

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.gov at https://www.hud.gov/program_offices/comm_planning/coc.
- Questions regarding the FY 2021 CoC Program Competition process must be submitted to CoCNOFO@hud.gov.
- Questions related to e-snaps functionality (e.g., password lockout, access to user's application account, updating Applicant Profile) must be submitted to e-snaps@hud.gov.
- 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) 2021 Continuum of Care (CoC) Program Competition. For more information see FY 2021 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2021 CoC Program NOFO.
- 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 navigational guides, which are also found on the HUD Exchange.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- 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 2019 Project Application will be imported into the FY 2021 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.
- Rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- 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 2021 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: 11/04/2021

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: Ms.

First Name: Jennifer

Middle Name:

Last Name: Clarke

Suffix:

Title: Deputy Director

Organizational Affiliation: City of New Bedford

Telephone Number: (508) 979-1500

Extension:
Fax Number: (508) 979-1575
Email: Jennifer.Clarke@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-6500-N25

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: 10/01/2022

b. End Date: 09/30/2023

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: 11/04/2021

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2506-0214 (exp.02/28/2022)

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

4a. Total Amount Requested for this project: \$74,524

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 reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation	Financial Interest in Project/Activity (\$)	Financial Interest in Project/Activity (%)
NA	NA	NA	\$0.00	0%

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I certify that the information provided on this form and in any accompanying documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

I AGREE:

Name / Title of Authorized Official: Patrick Sullivan, Director

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

Date Signed: 11/02/2021

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 certify that the information provided on this form and in any accompanying documentation is true and accurate. I

X

acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 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: 11/04/2021

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: 11/04/2021

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: 11/04/2021

IK. SF-424B

(SF-424B) ASSURANCES - NON-CONSTRUCTION PROGRAMS

OMB Number: 4040-0007
Expiration Date: 02/28/2022

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

- | | |
|----|---|
| 1. | Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application. |
| 2. | Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives. |
| 3. | Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain. |
| 4. | Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency. |
| 5. | Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F). |
| 6. | Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism, (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application. |
| 7. | Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases. |

- | | |
|-----|--|
| 8. | Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds. |
| 9. | Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements. |
| 10. | Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more. |
| 11. | Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205). |
| 12. | Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system. |
| 13. | Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.). |
| 14. | Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance. |
| 15. | Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance. |
| 16. | Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures. |
| 17. | Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations." |
| 18. | Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program. |
| 19. | Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award. |

As the duly authorized representative of the applicant, I certify:

Authorized Representative for: City of New Bedford
Prefix: Mr.

First Name: Patrick

Middle Name: J

Last Name: Sullivan

Suffix:

Title: Director

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

Date Signed: 11/04/2021

Information About Submission without Changes

Follow the instructions below making note of the exceptions and limitations to the “Submit Without Changes” process.

In general, HUD expects a project’s proposed project application information will remain the same from year-to-year unless changes are directed by HUD or approved through the grant agreement amendment process. However, HUD expects applicants to carefully review their information to determine if submitting without changes accurately reflects the expiring grant requesting renewal.

Due to e-snaps limitations, only previously submitted renewal applications can import data into the FY 2021 renewal project application. The data from previously submitted new and renewal project applications can be imported into a FY 2021 renewal project application. The “Submit without Changes” process is not applicable for:

- first time renewing project applications
- a project application that did not import last FY 2019 information
- a project that had Issues or Conditions that were addressed in FY 2019 Post-Award and updates need to be reflected in the FY 2021 project application
- a project that had amendments approved in FY 2019 or FY 2020 that need to be reflected in the FY 2021 project application

e-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that brought forward data from FY 2019 and have either a Leasing budget, Operating budget or use HUD PAID RENTS (Actual Rents) instead of FMR MAY NOT use the “Submit Without Changes” process and e-snaps will automatically be set to “Make Changes”. All Leasing and Operating budgets, along with Rental Assistance budgets that use HUD PAID Rent will need to be updated in the application. Refer to the GIW posted on the HUD Exchange for accurate budget information on leasing and operating budgets and refer to the HUD PAID RENT document sent by your field office from HUD HQ to accurately set your rental assistance budgets that use HUD PAID rents. This will only impact the FY 2021 competition.

The e-snaps screens that remain “open” for required annual updates and do not affect applicants’ ability to select “Submit without Changes” are:

- Recipient Performance Screen
- Consolidation and Expansion
- Screen 3A. Project Detail
- Screen 6D. Sources of Match
- All of Part 7: Attachments and Certification; and
- All of Part 8: Submission Summary.

All other screens in Part 2 through Part 6 begin in “Read-Only” format and should be reviewed for accuracy; including any updates that were made to the 2019 or 2020 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select “Submit Without Changes” in Part 8. If project applicants imported data and do need to make updates to the information on one or more screens, they must navigate to Part 8: “Submission Without Changes” Screen, select “Make Changes”, and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click “Save” and those screens will be available for edit. Once a project applicant selects a checkbox and clicks “Save”, the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions found on the left side menu of e-snaps or hud.gov to find more in depth information about applying under the FY 2021 CoC Competition.

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award due to 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. HMIS Standards	<input type="checkbox"/>
Part 5 - Participants and Outreach Information	
Part 6 - Budget Information	
6A. Funding Request	<input type="checkbox"/>
6D. Match	<input checked="" 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"/>

You have selected "Make Changes" to question #2 above. Provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

Only required sections noted above have been updated

You have selected "Make Changes." Once this screen is saved, you 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.

Recipient Performance

1. Did you submit your previous year's Annual Performance Report (APR) on time? Yes

2. Do you have any unresolved HUD Monitoring or OIG Audit finding(s) concerning any previous grant term related to this renewal project request? No

3. Do you draw funds quarterly for your current renewal project? Yes

4. Have any funds remained available for recapture by HUD for the most recently expired grant term related to this renewal project request? No

Renewal Grant Consolidation or Renewal Grant Expansion

The FY2021 CoC Competition will continue offering opportunities to expand or consolidate CoC projects. A few changes have occurred that differentiate the process from FY 2019.

1. Expansions and Consolidations will submit individual applications.
 - a. Expansions will ONLY submit a Stand-Alone Renewal application and a Stand-Alone New application.
 - b. Consolidations will ONLY submit individual renewal project applications, identifying the renewal application that will survive, and the renewal applications that will terminate. Up to 10 grants may be included in a consolidation.

2. HUD HQ will combine the data (e.g., units, budgets) for Expansion or Consolidation requests from the individual project applications selected for conditional award and provide a data report with further instructions for the field office and conditional recipient.

1. Is this renewal project application No requesting to consolidate or expand?

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: \$0

Organization	Type	Sub-Award Amount
This list contains no items		

3A. Project Detail

1. Expiring Grant Project Identification Number (PIN): MA0114

(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2. CoC Number and Name: MA-505 - New Bedford CoC

3. CoC Collaborative Applicant Name: City of New Bedford

4. Project Name: City of New Bedford HMIS Project 2.0

5. Project Status: Standard

6. Component Type: HMIS

7. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3? 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 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.

4A. HMIS Standards

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. Is the HMIS currently programmed to collect all Universal Data Elements (UDEs) as set forth in the 2020 HMIS Data Standard Notice? Yes

2. Does the HMIS produce all HUD-required reports and provide data 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).Assessment table shells (this will be the Logitudinal System Analysis next year), data for CAPER/ESG reporting, SPM and Data Quality Table, etc). Yes

3. Is your HMIS capable of generating all reports required by all Federal partners including HUD, VA, and HHS? Yes

4. Does the HMIS provide the CoC with an unduplicated count of program participants 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 licenses for former users who no longer need access to HMIS (e.g. leave their job, fired, etc.) Yes

8a. How long does it take to remove licenses for former HMIS users? Within 24 hours

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.

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: This field is pre-populated with a one-year grant term and cannot be edited: 1 Year

5. Select the costs for which funding is requested:

HMIS

6D. Sources of Match

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

Summary for Match

Total Value of Cash Commitments:	\$0
Total Value of In-Kind Commitments:	\$18,631
Total Value of All Commitments:	\$18,631

1. Will this project generate program income No
described in 24 CFR 578.97 to use as Match
for this project?

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.

Type	Source	Contributor	Value of Commitments
In-Kind	Government	City of New Bedford	\$18,631

Sources of Match Detail

1. Type of Match Commitment: In-Kind

2. Source: Government

3. Name of Source: City of New Bedford

(Be as specific as possible and include the office or grant program as applicable)

4. Amount of Written Commitment: \$18,631

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 2018 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2018, 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	\$0
10. In-Kind Match	\$18,631
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 Attachment	No		
3) Other Attachment	No		

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

7A. In-Kind Match MOU Attachment

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.

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: 11/04/2021

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).

Active SAM Status Requirement.

I certify that our organization has an active System for Award Management (SAM) registration as required by 2 CFR 200.300(b) at the time of project application submission to HUD and will ensure this SAM registration will be renewed annually to meet this requirement.

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	11/02/2021
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	11/02/2021
1E. SF-424 Compliance	11/02/2021
1F. SF-424 Declaration	11/02/2021

1G. HUD-2880	11/02/2021
1H. HUD-50070	11/02/2021
1I. Cert. Lobbying	11/02/2021
1J. SF-LLL	11/02/2021
IK. SF-424B	11/02/2021
Submission Without Changes	11/02/2021
Recipient Performance	11/02/2021
Renewal Grant Consolidation or Renewal Grant Expansion	11/02/2021
2A. Subrecipients	No Input Required
3A. Project Detail	11/02/2021
3B. Description	11/02/2021
4A. HMIS Standards	11/02/2021
6A. Funding Request	11/02/2021
6D. Match	11/02/2021
6E. Summary Budget	No Input Required
7A. Attachment(s)	No Input Required
7A. In-Kind Match MOU Attachment	No Input Required
7B. Certification	11/02/2021

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.gov at https://www.hud.gov/program_offices/comm_planning/coc.
- Questions regarding the FY 2021 CoC Program Competition process must be submitted to CoCNOFO@hud.gov.
- Questions related to e-snaps functionality (e.g., password lockout, access to user’s application account, updating Applicant Profile) must be submitted to e-snaps@hud.gov.
- 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) 2021 Continuum of Care (CoC) Program Competition. For more information see FY 2021 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2021 CoC Program NOFO.
- 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 navigational guides, which are also found on the HUD Exchange.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- 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 2019 Project Application will be imported into the FY 2021 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.
- Rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- 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 2021 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: 11/04/2021

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: Ms.

First Name: Jennifer

Middle Name:

Last Name: Clarke

Suffix:

Title: Deputy Director

Organizational Affiliation: City of New Bedford

Telephone Number: (508) 979-1500

Extension:

Fax Number: (508) 979-1575

Email: Jennifer.Clarke@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-6500-N25

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 Combined

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: 09/01/2022

b. End Date: 08/31/2023

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: 11/04/2021

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2506-0214 (exp.02/28/2022)

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

4a. Total Amount Requested for this project: \$50,000

5. State the name and location (street address, city and state) of the project or activity: The Call Combined 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 reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation	Financial Interest in Project/Activity (\$)	Financial Interest in Project/Activity (%)
NA	NA	NA	\$0.00	0%

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I certify that the information provided on this form and in any accompanying documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

I AGREE:

Name / Title of Authorized Official: Patrick Sullivan, Director

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

Date Signed: 10/21/2021

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 certify that the information provided on this form and in any accompanying documentation is true and accurate. I

X

acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.



WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 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: 11/04/2021

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: 11/04/2021

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: 11/04/2021

IK. SF-424B

(SF-424B) ASSURANCES - NON-CONSTRUCTION PROGRAMS

OMB Number: 4040-0007
Expiration Date: 02/28/2022

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

- | | |
|----|---|
| 1. | Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application. |
| 2. | Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives. |
| 3. | Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain. |
| 4. | Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency. |
| 5. | Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F). |
| 6. | Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism, (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application. |
| 7. | Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases. |

- | | |
|-----|--|
| 8. | Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds. |
| 9. | Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements. |
| 10. | Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more. |
| 11. | Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205). |
| 12. | Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system. |
| 13. | Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.). |
| 14. | Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance. |
| 15. | Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance. |
| 16. | Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures. |
| 17. | Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations." |
| 18. | Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program. |
| 19. | Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award. |

As the duly authorized representative of the applicant, I certify:

Authorized Representative for: City of New Bedford

Prefix: Mr.

First Name: Patrick

Middle Name: J

Last Name: Sullivan

Suffix:

Title: Director

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

Date Signed: 11/04/2021

Information About Submission without Changes

Follow the instructions below making note of the exceptions and limitations to the "Submit Without Changes" process.

In general, HUD expects a project's proposed project application information will remain the same from year-to-year unless changes are directed by HUD or approved through the grant agreement amendment process. However, HUD expects applicants to carefully review their information to determine if submitting without changes accurately reflects the expiring grant requesting renewal.

Due to e-snaps limitations, only previously submitted renewal applications can import data into the FY 2021 renewal project application. The data from previously submitted new and renewal project applications can be imported into a FY 2021 renewal project application. The "Submit without Changes" process is not applicable for:

- first time renewing project applications
- a project application that did not import last FY 2019 information
- a project that had Issues or Conditions that were addressed in FY 2019 Post-Award and updates need to be reflected in the FY 2021 project application
- a project that had amendments approved in FY 2019 or FY 2020 that need to be reflected in the FY 2021 project application

e-snaps will automatically be set to "Make Changes" and all questions on each screen must be updated.

Renewal projects that brought forward data from FY 2019 and have either a Leasing budget, Operating budget or use HUD PAID RENTS (Actual Rents) instead of FMR MAY NOT use the "Submit Without Changes" process and e-snaps will automatically be set to "Make Changes". All Leasing and Operating budgets, along with Rental Assistance budgets that use HUD PAID RENT will need to be updated in the application. Refer to the GIW posted on the HUD Exchange for accurate budget information on leasing and operating budgets and refer to the HUD PAID RENT document sent by your field office from HUD HQ to accurately set your rental assistance budgets that use HUD PAID rents. This will only impact the FY 2021 competition.

The e-snaps screens that remain "open" for required annual updates and do not affect applicants' ability to select "Submit without Changes" are:

- Recipient Performance Screen
- Consolidation and Expansion
- Screen 3A. Project Detail
- Screen 6D. Sources of Match
- All of Part 7: Attachments and Certification; and
- All of Part 8: Submission Summary.

All other screens in Part 2 through Part 6 begin in "Read-Only" format and should be reviewed for accuracy; including any updates that were made to the 2019 or 2020 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select "Submit Without Changes" in Part 8. If project applicants imported data and do need to make updates to the information on one or more screens, they must navigate to Part 8: "Submission Without Changes" Screen, select "Make Changes", and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click ""Save"" and those screens will be available for edit. Once a project applicant selects a checkbox and clicks ""Save"", the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions found on the left side menu of e-snaps or hud.gov to find more in depth information about applying under the FY 2021 CoC Competition.

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award due to 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 checked="" type="checkbox"/>
Part 4 - Housing Services and HMIS	
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 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"/>

You have selected "Make Changes" to question #2 above. Provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

- 3A-Updated Recipient Performance
- 3B-Updated Project description

6A-Updated Project to include indirect cost rate of 10% federal de minimus rate.
6D-Updated Match Information
7A-Uploaded Subrecipient 501c3 letter

You have selected "Make Changes." Once this screen is saved, you 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.

Recipient Performance

1. Did you submit your previous year's Annual Performance Report (APR) on time? Yes

2. Do you have any unresolved HUD Monitoring or OIG Audit finding(s) concerning any previous grant term related to this renewal project request? No

3. Do you draw funds quarterly for your current renewal project? Yes

4. Have any funds remained available for recapture by HUD for the most recently expired grant term related to this renewal project request? Yes

4a. If HUD recaptured funds provide an explanation.

FY18-Total unspent funds: \$6,353.96-Supportive Services-staffing:
FY19-Total unspent funds: \$9,185.27-Supportive Services-staffing

CSS has experienced issues with finding and retaining staff over the last two years of this contract. Staffing and ability to retain staff for open positions has been significantly affected by the COVID-19 pandemic.

Renewal Grant Consolidation or Renewal Grant Expansion

The FY2021 CoC Competition will continue offering opportunities to expand or consolidate CoC projects. A few changes have occurred that differentiate the process from FY 2019.

1. Expansions and Consolidations will submit individual applications.
 - a. Expansions will ONLY submit a Stand-Alone Renewal application and a Stand-Alone New application.
 - b. Consolidations will ONLY submit individual renewal project applications, identifying the renewal application that will survive, and the renewal applications that will terminate. Up to 10 grants may be included in a consolidation.

2. HUD HQ will combine the data (e.g., units, budgets) for Expansion or Consolidation requests from the individual project applications selected for conditional award and provide a data report with further instructions for the field office and conditional recipient.

**1. Is this renewal project application No
requesting to consolidate or expand?**

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: \$50,000

Organization	Type	Sub-Award Amount
Catholic Social Services of Fall River, Inc.	M. Nonprofit with 501C3 IRS Status	\$50,000

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: \$50,000

j. Contact Person

Prefix: Ms.

First Name: Martha

Middle Name:

Last Name: Reed

Suffix:

Title: Grants and Quality Coordinator

E-mail Address: martha@cssdioc.org

Confirm E-mail Address: martha@cssdioc.org

Phone Number: 508-674-4681

Extension: 1,175

Fax Number: 508-675-2224

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

3A. Project Detail

1. Expiring Grant Project Identification Number (PIN): MA0516

(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2. CoC Number and Name: MA-505 - New Bedford CoC

3. CoC Collaborative Applicant Name: City of New Bedford

4. Project Name: The Call Combined

5. Project Status: Standard

6. Component Type: SSO

6a. Please select the type of SSO project: Coordinated Entry

7. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3? No

3B. Project Description

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. Check the appropriate box(s) if this project will have a specific subpopulation focus. (Select all that apply)

N/A - Project Serves All Subpopulations	<input type="checkbox"/>	Domestic Violence	<input type="checkbox"/>
Veterans	<input type="checkbox"/>	Substance Abuse	<input type="checkbox"/>
Youth (under 25)	<input type="checkbox"/>	Mental Illness	<input type="checkbox"/>
Families with Children	<input type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>
		Chronic Homeless	<input type="checkbox"/>
		Other(Click 'Save' to update)	<input type="checkbox"/>

3. Housing First

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

3b. Does the project enroll program participants who have the following barriers? 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. Will the project prevent program participant termination 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

4. As a renewal SSO-Coordinated Entry project update the following questions.

4a. Will the coordinated entry process cover the CoC's entire geographic area? Yes

4b. Will the coordinated entry process be affirmatively marketed and easily accessible by individuals and families seeking assistance? 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 throughout the MA-505's Geographic Area of New Bedford, Massachusetts. This includes coordinated entry discussions and updates at the monthly CoC's Homeless Service Providers Network meetings, and at the South Coast Regional Network to End Homelessness meetings. Promotional materials about how to access coordinated entry services include publication of the phone number on social media, leaflets, posters, business cards, street sheets and other promotional materials distributed in areas where those with the highest barriers are most likely to utilize. Coordinated entry staff also present informational workshops, annual SPDAT trainings to homeless service providers, and participate in local community events such as Project Homeless Connect, Operation Stand Down, Community Events, 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 program participants are directed to appropriate housing and services.

Referrals to housing services and providers are completed through the following process throughout the New Bedford CoC. The New Bedford Coordinated Entry System (NBCES) is the initial source for intake and initial assessment. All agencies receiving CoC funding for housing related programs are required to participate. Other programs within the CoC are encouraged to participate. The NBCES accept referrals, which includes the Vulnerability Index as calculated by the SPDAT (Service Prioritization Decision Assistance Tool) from any partner or network members to be placed on the waiting list for permanent supportive housing or transitional housing programs. The SPDAT may also indicate an individual or family who is currently suffering from a housing crisis could be assisted through HUD Emergency Solutions Grant prevention services or rapid rehousing services. NBCES works with programs in the consortium to establish services that will prevent a client from having to enter emergency shelter if possible. The NBCES also works with local housing authorities, housing court, as well as school systems, landlord associations, and community partners to identify families and individuals who are enduring housing instability and connect them to the appropriate services necessary for housing stability.

4f. If the coordinated entry process includes differences in access, entry, assessment, or referral for certain subpopulations, are those differences limited only to the following five groups: Yes

- (1) adults without children,
- (2) adults accompanied by children;
- (3) unaccompanied youth;
- (4) households fleeing domestic violence, dating violence, sexual assault, stalking, or

other dangerous or life-threatening conditions (including human trafficking); and (5) persons at risk of homelessness.

4g. This coordinated entry project will refer persons experiencing homelessness to projects that specifically coordinates and integrates mainstream health, social services, and employment programs to program participants for which they may be eligible? Yes

6A. Funding Request

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

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

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

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

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

a. Please complete the indirect cost rate schedule below:

Agency	Indirect Cost Rate	Direct Cost Base	Date approved or enter "NA" if using 10 % de minimis rate
Federal de minimis rate	10%	\$45,454	N/A

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: This field is pre-populated with a one-year grant term and cannot be edited: 1 Year

5. Select the costs for which funding is requested:

- Leased Structures
- Supportive Services
- HMIS

6D. Sources of Match

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

Summary for Match

Total Value of Cash Commitments:	\$11,990
Total Value of In-Kind Commitments:	\$510
Total Value of All Commitments:	\$12,500

1. Will this project generate program income described in 24 CFR 578.97 to use as Match for this project? 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.

Type	Source	Contributor	Value of Commitments
Cash	Private	Catholic Social S...	\$11,990
In-Kind	Government	City of New Bedford	\$510

Sources of Match Detail

1. Type of Match Commitment: Cash

2. Source: Private

3. Name of Source: Catholic Social Services

(Be as specific as possible and include the office or grant program as applicable)

4. Amount of Written Commitment: \$11,990

Sources of Match Detail

1. Type of Match Commitment: In-Kind

2. Source: Government

3. Name of Source: City of New Bedford

(Be as specific as possible and include the office or grant program as applicable)

4. Amount of Written Commitment: \$510

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 2018 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2018, 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	\$45,918
4. Operating	\$0
5. HMIS	\$0
6. Sub-total Costs Requested	\$45,918
7. Admin (Up to 10%)	\$4,082
8. Total Assistance plus Admin Requested	\$50,000
9. Cash Match	\$11,990
10. In-Kind Match	\$510
11. Total Match	\$12,500
12. Total Budget	\$62,500

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	FY21 Updated 501C3	10/25/2021
2) Other Attachment	No		
3) Other Attachment	No		

Attachment Details

Document Description: FY21 Updated 501C3

Attachment Details

Document Description: CSS MATCH LETTER

Attachment Details

Document Description:

7A. In-Kind Match MOU Attachment

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.

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: 11/04/2021

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

Active SAM Status Requirement.

I certify that our organization has an active System for Award Management (SAM) registration as required by 2 CFR 200.300(b) at the time of project application submission to HUD and will ensure this SAM registration will be renewed annually to meet this requirement.

