms and not by the number of distinct beds.

of units: This is a required field. For each unit size, enter the number of units for which funding is being requested.

FMR: These fields are populated with the FY 2016 FMR amounts based on the FMR area selected by the applicant. The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>.

12 Months: These fields are populated with the value 12 to calculate the annual rent request.

Total Request: This column populates with the total calculated amount from each row based on the number of units multiplied by the corresponding FMR and by 12 months.

Total Units and Annual Assistance Requested: The fields in this row are automatically calculated based on the total number of units and the sum of the total requests per unit size per year.

Grant Term: This field is populated based on the grant term selected on Screen "6A. Funding Request" and will be read only.

Total Request for Grant Term: This field is automatically calculated based on the total annual assistance requested multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the HUD Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: MA - New Bedford, MA HUD Metro FMR Area (2500500520)

Size of Units	# of Units (Applicant)		FMR Area (Applicant)		12 Months			Total Request (Applicant)
SRO		x	\$495	x	12		=	\$0
0 Bedroom		x	\$660	x	12		=	\$0
1 Bedroom	5	x	\$717	x	12		=	\$43,020

2 Bedrooms	4	x	\$849	x	12	=	\$40,752
3 Bedrooms	2	x	\$1,062	x	12	=	\$25,488
4 Bedrooms		x	\$1,170	x	12	=	\$0
5 Bedrooms		x	\$1,346	x	12	=	\$0
6 Bedrooms		x	\$1,521	x	12	=	\$0
7 Bedrooms		x	\$1,697	x	12	=	\$0
8 Bedrooms		x	\$1,872	x	12	=	\$0
9 Bedrooms		x	\$2,048	x	12	=	\$0
Total Units and Annual Assistance Requested	11						\$109,260
Grant Term							1 Year
Total Request for Grant Term							\$109,260

Click the 'Save' button to automatically calculate totals.

6F. Supportive Services Budget

Instructions:

Enter the quantity and total budget request for each supportive services cost. The request entered should be equivalent to the cost of one year of the relevant supportive service.

Eligible Costs: The system populates a list of eligible supportive services for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.53.

Quantity AND Description: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity in detail (e.g. 1 FTE Case Manager Salary + benefits, or child care for 15 children) for each supportive service activity for which funding is being requested. Please note that simply stating "1FTE" is NOT providing "Quantity AND Detail" and limits HUD's understanding of what is being requested. Failure to enter adequate 'Quantity AND Detail' may result in conditions being placed on an award and a delay of grant funding.

Annual Assistance Requested: This is a required field. For each grant year, enter the amount of funds requested for each activity. The amount entered must only be the amount that is DIRECTLY related to providing supportive services to homeless participants.

Total Annual Assistance Requested: This field is automatically calculated based on the sum of the annual assistance requests entered for each activity.

Grant Term: This field is populated based on the grant term selected on Screen "6A. Funding Request" and will be read only.

Total Request for Grant Term: This field is automatically calculated based on the total amount requested for each eligible cost multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the HUD Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

A quantity AND description must be entered for each requested cost.

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Assessment of Service Needs		
2. Assistance with Moving Costs	storage and moving costs as needed	\$2,000
3. Case Management	Caseworker 35 hours per week including benefits and taxes plus supervision 1 hour per week plus billing and statistic reporting	\$18,240
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food		
8. Housing/Counseling Services		
9. Legal Services		
10. Life Skills		
11. Mental Health Services		
12. Outpatient Health Services		
13. Outreach Services		

14. Substance Abuse Treatment Services		
15. Transportation	bus and taxi vouchers for support services/medical/legal appointments	\$2,000
16. Utility Deposits		
17. Operating Costs	office supplies, telephone, copying, postage, files, furniture and household	\$5,000
Total Annual Assistance Requested		\$27,240
Grant Term		1 Year
Total Request for Grant Term		\$27,240

Click the 'Save' button to automatically calculate totals.

6I. Sources of Match

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

Summary for Match

Total Value of Cash Commitments:	\$37,500
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$37,500

1. Will this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? No

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Private	DPH	08/23/2018	\$37,500

Sources of Match Detail

1. Will this commitment be used towards match ? Yes

2. Type of commitment: Cash

3. Type of source: Private

4. Name the source of the commitment: DPH
(Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 08/23/2018

6. Value of Written Commitment: \$37,500

6J. Summary Budget

The following information summarizes the funding request for the total term of the project. However, administrative costs can be entered in 8. Admin field below.

Eligible Costs	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	Total Assistance Requested for Grant Term (Applicant)
1a. Acquisition			\$0
1b. Rehabilitation			\$0
1c. New Construction			\$0
2a. Leased Units	\$0	1 Year	\$0
2b. Leased Structures	\$0	1 Year	\$0
3. Rental Assistance	\$109,260	1 Year	\$109,260
4. Supportive Services	\$27,240	1 Year	\$27,240
5. Operating	\$0	1 Year	\$0
6. HMIS	\$0	1 Year	\$0
7. Sub-total Costs Requested			\$136,500
8. Admin (Up to 10%)			\$13,500
9. Total Assistance Plus Admin Requested			\$150,000
10. Cash Match			\$37,500
11. In-Kind Match			\$0
12. Total Match			\$37,500
13. Total Budget			\$187,500

Click the 'Save' button to automatically calculate totals.