X

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	10/21/2021
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	10/21/2021
1E. SF-424 Compliance	10/21/2021
1F. SF-424 Declaration	10/21/2021
1G. HUD-2880	11/04/2021

Renewal Project Application FY2021	Page 45	11/04/2021
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1H. HUD-50070	10/21/2021
1I. Cert. Lobbying	10/21/2021
1J. SF-LLL	10/21/2021
IK. SF-424B	10/21/2021
Submission Without Changes	11/01/2021
Recipient Performance	10/25/2021
Renewal Grant Consolidation or Renewal Grant Expansion	10/25/2021
2A. Subrecipients	10/21/2021
3A. Project Detail	10/25/2021
3B. Description	10/25/2021
6A. Funding Request	11/04/2021
6D. Match	10/25/2021
6E. Summary Budget	No Input Required
7A. Attachment(s)	10/25/2021
7A. In-Kind Match MOU Attachment	No Input Required
7B. Certification	10/25/2021

**Internal Revenue Service
P.O. Box 2508
Cincinnati, OH 45201**

Department of the Treasury

Date: November 2, 2020

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 July 23, 2020, 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 2020*, 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 2020* 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. Subordinate organizations are not listed in Tax Exempt Organization Search (Pub 78 data), and many are not listed in the Exempt Organizations Business Master

File extract, or EO BMF. 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 cursive script that reads "Stephen A. Martin".

Stephen A. Martin
Director, Exempt Organizations
Rulings and Agreements

Communications Office, 947 Park St., Attleboro, 02703. Tel: 508-838-0313; Email: rompaga@aol.com. Rev. Ronald G. Gagne, M.S., Dir. Communications.

FALLHAVEN, Sacred Hearts Pastoral Administration Office, 77 Adams St., P.O. Box 111, Fairhaven, 02719-0111. Tel: 508-991-2412. Fax: 508-995-5198. Email: asprievinc@comcast.net. Web: www.sacredhearts.org. Very Rev. Herman Gagne, S.S.C.C., Prov.; Rev. Stephen Bunjare, S.S.C.C.; Bro. Paul R. Alcox, S.S.C.C. Congregation of the Sacred Hearts-United States Province. Brothers 1. *Ministry Center of the Enthronement*, P.O. Box 111, Fairhaven, 02719-0111. Tel: 508-999-2680. Fax: 508-991-8222. Email: meetings@psnusa.com. Web: www.sacredhearts.org. Rev. Kevin Columbus Conaty, S.S.C.C., Dir. Congregation of the Sacred Hearts-United States Province. *Zkounon Residence*, 73 Adams St., P.O. Box 111, Fairhaven, 02719-0111. Tel: 508-991-0566. Fax: 508-991-7170. Email: zprievinc@comcast.net. Rev. James E. McDonough, S.S.C.C., House Dir.; Kevin J. Ombroski Conaty, S.S.C.C.; Albert Degroot, S.S.C.C.; (Retired) Martin T. Gomes, S.S.C.C.; Michael Kelly, S.S.C.C.; Brian Mangrat, S.S.C.C.; (Retired) Michael Shanahan, S.S.C.C.; Matthias Shanley, S.S.C.C.; Desmond (Fintan) Sheeran, S.S.C.C.

Sacred Hearts Mission
NEW BEDFORD, Marian Fraternity of Our Lady, Queen of the Scapular Order, 600 Pleasant St., New Bedford, 02740-6289. Tel: 508-996-8274. Email: sfhnewyork@comcast.net. Web: www.maximilian.org. Rev. Matthias M. Sarda, P.L. Supr.; Fr. John M. Risse, F.L.; Vicar: Rev. Maximilian M. Wronosher, F.L.; Sec: Fr. Pedro Francisco M. Ojeda, F.L.; Revs. Alan Bernardine Wharton, F.L.; Andre Fenia, Brothers 2, Priests 4.

OSNEY, St. Joseph Friars-Franciscan Friars, 46 Robinson Rd., P.O. Box 63, Osney, 02559. Tel: 508-759-7236. Email: efrs-0848@aol.com. Deacon Charles Gieringer, O.F.M., M.R.E., Guard & Deacon.

IF CONVENTS AND RESIDENCES FOR SISTERS

DISTRICT, Dominican Sisters of Charity of the Presentation of the Blessed Virgin, 3912 Elm St., Dighton, 02715. Tel: 508-663-5425; Tel: 508-999-5923 (New Britain); Fax: 508-669-6591; Email: dscharity@presentation-usa.org. Web: www.presentation-usa.org. St. Vimala J.C.L., V.F., Director. St. Mary Supr., Provincial. *Horne Residence, Residence for Aged Sisters, New Britain, Sisters 32.*

FALLHAVEN, Sisters of the Sacred Hearts, Community Headquarters, 35 Huttondale Ave., Fairhaven, 02719-3154. Tel: 508-994-0341. Email: dschcfrh@comcast.net. Sisters Eleanor Maria Cyr, S.S.C.C., Supr.; Claire Boachard, S.S.C.C.; Maria Ann Lobson, S.S.C.C.

Sisters of the Sacred Hearts of Jesus and Mary and of Precious Adamant, S.S.C.C.
SOUTH DARTMOUTH, Dominican Sisters of Hope (1995) Bethany Community, 51 Middle St., Dartmouth, 02748. Tel: 508-206-1265. Web: www.ophope.org. Sr. Loretta Klerck, O.P., Province, Sisters 2.

TAUNTON, Villa Fatima (1944) 90 County St., Taunton, 02780. Tel: 508-822-6282. Fax: 508-825-0823. Email: rae23@comcast.net. Web: www.sistersofvillafatima.org. Sr. Rosalie Patrelio, S.S.D., Local Council, Sisters of St. Dorothy.

IGI RETREAT HOUSES

ATTLEBORO, La Sotile Retreat and Conference Center, 947 Park St., Attleboro, 02703 0665. Tel: 508-222-8538. Tel: 508-222-6419. Fax: 508-246-9089. Email: office@laotile.org. Web: www.laotile.org. Email: laotile@comcast.net; Email: laotile@comcast.net; Email: laotile@comcast.net.

EAST FREETOWN, Catholic Camp and Retreat Center (1910) 167 Middleboro Rd., P.O. Box 425, East Freetown, 02717 0429. Tel: 508-763-8874. Fax: 508-763-2239. Email: reu@eastretreatcamp.net. Web: www.eastretreatcamp.net. Rena Lemieux, Dir. *Catholic Camp Retreat Center*, 167 Middleboro Rd., P.O. Box 425, East Freetown, 02717-0129. Tel: 508-763-8874. Fax: 508-763-2230. Email: reu@eastretreatcamp.net. Web: www.eastretreatcamp.net. Rena Lemieux, Asst. Dir.

NORTH EASTON, Holy Cross Retreat House, 480 Washington St., North Easton, 02256-1294.

Tel: 508-238-2051, Fax: 508-238-0164; Email: jca@hctm.com. Web: www.retrathouse.org. Rev. Joseph F. Callahan, C.S.C., Spiritual Dir.

WALTON, Sacred Hearts Retreat Center, 220 Great Neck Rd., Wareham, 02571. Tel: 508-265-0100; Fax: 508-291-2024. Email: retreat@scsac.org. Web: www.scsac.org. Sr. Claire Boachard, S.S.C.C., Admin. Congregation of the Sacred Hearts-United States Province. *Sacred Hearts Mission*.

III DEPARTMENT OF CATHOLIC SOCIAL SERVICES AND SPECIAL APOSTOLATES

FALL RIVER, Campagna For Human Development Association, 1600 Bay St., P.O. Box M. S. Sta., 02724. Tel: 508-674-4681; Fax: 508-675-2224. Email: SMarzan@comcast.net. Email: SMarzan@comcast.net. Ms. Susan Mazzarella, M.A., L.S.W., CEO. *Debra Berg, Coord. Tot Asst. Annually 2, Total Staff 11.*

Catholic Social Services of Fall River, 1600 Bay St., P.O. Box M, S. Sta., 02724. Tel: 508-674-4681; Fax: 508-675-2224. Email: SMazzarella@comcast.net. Ms. Susan Mazzarella, M.A., L.S.W., CEO. *Debra Berg, Vice Pres.; Martha Hoff, Admin. Tot Asst. Annually 40,000; Total Staff 110.*

Catholic Social Services of New Bedford, 236 Danvers St., New Bedford, 02744. Tel: 508-997-7027, Fax: 508-994-1097. Email: SSMazzarella@comcast.net. Ms. Susan Mazzarella, M.A., L.S.W., CEO. *Total Staff 38.*

Catholic Social Services of Cape Cod, 261 South St., Hyannis, 02601. Tel: 508-771-6771; Fax: 508-771-4711. Email: SSMazzarella@comcast.net. Ms. Susan Mazzarella, M.A., L.S.W., CEO. *Tot Asst. Annually 1,200; Total Staff 14.*

Adoption By Choice, 1800 Bay St., P.O. Box M S. Sta., 02724-311 Hooper St., Taunton, 02788. Tel: 301-624-9270; Fax: 508-675-2224. Email: SMarzan@comcast.net. Ms. Susan Mazzarella, M.A., L.S.W., CEO. *Tot Asst. Annually 18; Total Staff 2.*

HYANNIS, St. Clare's Residence for Women Elaine Hiley, Contact Person, Red (Capacity 5); Tot Asst. Annually 16; Total Staff 6.

III CAMPS AND COMMUNITY CENTERS

FALL RIVER, Diocesan Catholic Youth Organization, 709 Haywood St., 02720. Tel: 508-679-6732; Fax: 508-675-4755. Very Rev. Jay T. Mullick, J.C.L., V.F., Director. *St. Vimala J.C.L., V.F., Director. St. Mary Supr., Provincial. Holy Cross Youth Organization*, Sullivan McCarrick CYO Center, 403 Anson St., 02720. Tel: 508-672-9644; Fax: 508-675-4755. Email: office@holycrossyouth.com. Mr. Thomas Chappendale, Area Dir.

New Bedford Area Catholic Youth Organization, Kennedy Youth Center, 377 County St., New Bedford, 02740. Tel: 508-996-0536. Email: office@holycrossyouth.com. Mr. Gregory Parker, Dir.

Taunton Area Catholic Youth Organization, 61 Sumner St., Taunton, 02780. Tel: 774-222-1834; Fax: 508-825-1732. Email: office@holycrossyouth.com. Mr. Donald Morrison, Area Dir.

III NEWMAN CENTERS AND CAMPUS MINISTRY

FALL RIVER, Bristol Community College Campus Ministry, 777 Elabore St., 02720 7395. Tel: 508-678-2611. Ext. 2819; Fax: 508-730-2286. Email: fatherfred@bristolcc.edu. Web: www.bristolcc.edu. Rev. David C. Frederici, Chap. *Total Staff 1.*

Diocesan Education Center, 423 Highland Ave., 02720. Tel: 508-678-2628; Fax: 508-874-4218. Email: sperrla@catholicusa.org. Web: www.catholiceducationcenter.org. Mr. Stephen A. Perla, Supr.; Sandra M. Drumney, Asst. Supr. for Academics and Personnel; Denise M. Praxton, Asst. Supr. for Academics and Student Affairs; Claire M. McManus, S.T.L., Dir. Faith Formation.

NORTH DARTMOUTH, Mass. Dartmouth Campus Ministry, 285 Old Westport Rd., North Dartmouth, 02747-2300. Tel: 508-989-8872. Email: dfrederici@diocesan.org. Web: www.diocesan.org. Rev. David C. Frederici, Chap.; Deacon Frank R. Laena, Campus Min.

WALTON College Office for Campus Ministry, P.O. Box 70737, North Dartmouth, 02747. Fax: 774-202-3047. Rev. David C. Frederici, Dir.

WEST BARNSTABLE, Cape Cod Campus Ministry, P.O. Box 1558, Pocomasset, 02539. Tel: 774-202-3047. Email: dfrederici@diocesan.org. Web: www.capecodcatholic.org. Rev. David C. Frederici, Chap.

(K) MISCELLANEOUS LISTINGS

FALL RIVER, Arden Housing Corporation, 1601 Bay St., 02724. Tel: 508-997-6130; Fax: 774-425-3790. Email: ardenwor@comcast.net. 72 Eighth St., New Bedford, 02740. Arlene A. McNamee, L.C.S.W., CEO. Contact Person.

Community Action for Better Housing, Inc., 72 Eighth St., New Bedford, 02740. Tel: 508-997-6130; Fax: 774-425-3790. Email: AMcNamee@comcast.net. Debra Berg, CEO; Ed Allard, Prog. Coord.

Diocesan Facilities Staff Insurance Group, Inc., 450 Highland Ave., 02720. Tel: 508-675-4311. Email: dsf@diocesan.org. P.O. Box 1110, 02722. Rev. John M. Murray.

St. Dominic's Apartments, Inc., 72 Eighth St., New Bedford, 02740. Tel: 508-997-2333; Fax: 508-997-0120; Email: KAllden@catholic.org. Email: dsd@comcast.net. 818 Middle St., 02721. Arlene A. McNamee, L.C.S.W., CEO. *Tot Asst. Annually 17; Total Staff 2.*

Foundation to Advance Catholic Education, Inc., P.O. Box 2577, 02722. Email: dschubert@comcast.net. 150 Highland Ave., 02720. Tel: 508-675-4311. Fax: 508-675-4311. Web: www.fare-02.org. Mrs. Sandra M. Dunbury, Exec. Dir.

Great Rivers Home, Inc., 8 Allen St., New Bedford, 02740. Tel: 774-202-6971; Tel: 508-997-0139. Email: sfrederici@catholic.org.

St. Dominic's Apartments, Inc., 72 Eighth St., New Bedford, 02740. Arlene A. McNamee, L.C.S.W., CEO, Contact Person.

FALLHAVEN, Congregation of the Sacred Hearts-United States Province and Sacred Hearts Fathers, Sacred Hearts Mission, 77 Adams St., P.O. Box 111, Fairhaven, 02719. Tel: 508-993-2442; Fax: 508-996-5499. Email: asprievinc@comcast.net. Very Rev. Herman Gagne, S.S.C.C., Prov.; Rev. Stephen Bunjare, S.S.C.C.; Dir.: Richard J. Danylak, S.S.C.C.; Dir.: Martin T. Gomes, S.S.C.C., Dir.

Sacred Hearts Mission
NEW BEDFORD, The Institute of the Immaculate Word, Inc., 1328 Acushnet Ave., New Bedford, 02740. Tel: 508-965-1691; Fax: 508-999-4775. Email: octavio@comcast.net. Web: www.instituteword.org. Rev. Octavio Garcia, V.F.E.

Missionaries of Charity, 556 County St., New Bedford, 02740. Tel: 508-997-7317. Email: missionariesofcharity@yahoo.com. Sr. Benedict Ann. Supr. Shelter for homeless women.

NORTH EASTON, Holy Cross Family Ministries (1942) 518 Washington St., North Easton, 02256-1290. Tel: 508-238-4095. Fax: 508-238-2953. Email: mcllister@comcast.net. Email: mcllister@comcast.net. Web: www.hcfm.org. Rev. Wilfred Raymond, C.S.C., Pres.; Susan Williams, Exec.; Rev. David Coffey, U.S.C., Natl. Dir. of Family Theater Productions; Cynthia Slattery, CFO; Rev. Peter Paul, C.S.C., Dir.; Elizabeth Ponce, Exec. Corporate Affairs; The Family History Inc., Sponsored by Congregation of Holy Cross (U.S. Province).

RELIGIOUS INSTITUTES OF MEN REPRESENTED IN THE DIOCESE
For further details refer to the corresponding bracketed number in the Religious Institutes of Men or Women section.

[0606]—*Brothers of the Congregation of Holy Cross—C.S.C.*

[1140]—*Congregation of the Sacred Hearts of Jesus and Mary—S.S.C.C.*

[0480]—*Conventual Franciscans* (Buffalo, NY)—O.F.M. Conv.

[0520]—*Franciscan Friars* (Immaculate Conception Prov.)—O.F.M.

[0533]—*Franciscan Friars of the Immaculate V.I.*

[1]—*Franciscans of Our Lady of the Holy Family—F.I.B.F.*

[0665]—*Institute of the Immaculate Word—V.F.E.*

[0720]—*Missionaries of Our Lady of La Salette—M.S.*

[0610]—*Preists of the Congregation of Holy Cross* (Eastern Prov.)—C.S.C.

[1340]—*Preist of the Immaculate Word—V.F.E.*

RELIGIOUS INSTITUTES OF WOMEN REPRESENTED IN THE DIOCESE
[1]—*Congregation of the Sisters of Mercy of Ireland.*

[1815]—*Congregation of the Sisters of St. Jean of Arc—S.J.A.*

[1]—*Conventual Virgin.*

[0750]—*Daughters of the Charity of the Sacred Heart of Jesus* (Sacred Heart Prov.)—P.C.S.C.J.

[1100]—*Dominican Sisters of Charity of the Presentation of the Blessed Virgin—O.P.*

[1105]—*Dominican Sisters of Hope—O.P.*

[3790]—*Institute of the Sisters of St. Dorothy—S.S.D.*

[2710]—*Missionaries of Charity—M.C.*

[2790]—*Missionary Servants of the Most Blessed Trinity—M.S.B.T.*

[3450]—*Religious of Jesus and Mary—R.J.M.*

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.gov at https://www.hud.gov/program_offices/comm_planning/coc.
- Questions regarding the FY 2021 CoC Program Competition process must be submitted to CoCNOFO@hud.gov.
- Questions related to e-snaps functionality (e.g., password lockout, access to user’s application account, updating Applicant Profile) must be submitted to e-snaps@hud.gov.
- 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) 2021 Continuum of Care (CoC) Program Competition. For more information see FY 2021 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2021 CoC Program NOFO.
- 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 navigational guides, which are also found on the HUD Exchange.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- 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 2019 Project Application will be imported into the FY 2021 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.
- Rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- 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 2021 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: 11/04/2021

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	
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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: Ms.

First Name: Jennifer

Middle Name:

Last Name: Clarke

Suffix:

Title: Deputy Director

Organizational Affiliation: City of New Bedford

Telephone Number: (508) 979-1500

Extension:

Fax Number: (508) 979-1575

Email: Jennifer.Clarke@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-6500-N25

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: 09/01/2022

b. End Date: 08/31/2023

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: 11/04/2021

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2506-0214 (exp.02/28/2022)

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

4a. Total Amount Requested for this project: \$298,437

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 reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation	Financial Interest in Project/Activity (\$)	Financial Interest in Project/Activity (%)
NA	NA	NA	\$0.00	0%

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I certify that the information provided on this form and in any accompanying documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

I AGREE:

Name / Title of Authorized Official: Patrick Sullivan, Director

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

Date Signed: 11/02/2021

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 certify that the information provided on this form and in any accompanying documentation is true and accurate. I

X

acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.



WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 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: 11/04/2021

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: 11/04/2021

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: 11/04/2021

IK. SF-424B

(SF-424B) ASSURANCES - NON-CONSTRUCTION PROGRAMS

OMB Number: 4040-0007
Expiration Date: 02/28/2022

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

- | | |
|----|---|
| 1. | Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application. |
| 2. | Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives. |
| 3. | Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain. |
| 4. | Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency. |
| 5. | Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F). |
| 6. | Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism, (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application. |
| 7. | Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases. |

- | | |
|-----|--|
| 8. | Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds. |
| 9. | Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements. |
| 10. | Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more. |
| 11. | Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205). |
| 12. | Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system. |
| 13. | Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.). |
| 14. | Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance. |
| 15. | Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance. |
| 16. | Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures. |
| 17. | Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations." |
| 18. | Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program. |
| 19. | Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award. |

As the duly authorized representative of the applicant, I certify:

Authorized Representative for: City of New Bedford

Prefix: Mr.

First Name: Patrick

Middle Name: J

Last Name: Sullivan

Suffix:

Title: Director

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

Date Signed: 11/04/2021

Information About Submission without Changes

Follow the instructions below making note of the exceptions and limitations to the "Submit Without Changes" process.

In general, HUD expects a project's proposed project application information will remain the same from year-to-year unless changes are directed by HUD or approved through the grant agreement amendment process. However, HUD expects applicants to carefully review their information to determine if submitting without changes accurately reflects the expiring grant requesting renewal.

Due to e-snaps limitations, only previously submitted renewal applications can import data into the FY 2021 renewal project application. The data from previously submitted new and renewal project applications can be imported into a FY 2021 renewal project application. The "Submit without Changes" process is not applicable for:

- first time renewing project applications
- a project application that did not import last FY 2019 information
- a project that had Issues or Conditions that were addressed in FY 2019 Post-Award and updates need to be reflected in the FY 2021 project application
- a project that had amendments approved in FY 2019 or FY 2020 that need to be reflected in the FY 2021 project application

e-snaps will automatically be set to "Make Changes" and all questions on each screen must be updated.

Renewal projects that brought forward data from FY 2019 and have either a Leasing budget, Operating budget or use HUD PAID RENTS (Actual Rents) instead of FMR MAY NOT use the "Submit Without Changes" process and e-snaps will automatically be set to "Make Changes". All Leasing and Operating budgets, along with Rental Assistance budgets that use HUD PAID RENT will need to be updated in the application. Refer to the GIW posted on the HUD Exchange for accurate budget information on leasing and operating budgets and refer to the HUD PAID RENT document sent by your field office from HUD HQ to accurately set your rental assistance budgets that use HUD PAID rents. This will only impact the FY 2021 competition.

The e-snaps screens that remain "open" for required annual updates and do not affect applicants' ability to select "Submit without Changes" are:

- Recipient Performance Screen
- Consolidation and Expansion
- Screen 3A. Project Detail
- Screen 6D. Sources of Match
- All of Part 7: Attachments and Certification; and
- All of Part 8: Submission Summary.

All other screens in Part 2 through Part 6 begin in "Read-Only" format and should be reviewed for accuracy; including any updates that were made to the 2019 or 2020 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select "Submit Without Changes" in Part 8. If project applicants imported data and do need to make updates to the information on one or more screens, they must navigate to Part 8: "Submission Without Changes" Screen, select "Make Changes", and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click ""Save"" and those screens will be available for edit. Once a project applicant selects a checkbox and clicks ""Save"", the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions found on the left side menu of e-snaps or hud.gov to find more in depth information about applying under the FY 2021 CoC Competition.

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award due to 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 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"/>
Part 6 - Budget Information	
6A. Funding Request	<input type="checkbox"/>
6B. Leased Units	<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="checked" type="checkbox"/>
7A. In-Kind Match MOU Attachment	<input type="checkbox"/>
7B. Certification	<input checked="checked" type="checkbox"/>

You have selected "Make Changes" to question #2 above. Provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

Budget changes-Section 6E
Agency transition from Southeast Family Services to SEMCOA Inc.
This program is submitting a stand-alone Expansion Project-
Consolidation/Renewal Grant Expansion Section

You have selected "Make Changes." Once this screen is saved, you 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.

Recipient Performance

1. Did you submit your previous year's Annual Performance Report (APR) on time? Yes

2. Do you have any unresolved HUD Monitoring or OIG Audit finding(s) concerning any previous grant term related to this renewal project request? No

3. Do you draw funds quarterly for your current renewal project? Yes

4. Have any funds remained available for recapture by HUD for the most recently expired grant term related to this renewal project request? No

Renewal Grant Consolidation or Renewal Grant Expansion

The FY2021 CoC Competition will continue offering opportunities to expand or consolidate CoC projects. A few changes have occurred that differentiate the process from FY 2019.

1. Expansions and Consolidations will submit individual applications.
 - a. Expansions will ONLY submit a Stand-Alone Renewal application and a Stand-Alone New application.
 - b. Consolidations will ONLY submit individual renewal project applications, identifying the renewal application that will survive, and the renewal applications that will terminate. Up to 10 grants may be included in a consolidation.