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	IRS 501C3 Letter	09/04/2018
2) Other Attachment(s)	No	Match Letter	09/13/2018
3) Other Attachment(s)	No		

Attachment Details

Document Description: IRS 501C3 Letter

Attachment Details

Document Description: Match Letter

Attachment Details

Document Description:

7D. Certification

A. For all projects:

Fair Housing and Equal Opportunity

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

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

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

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

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

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

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

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

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

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

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR part 578 or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

15-Year Operation Rule.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

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

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

Name of Authorized Certifying Official: Patrick Sullivan

Date: 09/14/2018

Title: Director

Applicant Organization: City of New Bedford

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent

X

**statements or claims may subject me to
criminal, civil, or administrative penalties .
(U.S. Code, Title 218, Section 1001).**

8B. Submission Summary

Applicant must click the submit button once all forms have a status of Complete.

Page	Last Updated
1A. SF-424 Application Type	No Input Required
New Project Application FY2018	Page 50
	09/14/2018

1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	08/22/2018
1E. SF-424 Compliance	08/21/2018
1F. SF-424 Declaration	08/21/2018
1G. HUD 2880	08/21/2018
1H. HUD 50070	08/21/2018
1I. Cert. Lobbying	08/21/2018
1J. SF-LLL	08/21/2018
2A. Subrecipients	08/21/2018
2B. Experience	09/13/2018
3A. Project Detail	09/04/2018
3B. Description	09/11/2018
3C. Expansion	09/10/2018
4A. Services	09/13/2018
4B. Housing Type	09/04/2018
5A. Households	09/06/2018
5B. Subpopulations	No Input Required
5C. Outreach	09/11/2018
6A. Funding Request	08/23/2018
6E. Rental Assistance	09/11/2018
6F. Supp Srvcs Budget	09/10/2018
6I. Match	09/04/2018
6J. Summary Budget	No Input Required
7A. Attachment(s)	09/13/2018
7D. Certification	08/23/2018

Internal Revenue Service

Date: June 27, 2007

NEW BEDFORD WOMENS CENTER INC
GREATER NEW BEDFORD WOMENS
CENTER
405 COUNTY STREET
NEW BEDFORD MA 02740

Department of the Treasury
P. O. Box 2508
Cincinnati, OH 45201

Person to Contact:

Ms. Lumpkins 31-08344
Customer Service Representative

Toll Free Telephone Number:
877-829-5500

Federal Identification Number:
04-2557022

Dear Sir or Madam:

This is in response to your request of June 27, 2007, regarding your organization's tax-exempt status. We have updated the address of the organization as indicated above.

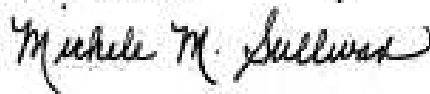
In December 1975 we issued a determination letter that recognized your organization as exempt from federal income tax. Our records indicate that your organization is currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records indicate that your organization is also classified as a public charity under sections 509(a)(1) and 170(b)(1)(A)(vi) of the Internal Revenue Code.

Our records indicate that contributions to your organization are deductible under section 170 of the Code, and that you are qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Internal Revenue Code.

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

Sincerely,



Michele M. Sullivan, Oper. Mgr.
Accounts Management Operations 1



"The door to a future free from violence."



405 County Street
New Bedford, MA 02740

Satellite Office:
209 Bedford Street
Fall River, MA 02720

BUS: (508) 996-3343
FAX: (508) 999-7139

www.thewomenscentersc.com

24-Hour HOTLINE: (508) 999-6636
TTY: (508) 996-1177

September 12, 2018

HUD NOFA Application
DV Bonus

To Whom it May Concern:

Enclosed you will find documentation of matching funds for The Women's Center's Domestic Violence Programs. Materials include our Standard Contract renewal Forms as well as the initial award letter dated May 24, 2016. This letter outlines The Women's Center's successful application and response to the statewide RFR issued that year and for funding for the next 11 years. It should be noted also that the total award at that time of \$1,945,542 does not reflect an additional award this year added through the state budget process of \$105,000. The Center's total funding for SDV *(sexual and domestic violence) is now \$2,050,542.

This documentation is provided in lieu of the requested match letter as the Department of Public Health does not issue match letters to provider agencies for specific funding sources.

Very Truly Yours

Pamela MacLeod-Lima
Executive Director



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
250 Washington Street, Boston, MA 02108-4619

CHARLES D. BAKER
Governor

KARYN E. POLITO
Lieutenant Governor

MARYLOU SUDDERS
Secretary

MONICA BHAREL, MD, MPH
Commissioner

Tel: 617-624-6000
www.mass.gov/dph

Date: 11/17/2017

To: NEW BEDFORD WOMEN'S CTR INC
Re: Contract #INTF3423M03181028002

Enclosed please find for your review and signature a Standard Contract package. This package is a result of recent negotiations with the Department of Public Health, as specified in the attached cover letter and includes the items noted below. Please take note of the following:

NEW STANDARD CONTRACT/AMENDMENT/RENEWAL FORM

Must be signed and dated (Preferred BLUE INK). Do not use correction fluid anywhere on the forms. If the provider information that is pre-filled in the upper left hand box is incorrect or missing, please contact me so that I can help you with the process to update. For instructions and hyperlinks, you can view this form at www.mass.gov/osc under Guidance for Vendors-Forms or at www.mass.gov/osd under OSD forms.

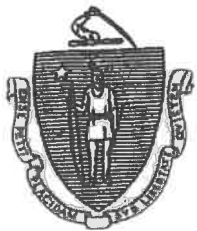
All attachments must be completed for your contract package to be processed.

CONTRACTOR AUTHORIZED SIGNATORY LISTING AND AUTHENTICATION FORM

An original Contractor Authorized Signatory Listing (CASL) form must be submitted for each new contract package. Once an original is in the contract file, the provider/vendor can include a copy of the CASL (first page only) with each subsequent contract amendment package, unless there is a change to the person who signed the Listing, or a name/s on the CASL changes. The contractor/vendor is responsible for ensuring that both pages are current.

If you have any questions, please contact **Pech, Victoria** at **617-624-5807**
An original contract package must be completed by **12/08/2017** and mailed to:

Department of Public Health
Purchase of Service Office
250 Washington St., 8th Floor
Boston, MA 02108-4619
Attention: **Pech, Victoria**



The Commonwealth of Massachusetts
 Executive Office of Health and Human Services
 Department of Public Health
 250 Washington Street, Boston, MA 02108-4619

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Tel: 617-624-6000
www.mass.gov/dph

November 20, 2017

Carolyn Roberts
 New Bedford Women's Center
 405 County Road
 New Bedford, MA 02740

Dear Ms. Roberts:

The Massachusetts Department of Public Health, Bureau of Community Health & Prevention, is amending the following contracts for a scope-only change.

Service Model	Contract Number
Domestic Violence, Substance Misuse, and Trauma Shelter	INTF3424M03180928003
Emergency Shelter	INTF3422M03180828012
General Community-Based Domestic Violence Services	INTF3425M03181128013
Housing Stabilization	INTF3423M03181028002
Comprehensive Rape Crisis Center	INTF3401M03181228055
Comprehensive Rape Crisis Center - Federal	INTF3401M03181228069

These changes include revisions to two conditions of your contract pertaining to disability access, as well as legally mandated requirements on CORI checks and on debarment as detailed below:

CORI Checks

In order to ensure that employees or other persons regularly providing client or support services in any program of an EOHHS Department or in vendor agency programs funded by an

EOHHS Department are appropriate for serving in their positions, a Criminal Offender Record Information (CORI) check shall be performed on candidates for positions in such programs or facilities, in accordance with 101 CMR 15.00 (EOHHS regulations governing Criminal Offender Record Checks). These regulations establish a core standardized policy regarding the review of criminal records for employment. It is the policy of EOHHS that an individual's background including any CORI and other relevant information be carefully considered so that the vulnerable populations served by EOHHS are protected. It is also the policy of EOHHS that qualified rehabilitated offenders are given a fair opportunity to be employed and successfully reintegrated into the workforce. In addition, as provided in 101 CMR 15.09(5), the hiring authority must comply with the requirements of the Division of Criminal Justice Information Services (formerly the CHSB) governing CORI at 803 CMR 2.00 et seq.

Debarment

The Contractor assures that the Contractor and any of its subcontractors are not currently debarred or suspended by the federal or state government under any law or regulation including, Executive Order 147; G.L. c. 29, s. 29F and G.L. c. 152, s. 25C; and agrees to notify the Department in the event that the Contractor or any of its subcontractors become debarred or suspended.

Amended Contract Condition re Disability Access Quick Check

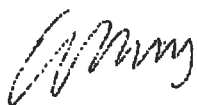
The program shall submit to DPH by December 31, 2017, a completed "Disability Access Quick Check" for every DPH-funded service location for which such forms were not submitted during the procurement process. Exception: For scattered site apartment programs, units designated as "Disability Accessible" must be surveyed using the "Disability Access Quick Check." Any scattered site apartment unit not assessed will be assumed to be inaccessible to individuals who require disability access.

Amended Contract Condition re Massachusetts Facility Assessment Tool (MFAT)

The program shall submit to DPH a completed Massachusetts Facility Assessment Tool (MFAT) for every DPH-funded service location, and a completed disability access policy for the agency. At this time, the due date for these documents is "to be determined." DPH will convene a Disability Access Working Group to provide further guidance and training on these contract requirements, specific to SDV programs, and to determine the due date for the MFAT and the policy. Please note that the extended due date of the MFAT and policy does not, in any way, diminish agency obligation for meeting any applicable requirements of the Americans with Disabilities Act (ADA) or any other state or federal laws.

Attached are your contract packages for these models. Please review, sign, and return all required documents by December 8, 2017.

Sincerely,

A handwritten signature in black ink, appearing to read "Elizabeth Barry". The signature is fluid and cursive, with the first name being more prominent.