2. HUD HQ will combine the data (e.g., units, budgets) for Expansion or Consolidation requests from the individual project applications selected for conditional award and provide a data report with further instructions for the field office and conditional recipient.

1. Is this renewal project application requesting to consolidate or expand? Yes - Stand-Alone Renewal Application in a New Grant Expansion

If "No" click on "Next" or "Save & Next" below to move to the next screen.

As part of the FY 2021 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Expansion. This process can combine up to 1 renewal project application and 2 new expansion project applications. Renewal projects that are part of an expansion must expire in Calendar Year (CY) 2021, as confirmed on the FY 2021 GIW or eLOCCS, 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).

2. In the fields below, enter the Project Name, PIN and Total Amount Requested of the Stand-Alone Renewal project application and the Project Name and Total Amount requested for the Stand-Alone New project application as entered in e-snaps for the FY 2021 CoC Competition. There is no PIN for the Stand-Alone New, which is why the field will automatically fill as "NA". The Total Requested Amount for the Stand-Alone Renewal will automatically pull from the summary budget.

Renewal Grant Expansion Table

Stand-Alone Renewal or Stand-Alone New	Project Name	Total Requested Amount	PIN Number
Stand-Alone Renewal	Family Preservation Program	\$298,437	MA0112
Stand-Alone New	Family Preservation Program Expansion	\$84,313	NA

Renewal Expansion Summary

Total Number of Grants in the Expansion	2
Total Requested Amount in the Expansion	\$382,750

I acknowledge that I have informed my Collaborative Applicant of this expansion request to be included in the CoCs Project Listing and listed on a special attachment identifying this expansion request.

X

I acknowledge that I have reviewed the accuracy and submitted all new expansion project applications related to this expansion request into esnaps. NOTE: DO NOT SUMBIT A FULLY COMBINED NEW OR RENEWAL PROJECT APPLICATION IN E-SNAPS AS PART OF THE FY 2021 COC COMPETITION.

X

Click on “Save & Next” to continue completing the remainder of this stand-alone renewal project application

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: \$298,437

Organization	Type	Sub-Award Amount
SEMCOA Inc.	M. Nonprofit with 501C3 IRS Status	\$298,437

2A. Project Subrecipients Detail

a. Organization Name: SEMCOA Inc.

b. Organization Type: M. Nonprofit with 501C3 IRS Status

c. Employer or Tax Identification Number: 23-7161463

	* d. Organizational DUNS:	089346613	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: \$298,437

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. Expiring Grant Project Identification Number (PIN): MA0112

(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2. CoC Number and Name: MA-505 - New Bedford CoC

3. CoC Collaborative Applicant Name: City of New Bedford

4. Project Name: Family Preservation Program

5. Project Status: Standard

6. Component Type: PH

6a. Select the type of PH project. PSH

7. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3? No

8. Does this project include Replacement Reserves as a CoC Operating Cost? No
(Attachment Requirement)

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. Check the appropriate box(s) if this project will have a specific subpopulation focus. (Select all that apply)

N/A - Project Serves All Subpopulations	<input type="checkbox"/>	Domestic Violence	<input type="checkbox"/>
Veterans	<input type="checkbox"/>	Substance Abuse	<input type="checkbox"/>
Youth (under 25)	<input type="checkbox"/>	Mental Illness	<input type="checkbox"/>
Families with Children	<input type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>
		Chronic Homeless	<input type="checkbox"/>
		Other(Click 'Save' to update)	<input type="checkbox"/>

3. Housing First

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

3b. Does the project enroll program participants who have the following barriers? 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. Will the project prevent program participant termination 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. Is this project “100% Dedicated,” DedicatedPLUS
“DedicatedPLUS,” or “N/A”?**

(Only select "N/A" if this project was originally awarded as a grant that did not have requirements to only serve persons experiencing chronic homelessness and meets the definition of “non-dedicated permanent supportive housing beds” in the NOFO Section III.C.2.p).

4A. Supportive Services for Program 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 program 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

Identify whether the project includes the following activities:

2. Transportation assistance to program participants to attend mainstream benefit appointments, employee training, or jobs? Yes

3. Annual follow-up with program participants to ensure mainstream benefits are received and renewed? Yes

4. Do program participants have access to SSI/SSDI technical assistance provided by Yes

this project, subrecipient, or partner agency?

4a. 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: 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 program 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. Program 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
Persons over age 24	15	0		15
Persons 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. Program 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	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24	15	0	0	15	0	0	3	0	0	0
Persons 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	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24										
Persons ages 18-24										
Total Persons	0	0	0	0	0	0	0	0	0	0

Persons in Households with Only Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Accompanied Children under age 18										
Unaccompanied Children under age 18										
Total Persons	0			0	0	0	0	0	0	0

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: This field is pre-populated with a one-year grant term and cannot be edited:** 1 Year
- 5. Select the costs for which funding is 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

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:		\$212,650	
Grant Term:		1 Year	
Total Request for Grant Term:		\$212,650	
Total Units:		16	
FMR Area	Total Units Requested	Total Annual Budget Requested	Total Budget Requested
MA - New Bedford,...	16	\$212,650	\$212,650

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	\$212,650
Grant Term		1 Year
Total Request for Grant Term		\$212,650

Click the 'Save' button to automatically calculate totals.

6D. Sources of Match

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

Summary for Match

Total Value of Cash Commitments:	\$2,200
Total Value of In-Kind Commitments:	\$21,747
Total Value of All Commitments:	\$23,947

1. Will this project generate program income described in 24 CFR 578.97 to use as Match for this project? 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.

Type	Source	Contributor	Value of Commitments
In-Kind	Private	High Point Treatm...	\$21,747
Cash	Private	SEMCOA Inc	\$2,200

Sources of Match Detail

1. Type of Match Commitment: In-Kind

2. Source: Private

3. Name of Source: High Point Treatment Center

(Be as specific as possible and include the office or grant program as applicable)

4. Amount of Written Commitment: \$21,747

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. Type of Match Commitment: Cash

2. Source: Private

3. Name of Source: SEMCOA Inc

(Be as specific as possible and include the office or grant program as applicable)

4. Amount of Written Commitment: \$2,200

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 2018 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2018, 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	\$212,650
1b. Leased Structures	\$0
2. Rental Assistance	\$0
3. Supportive Services	\$41,719
4. Operating	\$20,348
5. HMIS	\$0
6. Sub-total Costs Requested	\$274,717
7. Admin (Up to 10%)	\$23,720
8. Total Assistance plus Admin Requested	\$298,437
9. Cash Match	\$2,200
10. In-Kind Match	\$21,747
11. Total Match	\$23,947
12. Total Budget	\$322,384

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	501C status	10/26/2021
2) Other Attachment	No		
3) Other Attachment	No		

Attachment Details

Document Description: 501C status

Attachment Details

Document Description: SEMCOA cash match

Attachment Details

Document Description: Match: Cash

7A. In-Kind Match MOU Attachment

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.

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: 11/04/2021

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).

Active SAM Status Requirement.

I certify that our organization has an active System for Award Management (SAM) registration as required by 2 CFR 200.300(b) at the time of project application submission to HUD and will ensure this SAM registration will be renewed annually to meet this requirement.

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	10/21/2021
1B. SF-424 Legal Applicant	No Input Required

Renewal Project Application FY2021	Page 53	11/04/2021
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1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	11/03/2021
1E. SF-424 Compliance	10/21/2021
1F. SF-424 Declaration	11/02/2021
1G. HUD-2880	11/03/2021
1H. HUD-50070	10/21/2021
1I. Cert. Lobbying	10/21/2021
1J. SF-LLL	10/21/2021
IK. SF-424B	10/21/2021
Submission Without Changes	11/01/2021
Recipient Performance	10/21/2021
Renewal Grant Consolidation or Renewal Grant Expansion	10/26/2021
2A. Subrecipients	10/26/2021
3A. Project Detail	10/25/2021
3B. Description	10/21/2021
3C. Dedicated Plus	10/21/2021
4A. Services	10/21/2021
4B. Housing Type	10/21/2021
5A. Households	10/21/2021
5B. Subpopulations	No Input Required
6A. Funding Request	10/21/2021
6B. Leased Units	10/26/2021
6D. Match	10/28/2021
6E. Summary Budget	No Input Required
7A. Attachment(s)	10/26/2021
7A. In-Kind Match MOU Attachment	No Input Required
7B. Certification	11/03/2021



Department of the Treasury
Internal Revenue Service
P.O. Box 2508, Room 4010
Cincinnati OH 45201

In reply refer to: 4077550279
Apr. 01, 2011 LTR 4168C 0
23-7161463 000000 00

00032274
BODC: TE

SEMCOA INC
100 N FRONT ST UNIT 3
NEW BEDFORD MA 02740-7350



020938

Employer Identification Number: 23-7161463
Person to Contact: Sophia Brown
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Mar. 17, 2011, 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 May 1972.

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.

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.gov at https://www.hud.gov/program_offices/comm_planning/coc.
- Questions regarding the FY 2021 CoC Program Competition process must be submitted to CoCNOFO@hud.gov.
- Questions related to e-snaps functionality (e.g., password lockout, access to user’s application account, updating Applicant Profile) must be submitted to e-snaps@hud.gov.
- 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) 2021 Continuum of Care (CoC) Program Competition. For more information see FY 2021 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2021 CoC Program NOFO.
- 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 navigational guides, which are also found on the HUD Exchange.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- 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 2019 Project Application will be imported into the FY 2021 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.
- Rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- 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 2021 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: 11/04/2021

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: Ms.

First Name: Jennifer

Middle Name:

Last Name: Clarke

Suffix:

Title: Deputy Director

Organizational Affiliation: City of New Bedford

Telephone Number: (508) 979-1500

Extension:

Fax Number: (508) 979-1575

Email: Jennifer.Clarke@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-6500-N25

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: 08/01/2022

b. End Date: 07/31/2023

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: 11/04/2021

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2506-0214 (exp.02/28/2022)

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

4a. Total Amount Requested for this project: \$200,352

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 reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation	Financial Interest in Project/Activity (\$)	Financial Interest in Project/Activity (%)
NA	NA	NA	\$0.00	0%

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I certify that the information provided on this form and in any accompanying documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

I AGREE:

Name / Title of Authorized Official: Patrick Sullivan, Director

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

Date Signed: 10/21/2021

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 certify that the information provided on this form and in any accompanying documentation is true and accurate. I

X

acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.



WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 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: 11/04/2021

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: 11/04/2021

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: 11/04/2021

IK. SF-424B

(SF-424B) ASSURANCES - NON-CONSTRUCTION PROGRAMS

OMB Number: 4040-0007
Expiration Date: 02/28/2022

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

- | | |
|----|---|
| 1. | Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application. |
| 2. | Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives. |
| 3. | Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain. |
| 4. | Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency. |
| 5. | Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F). |
| 6. | Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism, (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application. |
| 7. | Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases. |

- | | |
|-----|--|
| 8. | Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds. |
| 9. | Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements. |
| 10. | Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more. |
| 11. | Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205). |
| 12. | Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system. |
| 13. | Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.). |
| 14. | Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance. |
| 15. | Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance. |
| 16. | Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures. |
| 17. | Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations." |
| 18. | Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program. |
| 19. | Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award. |

As the duly authorized representative of the applicant, I certify:

Authorized Representative for: City of New Bedford

Prefix: Mr.

First Name: Patrick

Middle Name: J

Last Name: Sullivan

Suffix:

Title: Director

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

Date Signed: 11/04/2021

Information About Submission without Changes

Follow the instructions below making note of the exceptions and limitations to the "Submit Without Changes" process.

In general, HUD expects a project's proposed project application information will remain the same from year-to-year unless changes are directed by HUD or approved through the grant agreement amendment process. However, HUD expects applicants to carefully review their information to determine if submitting without changes accurately reflects the expiring grant requesting renewal.