**Elizabeth Barry
Deputy Director
Bureau of Community Health & Prevention**

**Cc: Judy Benitez Clancy, Director of the Division of Sexual and Domestic Violence Prevention
and Services**

COMMONWEALTH OF MASSACHUSETTS - STANDARD CONTRACT FORM



This form is jointly issued and published by the Executive Office for Administration and Finance (ANF), the Office of the Comptroller (CTR) and the Operational Services Division (OSD) as the default contract for all Commonwealth Departments when another form is not prescribed by regulation or policy. Any changes to the official printed language of this form shall be void. Additional non-conflicting terms may be added by Attachment. Contractors may not require any additional agreements, engagement letters, contract forms or other additional terms as part of this Contract without prior Department approval. Click on hyperlinks for definitions, instructions and legal requirements that are incorporated by reference into this Contract. An electronic copy of this form is available at www.mass.gov/osc under Guidance For Vendors - Forms or www.mass.gov/osc under OSD Forms.

CONTRACTOR LEGAL NAME: NEW BEDFORD WOMEN'S CTR INC	COMMONWEALTH DEPARTMENT NAME: Department of Public Health MMARS Department Code: DPH
Legal Address: (W-9, W-4, T&C): 405 COUNTY ST NEW BEDFORD, MA 02740-4935	Business Mailing Address: 250 Washington Street, Boston MA 02108
Contract Manager: Carolyn Roberts E-Mail: croberts@thewomenscentersc.com Phone: 508-998-3343 Fax: 508-899-7139	Billing Address (if different): Contract Manager: Pech, Victoria E-Mail: Victoria.Pech@MassMail.State.MA.US Phone: 617-624-5807 Fax: 617-624-5017
Contractor Vendor Code: VC6000163251 Vendor Code Address ID (e.g. "AD001"): AD_001 <small>(Note: The Address ID must be set up for EFT payments.)</small>	MMARS Doc ID(s): INTF3423M03181028002 RFR/Procurement or Other ID Number: 181028
<input type="checkbox"/> NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only) <input type="checkbox"/> Statewide Contract (OSD or an OSD-designated Department) <input type="checkbox"/> Collective Purchase (Attach OSD approval, scope, budget) <input type="checkbox"/> Department Procurement (Includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation) <input type="checkbox"/> Emergency Contract (Attach justification for emergency, scope, budget) <input type="checkbox"/> Contract Employee (Attach Employment Status Form , scope, budget) <input type="checkbox"/> Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget)	<input checked="" type="checkbox"/> CONTRACT AMENDMENT Enter Current Contract End Date Prior to Amendment: <u>08/30</u> , <u>20</u> <u>20</u> Enter Amendment Amount: \$ _____ (or "no change") AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.) <input checked="" type="checkbox"/> Amendment to Scope or Budget (Attach updated scope and budget) <input type="checkbox"/> Interim Contract (Attach justification for Interim Contract and updated scope/budget) <input type="checkbox"/> Contract Employee (Attach any updates to scope or budget) <input type="checkbox"/> Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)
The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract. <input type="checkbox"/> Commonwealth Terms and Conditions <input checked="" type="checkbox"/> Commonwealth Terms and Conditions For Human and Social Services	
COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. <input checked="" type="checkbox"/> Rate Contract (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended). \$ _____ <input type="checkbox"/> Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or new Total if Contract is being amended). \$ _____	
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days ___ % PPD; Payment issued within 15 days ___ % PPD; Payment issued within 20 days ___ % PPD; Payment issued within 30 days ___ % PPD. If PPD percentages are left blank, identify reason: <input type="checkbox"/> agree to standard 45 day cycle <input checked="" type="checkbox"/> statutory/legal or Ready Payments (G.L. c. 29, § 23A); <input type="checkbox"/> only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy).	
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE OR REASON FOR AMENDMENT: (Enter the Contract title, purpose, fiscal year(s) and a detailed description of the scope of performance or what is being amended for a Contract Amendment. Attach all supporting documentation and justifications.) Scope Change Only	
ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations: <ol style="list-style-type: none"> <input checked="" type="checkbox"/> 1. may be incurred as of the Effective Date (latest signature date below) and no obligations have been incurred prior to the Effective Date. <input type="checkbox"/> 2. may be incurred as of _____, 20____, a date LATER than the Effective Date below and no obligations have been incurred prior to the Effective Date. <input type="checkbox"/> 3. were incurred as of _____, 20____, a date PRIOR to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are _____. 	
CONTRACT END DATE: Contract performance shall terminate as of <u>08/30</u> , <u>20</u> <u>20</u> , with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.	
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions , this Standard Contract Form including the Instructions and Contractor Certifications , the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07 , incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.	
AUTHORIZING SIGNATURE FOR THE CONTRACTOR: X: <u>Samela Hachad-Borne</u> Date: <u>11/20/17</u> <small>(Signature and Date Must Be Handwritten At Time of Signature)</small> Print Name: _____ Print Title: _____	AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X: _____ Date: _____ <small>(Signature and Date Must Be Handwritten At Time of Signature)</small> Print Name: <u>Sharon Dyer</u> Print Title: <u>Director, Purchase of Service Office</u>