Due to e-snaps limitations, only previously submitted renewal applications can import data into the FY 2021 renewal project application. The data from previously submitted new and renewal project applications can be imported into a FY 2021 renewal project application. The "Submit without Changes" process is not applicable for:

- first time renewing project applications
- a project application that did not import last FY 2019 information
- a project that had Issues or Conditions that were addressed in FY 2019 Post-Award and updates need to be reflected in the FY 2021 project application
- a project that had amendments approved in FY 2019 or FY 2020 that need to be reflected in the FY 2021 project application

e-snaps will automatically be set to "Make Changes" and all questions on each screen must be updated.

Renewal projects that brought forward data from FY 2019 and have either a Leasing budget, Operating budget or use HUD PAID RENTS (Actual Rents) instead of FMR MAY NOT use the "Submit Without Changes" process and e-snaps will automatically be set to "Make Changes". All Leasing and Operating budgets, along with Rental Assistance budgets that use HUD PAID RENT will need to be updated in the application. Refer to the GIW posted on the HUD Exchange for accurate budget information on leasing and operating budgets and refer to the HUD PAID RENT document sent by your field office from HUD HQ to accurately set your rental assistance budgets that use HUD PAID rents. This will only impact the FY 2021 competition.

The e-snaps screens that remain "open" for required annual updates and do not affect applicants' ability to select "Submit without Changes" are:

- Recipient Performance Screen
- Consolidation and Expansion
- Screen 3A. Project Detail
- Screen 6D. Sources of Match
- All of Part 7: Attachments and Certification; and
- All of Part 8: Submission Summary.

All other screens in Part 2 through Part 6 begin in "Read-Only" format and should be reviewed for accuracy; including any updates that were made to the 2019 or 2020 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select "Submit Without Changes" in Part 8. If project applicants imported data and do need to make updates to the information on one or more screens, they must navigate to Part 8: "Submission Without Changes" Screen, select "Make Changes", and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click ""Save"" and those screens will be available for edit. Once a project applicant selects a checkbox and clicks ""Save"", the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions found on the left side menu of e-snaps or hud.gov to find more in depth information about applying under the FY 2021 CoC Competition.

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award due to 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"/>
3C. Dedicated Plus	<input type="checkbox"/>
Part 4 - Housing Services and HMIS	
4A. Services	<input checked="" type="checkbox"/>
4B. Housing Type	<input type="checkbox"/>
Part 5 - Participants and Outreach Information	
5A. Households	<input type="checkbox"/>
5B. Subpopulations	<input type="checkbox"/>
Part 6 - Budget Information	
6A. Funding Request	<input checked="" type="checkbox"/>
6B. Leased Units	<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"/>

You have selected "Make Changes" to question #2 above. Provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

- added additional client data in part 3.
- made system required selections in 4A Supportive Services
- added current agency indirect cost rate and updated leasing, match, and other category totals to reflect 2021 GIW for the New Bedford CoC in Part 6.

You have selected "Make Changes." Once this screen is saved, you 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.

Recipient Performance

1. Did you submit your previous year's Annual Performance Report (APR) on time? Yes

2. Do you have any unresolved HUD Monitoring or OIG Audit finding(s) concerning any previous grant term related to this renewal project request? No

3. Do you draw funds quarterly for your current renewal project? Yes

4. Have any funds remained available for recapture by HUD for the most recently expired grant term related to this renewal project request? No

Renewal Grant Consolidation or Renewal Grant Expansion

The FY2021 CoC Competition will continue offering opportunities to expand or consolidate CoC projects. A few changes have occurred that differentiate the process from FY 2019.

1. Expansions and Consolidations will submit individual applications.
 - a. Expansions will ONLY submit a Stand-Alone Renewal application and a Stand-Alone New application.
 - b. Consolidations will ONLY submit individual renewal project applications, identifying the renewal application that will survive, and the renewal applications that will terminate. Up to 10 grants may be included in a consolidation.

2. HUD HQ will combine the data (e.g., units, budgets) for Expansion or Consolidation requests from the individual project applications selected for conditional award and provide a data report with further instructions for the field office and conditional recipient.

1. Is this renewal project application requesting to consolidate or expand? Yes - Stand-Alone Renewal Application in a New Grant Expansion

If "No" click on "Next" or "Save & Next" below to move to the next screen.

As part of the FY 2021 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Expansion. This process can combine up to 1 renewal project application and 2 new expansion project applications. Renewal projects that are part of an expansion must expire in Calendar Year (CY) 2021, as confirmed on the FY 2021 GIW or eLOCCS, 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).

2. In the fields below, enter the Project Name, PIN and Total Amount Requested of the Stand-Alone Renewal project application and the Project Name and Total Amount requested for the Stand-Alone New project application as entered in e-snaps for the FY 2021 CoC Competition. There is no PIN for the Stand-Alone New, which is why the field will automatically fill as "NA". The Total Requested Amount for the Stand-Alone Renewal will automatically pull from the summary budget.

Renewal Grant Expansion Table

Stand-Alone Renewal or Stand-Alone New	Project Name	Total Requested Amount	PIN Number
Stand-Alone Renewal	Welcome Home	\$200,352	MA0406
Stand-Alone New	Welcome Home Expansion	\$84,312	NA

Renewal Expansion Summary

Total Number of Grants in the Expansion	2
Total Requested Amount in the Expansion	\$284,664

I acknowledge that I have informed my Collaborative Applicant of this expansion request to be included in the CoCs Project Listing and listed on a special attachment identifying this expansion request.

I acknowledge that I have reviewed the accuracy and submitted all new expansion project applications related to this expansion request into esnaps. NOTE: DO NOT SUMBIT A FULLY COMBINED NEW OR RENEWAL PROJECT APPLICATION IN E-SNAPS AS PART OF THE FY 2021 COC COMPETITION.

Click on “Save & Next” to continue completing the remainder of this stand-alone renewal project application

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: \$200,352

Organization	Type	Sub-Award Amount
Steppingstone Incorporated	M. Nonprofit with 501C3 IRS Status	\$200,352

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: \$200,352

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. Expiring Grant Project Identification Number (PIN): MA0406

(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2. CoC Number and Name: MA-505 - New Bedford CoC

3. CoC Collaborative Applicant Name: City of New Bedford

4. Project Name: Welcome Home

5. Project Status: Standard

6. Component Type: PH

6a. Select the type of PH project. PSH

7. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3? No

8. Does this project include Replacement Reserves as a CoC Operating Cost? No
(Attachment Requirement)

3B. Project Description

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. Check the appropriate box(s) if this project will have a specific subpopulation focus. (Select all that apply)

N/A - Project Serves All Subpopulations	<input type="checkbox"/>	Domestic Violence	<input type="checkbox"/>
Veterans	<input type="checkbox"/>	Substance Abuse	<input type="checkbox"/>
Youth (under 25)	<input type="checkbox"/>	Mental Illness	<input type="checkbox"/>
Families with Children	<input type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>
		Chronic Homeless	<input type="checkbox"/>
		Other(Click 'Save' to update)	<input type="checkbox"/>

3. Housing First

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

3b. Does the project enroll program participants who have the following barriers? 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. Will the project prevent program participant termination 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. Is this project “100% Dedicated,” DedicatedPLUS
“DedicatedPLUS,” or "N/A"?**

(Only select "N/A" if this project was originally awarded as a grant that did not have requirements to only serve persons experiencing chronic homelessness and meets the definition of “non-dedicated permanent supportive housing beds” in the NOFO Section III.C.2.p).

4A. Supportive Services for Program Participants

**1. For all supportive services available to program 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	Subrecipient	As needed
Case Management	Subrecipient	Weekly
Child Care	Non-Partner	As needed
Education Services	Subrecipient	As needed
Employment Assistance and Job Training	Non-Partner	As needed
Food	Non-Partner	As needed
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	Non-Partner	As needed
Outreach Services	Subrecipient	Weekly
Substance Abuse Treatment Services	Subrecipient	As needed
Transportation	Subrecipient	As needed
Utility Deposits	Non-Partner	As needed

Identify whether the project includes the following activities:

2. Transportation assistance to program participants to attend mainstream benefit appointments, employee training, or jobs? Yes

3. Annual follow-up with program participants to ensure mainstream benefits are received and renewed? Yes

4. Do program participants have access to SSI/SSDI technical assistance provided by this project, subrecipient, or partner agency? Yes

4a. 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 program 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 207

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. Program 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
Persons over age 24	2	11		13
Persons 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. Program 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	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24	2	0	0	1	2	0	1	0	0	0
Persons 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	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24	8		3	8	11	0	3	0	0	0
Persons 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	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Accompanied Children under age 18										
Unaccompanied Children under age 18										

Total Persons	0			0	0	0	0	0	0	0
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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? 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:

Agency	Indirect Cost Rate	Direct Cost Base	Date approved or enter "NA" if using 10 % de minimis rate
U.S. Dept. of Health and Human Services, Cost Allocation Services	23%	\$33,640	2/16/2021

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: This field is pre-populated with a one-year grant term and cannot be edited: 1 Year

5. Select the costs for which funding is requested:

Leased Units	X
Leased Structures	
Rental Assistance	
Supportive Services	

Operating	X
HMIS	

6B. Leased Units Budget

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

Total Annual Assistance Requested:		\$135,665	
Grant Term:		1 Year	
Total Request for Grant Term:		\$135,665	
Total Units:		13	
FMR Area	Total Units Requested	Total Annual Budget Requested	Total Budget Requested
MA - New Bedford,...	13	\$135,665	\$135,665

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	\$135,665
Grant Term		1 Year
Total Request for Grant Term		\$135,665

Click the 'Save' button to automatically calculate totals.

6D. Sources of Match

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

Summary for Match

Total Value of Cash Commitments:	\$16,172
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$16,172

1. Will this project generate program income described in 24 CFR 578.97 to use as Match for this project? No

Type	Source	Contributor	Value of Commitments
Cash	Private	Steppingstone Inc...	\$16,172

Sources of Match Detail

1. Type of Match Commitment: Cash

2. Source: Private

3. Name of Source: Steppingstone Incorporated

(Be as specific as possible and include the office or grant program as applicable)

4. Amount of Written Commitment: \$16,172

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 2018 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2018, 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	\$135,665
1b. Leased Structures	\$0
2. Rental Assistance	\$0
3. Supportive Services	\$0
4. Operating	\$49,179
5. HMIS	\$0
6. Sub-total Costs Requested	\$184,844
7. Admin (Up to 10%)	\$15,508
8. Total Assistance plus Admin Requested	\$200,352
9. Cash Match	\$16,172
10. In-Kind Match	\$0
11. Total Match	\$16,172
12. Total Budget	\$216,524

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	IRS 501 c3 Letter...	12/23/2013
2) Other Attachment	No		
3) Other Attachment	No	2021 Steppingston...	10/25/2021

Attachment Details

Document Description: IRS 501 c3 Letter Non profit status

Attachment Details

Document Description: 2021 Welcome Home Cash Match Letter

Attachment Details

Document Description: 2021 Steppingstone Indirect Cost Rate Agreement

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: 11/04/2021

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).

Active SAM Status Requirement.

I certify that our organization has an active System for Award Management (SAM) registration as required by 2 CFR 200.300(b) at the time of project application submission to HUD and will ensure this SAM registration will be renewed annually to meet this requirement.

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	10/21/2021
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required

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1D. SF-424 Congressional District(s)	11/03/2021
1E. SF-424 Compliance	10/21/2021
1F. SF-424 Declaration	10/21/2021
1G. HUD-2880	11/03/2021
1H. HUD-50070	10/21/2021
1I. Cert. Lobbying	10/21/2021
1J. SF-LLL	10/21/2021
IK. SF-424B	10/21/2021
Submission Without Changes	11/01/2021
Recipient Performance	10/21/2021
Renewal Grant Consolidation or Renewal Grant Expansion	11/01/2021
2A. Subrecipients	10/25/2021
3A. Project Detail	10/22/2021
3B. Description	10/21/2021
3C. Dedicated Plus	10/21/2021
4A. Services	10/25/2021
4B. Housing Type	10/21/2021
5A. Households	10/21/2021
5B. Subpopulations	No Input Required
6A. Funding Request	10/25/2021
6B. Leased Units	10/25/2021
6D. Match	10/25/2021
6E. Summary Budget	No Input Required
7A. Attachment(s)	10/25/2021
7B. Certification	10/25/2021

Internal Revenue Service

Department of the Treasury

**P. O. Box 2508
Cincinnati, OH 45201**

Date: April 18, 2002

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

**Steppingstone Inc.
466 North Main Street
Fall River, MA 02720-2408**

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.

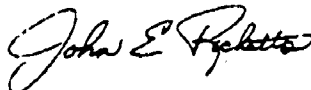
The law requires you to make your organization's annual return available for public inspection without charge for three years after the due date of the return. If your organization had a copy of its application for recognition of exemption on July 15, 1987, it is also required to make available for public 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

NONPROFIT RATE AGREEMENT

EIN: 04-2505146

DATE:02/16/2021

ORGANIZATION:

FILING REF.: The preceding
agreement was dated
01/06/2020

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	07/01/2019	06/30/2020	22.60	On-Site	All Programs
PROV.	07/01/2020	06/30/2023	22.60	On-Site	All Programs

*BASE

Direct salaries and wages including all fringe benefits.

ORGANIZATION: Steppingstone, Inc.

AGREEMENT DATE: 2/16/2021

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.

PROPOSAL DUE DATE

Your next proposal based on actual costs for the fiscal year ending 06/30/2021 is due in our office by 12/31/2021.

EQUIPMENT

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 \$5,000.

ORGANIZATION: Steppingstone, Inc.

AGREEMENT DATE: 2/16/2021

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:

Steppingstone, Inc.

(INSTITUTION)

Kathleen Schedler Clark

(SIGNATURE)

KATHLEEN SCHEDLER-CLARK

(NAME)

EXECUTIVE DIRECTOR

(TITLE)

MARCH 1, 2021

(DATE)

ON BEHALF OF THE FEDERAL GOVERNMENT:

DEPARTMENT OF HEALTH AND HUMAN SERVICES

(AGENCY)

Darryl W. Mayes -S

Digitally signed by Darryl W. Mayes -S
DN: c=US, o=U.S. Government, ou=HHS, ou=PSC,
ou=People, 0.9.2342.19200300.100.1.1=2000131669,
cn=Darryl W. Mayes -S
Date: 2021.02.26 07:37:13 -0500

(SIGNATURE)

Darryl W. Mayes

(NAME)

Deputy Director, Cost Allocation Services

(TITLE)

2/16/2021

(DATE) 6446

HHS REPRESENTATIVE: Douglas Molina

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.gov at https://www.hud.gov/program_offices/comm_planning/coc.
- Questions regarding the FY 2021 CoC Program Competition process must be submitted to CoCNOFO@hud.gov.
- Questions related to e-snaps functionality (e.g., password lockout, access to user’s application account, updating Applicant Profile) must be submitted to e-snaps@hud.gov.
- 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) 2021 Continuum of Care (CoC) Program Competition. For more information see FY 2021 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2021 CoC Program NOFO.
- 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 navigational guides, which are also found on the HUD Exchange.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- 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 2019 Project Application will be imported into the FY 2021 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.
- Rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- 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 2021 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: 11/04/2021

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	
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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: Ms.

First Name: Jennifer

Middle Name:

Last Name: Clarke

Suffix:

Title: Deputy Director

Organizational Affiliation: City of New Bedford

Telephone Number: (508) 979-1500

Extension:

Fax Number: (508) 979-1575

Email: Jennifer.Clarke@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-6500-N25

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: 09/01/2022

b. End Date: 08/31/2023

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: 11/04/2021

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2506-0214 (exp.02/28/2022)

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

4a. Total Amount Requested for this project: \$672,667

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 reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation	Financial Interest in Project/Activity (\$)	Financial Interest in Project/Activity (%)
NA	NA	NA	\$0.00	0%

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I certify that the information provided on this form and in any accompanying documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

I AGREE:

Name / Title of Authorized Official: Patrick Sullivan, Director

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

Date Signed: 10/21/2021

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 certify that the information provided on this form and in any accompanying documentation is true and accurate. I

X

acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.



WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 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: 11/04/2021

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: 11/04/2021

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: 11/04/2021

IK. SF-424B

(SF-424B) ASSURANCES - NON-CONSTRUCTION PROGRAMS

OMB Number: 4040-0007
Expiration Date: 02/28/2022

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

- | | |
|----|---|
| 1. | Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application. |
| 2. | Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives. |
| 3. | Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain. |
| 4. | Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency. |
| 5. | Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F). |
| 6. | Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism, (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application. |
| 7. | Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases. |

- | | |
|-----|--|
| 8. | Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds. |
| 9. | Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements. |
| 10. | Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more. |
| 11. | Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205). |
| 12. | Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system. |
| 13. | Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.). |
| 14. | Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance. |
| 15. | Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance. |
| 16. | Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures. |
| 17. | Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations." |
| 18. | Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program. |
| 19. | Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award. |

As the duly authorized representative of the applicant, I certify:

Authorized Representative for: City of New Bedford

Prefix: Mr.

First Name: Patrick

Middle Name: J

Last Name: Sullivan

Suffix:

Title: Director

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

Date Signed: 11/04/2021

Information About Submission without Changes

Follow the instructions below making note of the exceptions and limitations to the “Submit Without Changes” process.

In general, HUD expects a project’s proposed project application information will remain the same from year-to-year unless changes are directed by HUD or approved through the grant agreement amendment process. However, HUD expects applicants to carefully review their information to determine if submitting without changes accurately reflects the expiring grant requesting renewal.

Due to e-snaps limitations, only previously submitted renewal applications can import data into the FY 2021 renewal project application. The data from previously submitted new and renewal project applications can be imported into a FY 2021 renewal project application. The “Submit without Changes” process is not applicable for:

- first time renewing project applications
- a project application that did not import last FY 2019 information
- a project that had Issues or Conditions that were addressed in FY 2019 Post-Award and updates need to be reflected in the FY 2021 project application
- a project that had amendments approved in FY 2019 or FY 2020 that need to be reflected in the FY 2021 project application

e-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that brought forward data from FY 2019 and have either a Leasing budget, Operating budget or use HUD PAID RENTS (Actual Rents) instead of FMR MAY NOT use the “Submit Without Changes” process and e-snaps will automatically be set to “Make Changes”. All Leasing and Operating budgets, along with Rental Assistance budgets that use HUD PAID RENT will need to be updated in the application. Refer to the GIW posted on the HUD Exchange for accurate budget information on leasing and operating budgets and refer to the HUD PAID RENT document sent by your field office from HUD HQ to accurately set your rental assistance budgets that use HUD PAID rents. This will only impact the FY 2021 competition.

The e-snaps screens that remain “open” for required annual updates and do not affect applicants’ ability to select “Submit without Changes” are:

- Recipient Performance Screen
- Consolidation and Expansion
- Screen 3A. Project Detail
- Screen 6D. Sources of Match
- All of Part 7: Attachments and Certification; and
- All of Part 8: Submission Summary.

All other screens in Part 2 through Part 6 begin in “Read-Only” format and should be reviewed for accuracy; including any updates that were made to the 2019 or 2020 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select “Submit Without Changes” in Part 8. If project applicants imported data and do need to make updates to the information on one or more screens, they must navigate to Part 8: “Submission Without Changes” Screen, select “Make Changes”, and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click “Save” and those screens will be available for edit. Once a project applicant selects a checkbox and clicks “Save”, the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions found on the left side menu of e-snaps or hud.gov to find more in depth information about applying under the FY 2021 CoC Competition.

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award due to 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"/>
3C. Dedicated Plus	<input type="checkbox"/>
Part 4 - Housing Services and HMIS	
4A. Services	<input checked="" type="checkbox"/>
4B. Housing Type	<input type="checkbox"/>
Part 5 - Participants and Outreach Information	
5A. Households	<input type="checkbox"/>
5B. Subpopulations	<input type="checkbox"/>
Part 6 - Budget Information	
6A. Funding Request	<input checked="" type="checkbox"/>
6B. Leased Units	<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"/>
7A. In-Kind Match MOU Attachment	<input type="checkbox"/>
7B. Certification	<input checked="" type="checkbox"/>

You have selected "Make Changes" to question #2 above. Provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

- Part 2-updated to reflect current subrecipient contact information and GIW.
- Completed performance questions.
- Part 3A-completed Q7
- Part 3B-updated Project Description
- Part 4A-updated to reflect assistance with moving cost question
- Part 6A-updated to reflect intent to charge federal indirect costs
- Part 6B-updated to reflect current GIW
- Part 6D-updated to reflect new match amount
- Part 6E- updated to reflect current GIW amounts
- Part 7A-uploaded current 501c3 documentation

You have selected "Make Changes." Once this screen is saved, you 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.

Recipient Performance

1. Did you submit your previous year's Annual Performance Report (APR) on time? Yes

2. Do you have any unresolved HUD Monitoring or OIG Audit finding(s) concerning any previous grant term related to this renewal project request? No

3. Do you draw funds quarterly for your current renewal project? Yes

4. Have any funds remained available for recapture by HUD for the most recently expired grant term related to this renewal project request? Yes

4a. If HUD recaptured funds provide an explanation.

FY18-Total unspent funds: \$18,975.29 (Supp Svcs: \$10,154.12, Ops: \$470.29, Admin: \$8,350.88)

FY19-Total unspent funds: \$74,899.92 (Leasing: \$21,266, Supp Svcs: \$29,950.82, Ops: \$4,285.74, Admin: \$19,397.36)

Unspent leasing funds were due to hardships in finding replacement units as well as landlords not request rent increases over the last contract year. Operations were unspent due to lack of tenant damages and repairs over the last two contract years. CSS was unable to fill the vacant case manager positions over this contract year. CSS has experienced issues with finding and retaining staff over the last two years. Staffing and ability to retain staff for open positions has been significantly affected by the COVID-19 pandemic. CSS will continue to actively recruit to fill open positions within the agency over the course of the current contract and this renewal contract. Finding vacant units to rent for the program has been especially difficult over the last 18-months due to both COVID and lack of available housing stock in the New Bedford CoC geographical area.

Renewal Grant Consolidation or Renewal Grant Expansion

The FY2021 CoC Competition will continue offering opportunities to expand or consolidate CoC projects. A few changes have occurred that differentiate the process from FY 2019.

1. Expansions and Consolidations will submit individual applications.
 - a. Expansions will ONLY submit a Stand-Alone Renewal application and a Stand-Alone New application.
 - b. Consolidations will ONLY submit individual renewal project applications, identifying the renewal application that will survive, and the renewal applications that will terminate. Up to 10 grants may be included in a consolidation.

2. HUD HQ will combine the data (e.g., units, budgets) for Expansion or Consolidation requests from the individual project applications selected for conditional award and provide a data report with further instructions for the field office and conditional recipient.

1. Is this renewal project application No requesting to consolidate or expand?

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: \$672,667

Organization	Type	Sub-Award Amount
Catholic Social Services of Fall River, Inc.	M. Nonprofit with 501C3 IRS Status	\$672,667

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: \$672,667

j. Contact Person

Prefix: Ms.