FY: 2018

Amendment # (if Applicable): _____ If Federal Funds,

PURCHASE OF SERVICE – ATTACHMENT 1: PROGRAM COVER PAGE

PROGRAM INFORMATION

Contractor Name: NEW BEDFORD WOMEN'S CTR INC	Department Name: Massachusetts Department of Public Health
Program Type: Housing Stabilization	Document ID #: INTF3423M03181028002
Program Name: HOUSING STABILIZATION SERVICES	UFR Program:
Program Address: 405 COUNTY ST	MMARS Program Code: 4625
City/State/Zip: NEW BEDFORD MA 02740-4935	Other Reference Information (Information Purposes Only):
Contact Person: Carolyn Roberts Telephone: 508-996-3343	Contact Person: Pech, Victoria Telephone: 617-624-5807
RFR INFORMATION: <input type="checkbox"/> Attached <input type="checkbox"/> Legislative Exception <input type="checkbox"/> Interim <input type="checkbox"/> Emergency <input type="checkbox"/> Amendment <input type="checkbox"/> Collective Purchase SCOPE OF SERVICES: <input checked="" type="checkbox"/> Bidders Response Attached <input type="checkbox"/> Description of Services Attached RFR Info CH257 TOTAL ANTICIPATED CONTRACT DURATION: 7/1/2017 to 6/30/2028 INITIAL DURATION: 7/1/2017 to 6/30/2020 OPTIONS TO RENEW: *****Refer to RFR for options to renew and for the years for each option*****	

FISCAL TERMS

Price is established through: (Check 1, 2, or 3) <input checked="" type="checkbox"/> OPTION 1: PRICE AGREEMENT (list price) \$ _____ Rate Regulation (if any) MA Regulation: 101 CMR 412.00 <input type="checkbox"/> OPTION 2: SUMMARY BUDGET ("T" Lines only) <input type="checkbox"/> Unit Rate <input type="checkbox"/> Cost Reimbursement <input type="checkbox"/> Other _____ <input type="checkbox"/> OPTION 3: COMPLETED BUDGET <input type="checkbox"/> Unit Rate <input type="checkbox"/> Cost Reimbursement <input type="checkbox"/> Other _____	FUNDING SUMMARY					
	Prior Years		Current Years		Future Years	
	FY	Amount	FY	Amount	FY	Amount
	Total:		Total:		Total:	
Multi Years Total:						
Current Max Obligation: \$ _____ Unit Rate: \$ _____ per _____ # Billable Units: _____						
Additional Payment or Price Specifications:						



The Commonwealth of Massachusetts
 Executive Office of Health and Human Services
 Department of Public Health
 250 Washington Street, Boston, MA 02108-4619

CHARLES D. BAKER
 Governor

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 Lieutenant Governor

MARYLOU SUDDERS
 Secretary

MONICA BHAREL, MD, MPH
 Commissioner

Tel: 617-624-8000
 www.mass.gov/dph

May 24, 2016

Carolyn Roberts
 New Bedford Women's Center
 405 County Road
 New Bedford, MA 02740

Dear Ms Roberts:

On behalf of the Massachusetts Department of Public Health (DPH), Bureau of Community Health and Prevention, we offer our congratulations on your successful application to RFR #008924 Sexual and Domestic Violence Prevention and Services.

As you know, your agency is being awarded individual contracts for services under the following models:

Model	Tier/Units	Annual Expected Billing Amount
Emergency Shelter	10 units full program	\$591,008
Housing Stabilization	6 units full program	\$191,011.80
* Domestic Violence Substance Misuse Trauma Shelter	8 units full program	\$446,455.60
Comprehensive Rape Crisis Center (State Funds)	Region 14 / Tier 6 Dual Agency - 201K-400k population 11 units of satellite center	\$304,720
Comprehensive Rape Crisis Center (Federal Funds)	\$35,000 federal RPE \$50,000 federal non RPE	\$85,000 → 12,500 Block 57,500 SASF
General Community Based Domestic Violence	Tier 6 - 4.5 direct care FTE CBDV (27279/m)	\$327,348 (+\$10,000 flexible cash assistance for housing stabilization) \$1,945,542

This funding level represents a change from the original award notification based on contract negotiations with DPH, which resulted in an increase in your award of \$50,000 in federal non-RPE funding and a decrease in the "Annual Expected Amount" quoted in the award notification

Before Starting the Project Application

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

Things to Remember:

- Only Collaborative Applicants may apply for CoC Planning funds using this application, and only one CoC Planning application may be submitted during the FY 2018 CoC Program grant competition.
- Additional training resources can be found on the HUD Exchange at <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD the HUD Exchange Ask A Question
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award management (SAM) in order to apply for funding under the Continuum of Care (CoC) Program Competition. For more information see the FY 2018 CoC Program NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA, including the General Section Technical Correction, and all requirements and criteria met.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with the instructions found on each individual screen
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- HUD reserves the right to reduce or reject any new or renewal project that fails to adhere to 24 CFR Part 578 and application requirements set forth in the FY 2018 CoC Program NOFA.

1A. SF-424 Application Type

1. Type of Submission:

2. Type of Application: CoC Planning Project Application

If Revision, select appropriate letter(s):

If "Other", specify:

3. Date Received: 09/14/2018

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: City of New Bedford

b. Employer/Taxpayer Identification Number (EIN/TIN): 04-6001402

c. Organizational DUNS:	075719187	PLUS 4	
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d. Address

Street 1: 608 Pleasant Street

Street 2:

City: New Bedford

County:

State: Massachusetts

Country: United States

Zip / Postal Code: 02740

e. Organizational Unit (optional)

Department Name:

Division Name:

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

Prefix: Mr.

First Name: Patrick

Middle Name:

Last Name: Sullivan

Suffix:

Title: Director

Organizational Affiliation: City of New Bedford

Telephone Number: (508) 979-1500

Extension:

Fax Number: (508) 979-1575

Email: patrick.sullivan@newbedford-ma.gov

1C. SF-424 Application Details

9. Type of Applicant: C. City or Township Government

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

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: FR-6200-N-25

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (state(s) only): Massachusetts
(for multiple selections hold CTRL+Key)

15. Descriptive Title of Applicant's Project: CoC Planning Project Application

16. Congressional District(s):

a. Applicant: MA-009

b. Project: MA-009

(for multiple selections hold CTRL+Key)

17. Proposed Project

a. Start Date: 07/01/2019

b. End Date: 07/01/2020

18. Estimated Funding (\$)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process? b. Program is subject to E.O. 12372 but has not been selected by the State for review.

If "YES", enter the date this application was made available to the State for review:

20. Is the Applicant delinquent on any Federal debt? No

If "YES," provide an explanation:

1F. SF-424 Declaration

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

I AGREE:

21. Authorized Representative

Prefix: Mr.

First Name: Patrick

Middle Name: J

Last Name: Sullivan

Suffix:

Title: Director

Telephone Number: (508) 979-1500
(Format: 123-456-7890)

Fax Number: (508) 979-1575
(Format: 123-456-7890)

Email: patrick.sullivan@newbedford-ma.gov

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

Date Signed: 09/14/2018

1G. HUD 2880

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

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: City of New Bedford

Prefix: Mr.

First Name: Patrick

Middle Name: J

Last Name: Sullivan

Suffix:

Title: Director

Organizational Affiliation: City of New Bedford

Telephone Number: (508) 979-1500

Extension:

Email: patrick.sullivan@newbedford-ma.gov

City: New Bedford

County:

State: Massachusetts

Country: United States

Zip/Postal Code: 02740

2. Employer ID Number (EIN): 04-6001402

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$59,000

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: CoC Planning Project Application 608 Pleasant Street New Bedford Massachusetts

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

Part I Threshold Determinations

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

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

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

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

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds

Part III Interested Parties

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

Alphabetical list of all persons with a			Financial Interest	Financial Interest
FY2018 CoC Planning Project Application				

reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation	in Project/Activity (\$)	in Project/Activity (%)
NA	NA	NA	\$0.00	0%

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I certify that this information is true and complete.

I AGREE:

Name / Title of Authorized Official: Patrick Sullivan, Director

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

Date Signed: 09/14/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: City of New Bedford

Program/Activity Receiving Federal Grant Funding: CoC Program

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

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

Sites for Work Performance.

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

Workplaces, including addresses, entered in the attached project application.
 Refer to addresses entered into the attached project application.

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

X

accurate.

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

Authorized Representative

Prefix: Mr.

First Name: Patrick

Middle Name: J

Last Name: Sullivan

Suffix:

Title: Director

Telephone Number: (508) 979-1500
(Format: 123-456-7890)

Fax Number: (508) 979-1575
(Format: 123-456-7890)

Email: patrick.sullivan@newbedford-ma.gov

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

Date Signed: 09/14/2018

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

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

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

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

X

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

Applicant's Organization: City of New Bedford

Name / Title of Authorized Official: Patrick Sullivan, Director

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

Date Signed: 09/14/2018

1J. SF-LLL

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

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

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

Answer "No" if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program? No

Legal Name: City of New Bedford

Street 1: 608 Pleasant Street

Street 2:

City: New Bedford

County: Bristol

State: Massachusetts

Country: United States

Zip / Postal Code: 02740

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

I certify that this information is true and complete.

X

Authorized Representative

Prefix: Mr.

First Name: Patrick

Middle Name: J

Last Name: Sullivan

Suffix:

Title: Director

Telephone Number: (508) 979-1500
(Format: 123-456-7890)

Fax Number: (508) 979-1575
(Format: 123-456-7890)

Email: patrick.sullivan@newbedford-ma.gov

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 09/14/2018

2A. Project Detail

1a. CoC Number and Name: MA-505 - New Bedford CoC
1b. Collaborative Applicant Name: City of New Bedford

2. Project Name: CoC Planning Project Application

3. Component Type: CoC Planning Project Application

2B. Project Description

1. Provide a description that addresses the entire scope of the proposed project and how the Collaborative Applicant will use grant funds to comply with the provisions of 24 CFR 578.7.

The New Bedford Continuum of Care (Homeless Service Providers Network, “HSPN”) proposes to use 2018 Planning Grant funding to develop enhanced methodologies and strategies to understand the experience of different cohorts being housed/served or in need of housing/served within the CoC. The intended work will be comprised of three distinct area studies to include:

--An Assets and Needs Report that includes analysis and recommendations for understanding existing housing and service levels for all cohorts as well as community needs specific to both overall and each cohort including survivors of domestic violence, trafficking, dating violence, sexual assault and stalking in the New Bedford CoC;

--A Racial Disparities Study that investigates characteristics of both minority groups as they relate to the experience of homelessness, poverty and ability to access appropriate supports/housing as well as the existing homeless service providers (CoC and ESG funded) with an eye toward understanding their own performance outcomes relative to minority populations in order to eliminate disparities in the way they provide services.

A review of Youth Needs versus Youth Outcomes within the New Bedford CoC including the experience of school age children, the impact of McKinney Vento Educational programming through the public system has in effecting positive outcomes, and the experience of unaccompanied youth that includes LGBTQ and/or runaway cohorts.

The end product of these study areas—which can be accomplished either independent of one another or carefully coalesced—is to provide the New Bedford CoC with a clear roadmap to help it strategically improve the way in which it’s proactive and reactive systems can better predict, address and attend to a range of dynamic issues specific to differing subpopulations so as to improve overall performance and move the needle toward ending homelessness in the CoC.

2. Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of all work.

Upon receiving an executed grant agreement from HUD in spring/summer 2019, the CoC’s Homeless Service Providers Network (HSPN) will publish a Request for Proposal (RFP) distributed to nationally-recognized homeless/housing technical assistance firms and through the customary process used by the City of New Bedford. (NOTE: completion of previously funded planning funding initiatives will not impact the CoC’s ability to immediately begin this process; this particular planning grant is not reliant upon conclusions arising from previous such grants.)

The RFP will incorporate HUD guidelines and best practice models in the list of detailed services requested, outputs and outcomes desired, and a proposed project timeline. The HSPN will answer questions from applicants as needed and set a deadline for 4-6 weeks from publication of the RFP to receipt of project proposals. The HSPN's lead agency—it's collaborative applicant—the City's Department of Planning Housing & Community Development (DPHCD) will select the agency project recipient in mid to late 2019 (depending on when the grant agreement is executed) and the City will subsequently enter into a contract for services with this agency stipulating the measures outlined in the RFP. Included in the contract will be project evaluation measures including measurable goals, outputs and outcomes. The City's DPHCD will manage this project setting expectations and deadlines clearly with the selected agency to ensure timely production of work products and end product/s.

3. How will the requested funds improve or maintain the CoC's ability to evaluate the outcome of CoC and ESG projects?

The CoC's Homeless Service Providers Network (HSPN) is requesting funds specifically to develop a heightened understanding of the experience differing population groups undergo in both in terms of the breadth of their housing and support needs, the extent to which those needs are equitably provided for and the extent to which enhanced or differing interventions might be considered by the CoC in order to ensure improved outcomes. After implementing this grant the CoC hopes to have an improved understanding as to its own processes, protocols and strategies in moving toward its goal of ending homelessness along with tangible steps it can take/implement to achieve better outcomes for each of the cohorts served by the CoC.

4. How will the planning activities continue beyond the expiration of HUD financial assistance?

The CoC's Homeless Service Providers Network (HSPN) Executive Committee and its administrative arm—the City of New Bedford's Dept of Planning Housing & Community Development (DPHCD) will continue the work of implementing and evaluating the efficacy of its actions through ongoing implementation of coordinated entry, its written standards (as may require editing as a result of these studies) and the continued collaborative work on the client and project level. Program evaluation and monitoring programs will also continue on an ongoing basis to ensure best practices in addressing issues and fulfilling best practice expectations established by the product of this planning work. In addition to the DPHCD staff undertaking its oversight and monitoring of projects, project agencies, themselves, will have additional tools through this planning initiative to help them navigate and refine their ongoing efforts in ensuring project excellence.

3A. Governance and Operations

1. How often does the CoC conduct meetings of the full CoC membership? Monthly

2. Does the CoC include membership of a homeless or formerly homeless person? Yes

2a. For members who are homeless or formerly homeless, what role do they play in the CoC membership? (Select all that apply)

Participates in CoC meetings:	<input checked="" type="checkbox"/>
Votes, including electing Coc Board:	<input checked="" type="checkbox"/>
Sits on CoC Board:	<input type="checkbox"/>
None:	<input type="checkbox"/>

3. Does the CoC's governance charter incorporate written policies and procedures for each of the following

a. Written agendas of CoC meetings? Yes

b. Coordinated Entry? (Also known as centralized or coordinated assessment) Yes

c. Process for monitoring outcomes of ESG recipients? Yes

d. CoC policies and procedures? Yes

e. Written process for board selection? Yes

f. Code of Conduct for board members that includes a recusal process? Yes

g. Written standards for administering assistance? Yes

4. Were there any written complaints received by the CoC in relation to project review, project selection, or other items related to 24 CFR 578.7 or 578.9 within the past 12 months? No

3B. Committees

Provide information for up to five of the most active CoC-wide planning committees, subcommittees and/or workgroups, to address homeless needs in the CoC's geographic area that recommend and set policy priorities for the CoC, including a brief description of the role and the frequency of the meetings. Only include committees, subcommittees and/or workgroups, that are directly involved in CoC-wide planning and not the regular delivery of services.

Name of Group	Role of the Group (max 750 characters)	Meeting Frequency	Name of Individuals and/or Organizations Represented
Rise Up for Homes	Provides important information and outreach to the general public to educate around issues of homelessness and raises funds for homeless projects including operation of the cold weather shelter.	Bi-Monthly	First Citizens Federal Credit Union, Inter-Church Council of Greater New Bedford, PAACA, Catholic Social Services, City's DPHCD
Street Outreach	Provides compassionate outreach to unsheltered and/or those living in encampments within the CoC, offering resources, shelter and housing options with immediate resources (such as food).	Quarterly	Mobile Ministries, PAACA, Catholic Social Services, City of New Bedford, Inter-Church Council of Greater New Bedford, Eliot Community Services
Performance Review Committee	Conducts reviews, assessments and evaluations of all CoC/ESG applications for funding with recommendations	No regular meetings	United Way, Veterans Transition House, City's DPHCD, First Citizens Federal Credit Union, City of New Bedford Community Services, PACE
Coordinated Entry Committee	Oversees the implementation of the CoCs strategy to reduce the length of time individuals and families remain/return to homelessness	Bi-Monthly	Catholic Social Services, City DPHCD, SoCo (regional homeless network)
HSPN Executive Committee	Provides elected leadership and oversight of CoC including overseeing implementation of strategies to reduce/eliminate first time homelessness and ensure successful outcomes	Monthly	Southeast Family Services, Steppingstone, Veterans Transition House, PACE, MassDevelopment, City DPHCD, SouthCoast Hospitals, NB Public Schools, First Citizens FCU, PAACA

4A. Sources of Match

The following list summarizes the funds that will be used as Match for the project. To add a Matching source to the list, select the  icon. To view or update a Matching source already listed, select the  icon.

Summary for Match

Total Value of Cash Commitments:	\$0
Total Value of In-Kind Commitments:	\$14,750
Total Value of All Commitments:	\$14,750

1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? No

Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	In-Kind	Government	City of New Bedfo...	08/31/2018	\$14,750

Sources of Match Details

- 1. Will this commitment be used towards Match?** Yes
- 2. Type of commitment:** In-Kind
- 3. Type of source:** Government
- 4. Name the source of the commitment:** City of New Bedford Dept of Planning, Housing & Community Development
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 08/31/2018
- 6. Value of Written Commitment:** \$14,750

Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.

4B. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 30, 2020? Yes

2. Does this project propose to allocate funds according to an indirect cost rate? No

3. Select a grant term: 1 Year

A description must be entered for Quantity. Any costs without a Quantity description will be removed from the budget.

Eligible Costs:	Quantity AND Description (max 400 characters)	Annual Assistance Requested (Applicant)
1. Coordination Activities	Undertake three separate/unified studies to provide clarity on overall and subpopulation project development to include the conduct of research, data analysis and strategic plan/s by consultant (90 hours x \$175/hour = \$15,750 + \$1,250 in travel = \$17,000	\$17,000
2. Project Evaluation	Conduct a series of reviews looking at CoC operation and project operation to provide an analysis and evaluation of outcomes by consultant as compared with best practice, studies (120 hours x \$175/hour = \$21,000) + \$1,500 travel = \$22,500	\$22,500
3. Project Monitoring Activities		
4. Participation in the Consolidated Plan		
5. CoC Application Activities		
6. Determining Geographical Area to Be Served by the CoC		
7. Developing a CoC System		
8. HUD Compliance Activities	Provide strategic action steps for the CoC's lead (HUD Grantee), the CoC and ESG projects (providers) and the CoC as a whole; to be undertaken by the consultant (100 hours x \$175/hour = \$17,500) + \$2,000 in travel = \$19,500	\$19,500
Total Costs Requested		\$59,000
Cash Match		\$0
In-Kind Match		\$14,750
Total Match		\$14,750
Total Budget		\$73,750

Click the 'Save' button to automatically calculate the Total Assistance

5A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1. Other Attachment(s)	No		
2. Other Attachment(s)	No		

Attachment Details

Document Description:

Attachment Details

Document Description:

5A. In-Kind MOU Attachment

Document Type	Required?	Document Description	Date Attached
In-Kind Match MOU	No		

Attachment Details

Document Description:

5B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or

disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

1-Year Operation Rule.

For applicants receiving assistance for CoC planning: the project will be operated for the purpose specified in the application for any year for which such assistance is provided.

D. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall attach an explanation behind this page.

Name of Authorized Certifying Official: Patrick Sullivan

Date: 09/14/2018

Title: Director

Applicant Organization: City of New Bedford

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).

X

6A. Submission Summary

Page	Last Updated
1A. SF-424 Application Type	No Input Required
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	08/22/2018
1E. SF-424 Compliance	08/22/2018
1F. SF-424 Declaration	08/22/2018
1G. HUD 2880	08/22/2018
1H. HUD 50070	08/22/2018
1I. Cert. Lobbying	08/22/2018
1J. SF-LLL	08/22/2018

2A. Project Detail	08/22/2018
2B. Description	08/22/2018
3A. Governance and Operations	08/22/2018
3B. Committees	08/22/2018
4A. Match	08/22/2018
4B. Funding Request	08/22/2018
5A. Attachment(s)	No Input Required
5A. In-Kind MOU Attachment	No Input Required
5B. Certification	08/22/2018