First Name: Susan

Middle Name:

Last Name: Mazzarella

Suffix:

Title: Chief Executive Officer

E-mail Address: SMazzarella@cssdioc.org

Confirm E-mail Address: SMazzarella@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. Expiring Grant Project Identification Number (PIN): MA0433

(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2. CoC Number and Name: MA-505 - New Bedford CoC

3. CoC Collaborative Applicant Name: City of New Bedford

4. Project Name: Portico

5. Project Status: Standard

6. Component Type: PH

6a. Select the type of PH project. PSH

7. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3? No

8. Does this project include Replacement Reserves as a CoC Operating Cost? No

(Attachment Requirement)

3B. Project Description

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 7 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. Check the appropriate box(s) if this project will have a specific subpopulation focus. (Select all that apply)

N/A - Project Serves All Subpopulations	<input type="checkbox"/>	Domestic Violence	<input type="checkbox"/>
Veterans	<input type="checkbox"/>	Substance Abuse	<input type="checkbox"/>
Youth (under 25)	<input type="checkbox"/>	Mental Illness	<input type="checkbox"/>
Families with Children	<input type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>
		Chronic Homeless	<input type="checkbox"/>

Other(Click 'Save' to update)	<input type="checkbox"/>
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3. Housing First

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

3b. Does the project enroll program participants who have the following barriers? 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. Will the project prevent program participant termination 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. Is this project “100% Dedicated,” DedicatedPLUS
“DedicatedPLUS,” or “N/A”?**

(Only select "N/A" if this project was originally awarded as a grant that did not have requirements to only serve persons experiencing chronic homelessness and meets the definition of “non-dedicated permanent supportive housing beds” in the NOFO Section III.C.2.p).

4A. Supportive Services for Program Participants

**1. For all supportive services available to program 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

Identify whether the project includes the following activities:

2. Transportation assistance to program participants to attend mainstream benefit appointments, employee training, or jobs? Yes

3. Annual follow-up with program participants to ensure mainstream benefits are received and renewed? Yes

4. Do program participants have access to SSI/SSDI technical assistance provided by this project, subrecipient, or partner agency? Yes

4a. 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 program 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. Program 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
Persons over age 24	52	0		52
Persons 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. Program 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	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24	50	2	0	27	0	19	6		0	0
Persons 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	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24										
Persons ages 18-24										
Total Persons	0	0	0	0	0	0	0	0	0	0

Persons in Households with Only Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Accompanied Children under age 18										
Unaccompanied Children under age 18										
Total Persons	0			0	0	0	0	0	0	0

6A. Funding Request

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

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

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

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

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

a. Please complete the indirect cost rate schedule below:

Agency	Indirect Cost Rate	Direct Cost Base	Date approved or enter "NA" if using 10 % de minimis rate
Federal de minimis rate	10%	\$155,695	N/A

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: This field is pre-populated with a one-year grant term and cannot be edited: 1 Year

5. Select the costs for which funding is requested:

Leased Units	X
Leased Structures	
Rental Assistance	
Supportive Services	X

Operating	X
HMIS	

6B. Leased Units Budget

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

Total Annual Assistance Requested:		\$501,403	
Grant Term:		1 Year	
Total Request for Grant Term:		\$501,403	
Total Units:		46	
FMR Area	Total Units Requested	Total Annual Budget Requested	Total Budget Requested
MA - New Bedford,...	46	\$501,403	\$501,403

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	\$501,403
Grant Term		1 Year
Total Request for Grant Term		\$501,403

Click the 'Save' button to automatically calculate totals.

6D. Sources of Match

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

Summary for Match

Total Value of Cash Commitments:	\$36,099
Total Value of In-Kind Commitments:	\$6,717
Total Value of All Commitments:	\$42,816

1. Will this project generate program income described in 24 CFR 578.97 to use as Match for this project? 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.

Type	Source	Contributor	Value of Commitments
Cash	Private	Catholic Social S...	\$36,099
In-Kind	Government	City of New Bedford	\$6,717

Sources of Match Detail

- 1. Type of Match Commitment:** Cash
- 2. Source:** Private
- 3. Name of Source:** Catholic Social Services Operations
(Be as specific as possible and include the office or grant program as applicable)
- 4. Amount of Written Commitment:** \$36,099

Sources of Match Detail

- 1. Type of Match Commitment:** In-Kind
- 2. Source:** Government
- 3. Name of Source:** City of New Bedford
(Be as specific as possible and include the office or grant program as applicable)
- 4. Amount of Written Commitment:** \$6,717

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

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 2018 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2018, 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	\$501,403
1b. Leased Structures	\$0
2. Rental Assistance	\$0
3. Supportive Services	\$93,489
4. Operating	\$24,040
5. HMIS	\$0
6. Sub-total Costs Requested	\$618,932
7. Admin (Up to 10%)	\$53,735
8. Total Assistance plus Admin Requested	\$672,667
9. Cash Match	\$36,099
10. In-Kind Match	\$6,717
11. Total Match	\$42,816
12. Total Budget	\$715,483

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	FY21 Updated 501C3	10/25/2021
2) Other Attachment	No		
3) Other Attachment	No		

Attachment Details

Document Description: FY21 Updated 501C3

Attachment Details

Document Description: CSS Match Letter 8.8.2019

Attachment Details

Document Description:

7A. In-Kind Match MOU Attachment

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.

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: 11/04/2021

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

Active SAM Status Requirement.

I certify that our organization has an active System for Award Management (SAM) registration as required by 2 CFR 200.300(b) at the time of project application submission to HUD and will ensure this SAM registration will be renewed annually to meet this requirement.

X

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	10/21/2021
1B. SF-424 Legal Applicant	No Input Required
Renewal Project Application FY2021	Page 52
	11/04/2021

1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	10/21/2021
1E. SF-424 Compliance	10/21/2021
1F. SF-424 Declaration	10/21/2021
1G. HUD-2880	11/04/2021
1H. HUD-50070	10/21/2021
1I. Cert. Lobbying	10/21/2021
1J. SF-LLL	10/21/2021
IK. SF-424B	10/21/2021
Submission Without Changes	11/01/2021
Recipient Performance	10/25/2021
Renewal Grant Consolidation or Renewal Grant Expansion	10/25/2021
2A. Subrecipients	10/25/2021
3A. Project Detail	10/25/2021
3B. Description	10/25/2021
3C. Dedicated Plus	10/21/2021
4A. Services	11/01/2021
4B. Housing Type	10/21/2021
5A. Households	10/21/2021
5B. Subpopulations	No Input Required
6A. Funding Request	11/04/2021
6B. Leased Units	10/25/2021
6D. Match	10/25/2021
6E. Summary Budget	No Input Required
7A. Attachment(s)	10/25/2021
7A. In-Kind Match MOU Attachment	No Input Required
7B. Certification	10/25/2021

**Internal Revenue Service
P.O. Box 2508
Cincinnati, OH 45201**

Department of the Treasury

Date: November 2, 2020

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 July 23, 2020, 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 2020*, 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 2020* 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. Subordinate organizations are not listed in Tax Exempt Organization Search (Pub 78 data), and many are not listed in the Exempt Organizations Business Master

File extract, or EO BMF. 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 cursive script that reads "Stephen A. Martin".

Stephen A. Martin
Director, Exempt Organizations
Rulings and Agreements

Communications Office, 947 Park St., Attleboro, 02703. Tel: 508-838-0313.
Email: rompage@aol.com. Rev. Ronald G. Gagne, M.S., Dir. Communications.

FALL RIVER, Sacred Hearts Pastoral Administration Office, 77 Adams St., P.O. Box 111, Fairhaven, 02719-0111. Tel: 508-381-2412. Fax: 508-995-5198. Email: asprievinc@comcast.net. Web: www.sacredhearts.org. Very Rev. Herman Gagne, S.S.C.C., Prov.; Rev. Stephen Bunjara, S.S.C.C.; Bro. Paul R. Alcox, S.S.C.C. Congregation of the Sacred Hearts-United States Province. Brothers 1. *Ministry Center of the Enthronement*, P.O. Box 111, Fairhaven, 02719-0111. Tel: 508-999-2680. Fax: 508-995-8222. Email: mcenter@comcast.net. Web: www.sacredhearts.org. Rev. Kevin Columbus Conaty, S.S.C.C., Dir. Congregation of the Sacred Hearts-United States Province. *Zkouna Residence*, 73 Adams St., P.O. Box 111, Fairhaven, 02719-0111. Tel: 508-999-0506. Fax: 508-999-7170. Email: zprievinc@comcast.net. Rev. James E. McDonough, S.S.C.C., (Base) Dir.; Kevin J. Ombroski Conaty, S.S.C.C.; Albert Degroot, S.S.C.C.; (Retired) Martin T. Gomes, S.S.C.C.; Michael Kelly, S.S.C.C.; Brian Mangrat, S.S.C.C.; (Retired) Michael Shanahan, S.S.C.C.; Matthias Shanley, S.S.C.C.; Desmond (Fintan) Sheeran, S.S.C.C.

Sacred Hearts Mission
NEW BEDFORD, Marian Feast of Our Lady, Queen of the Scapular Order, 600 Pleasant St., New Bedford, 02740-6289. Tel: 508-996-8274. Email: sfh@comcast.net. Web: www.maximilian@comcast.net. Rev. Matthias M. Sanku, P.L. Supr.; Fr. John M. Risse, F.L., Vicar; Rev. Maximilian M. Wronosher, F.L., Sec.; Fr. Pedro Francisco M. Olhero, F.L.; Revs. Alan Bernardine Wharton, F.L.; Andre Fein, Brothers 2, Priests 4.

OSNEY, St. Joseph Friars-Franciscan Friars, 46 Robinson Rd., P.O. Box 63, (Inset), 02539. Tel: 508-759-7230. Email: charles848@aol.com. Deacon Charles Geringer, O.F.M., M.R.E., Guard, & Deacon.

IF) CONVENTS AND RESIDENCES FOR SISTERS

DISTRICT, Dominican Sisters of Charity of the Presentation of the Blessed Virgin, 3012 Elm St., Dighton, 02715. Tel: 508-663-5425. Tel: 508-999-5923 (Novitiate); Fax: 508-669-6591. Email: dscharity@presentation-ny-usa.org. Web: www.presentation-ny-usa.org. St. Vimala J.C.L., V.F., Director. St. Vimala J.C.L., V.F., Superior. Provincial Home Residence, Residence for Aged Sisters, Novitiate, Sisters 32.

FALL RIVER, Sisters of the Sacred Hearts, Community Headquarters, 35 Huttonville Ave., Fairhaven, 02719-3154. Tel: 508-994-0341. Email: dsch@comcast.net. Sisters Eleanor Maria Cyr, S.S.C.C., Supr.; Claire Boachard, S.S.C.C.; Maria Ann Lobson, S.S.C.C.

Sisters of the Sacred Hearts of Jesus and Mary and of Precious Adamant, S.S.C.C.
SOUTH DARTMOUTH, Dominican Sisters of Hope (1995) Bethany Community, 51 Middle St., Dartmouth, 02748. Tel: 508-206-1265. Web: www.ophope.org. Sr. Loretta Klerck, O.P., Province, Sisters 2.

TAUNTON, Villa Fatima (1944) 90 County St., Taunton, 02780. Tel: 508-822-6282. Fax: 508-823-0823. Email: rae23@comcast.net. Web: www.sistersoftheimmaculate.org. Sr. Rosalie Patrella, S.S.D., Local Council, Sisters of St. Dorothy.

IG) RETREAT HOUSES

ATTLEBORO, La Sotile Retreat and Conference Center, 947 Park St., Attleboro, 02703-0665. Tel: 508-222-8530. Tel: 508-222-6419. Fax: 508-246-9089. Email: office@laotile.org. Web: www.laotile.org. Email: office@laotile.org. Web: www.laotile.org.

East Freetown, Catholic Camp and Retreat Center (1910) 167 Middleboro Rd., P.O. Box 428, East Freetown, 02717-0429. Tel: 508-763-8874. Fax: 508-763-2239. Email: reu@eastfreetowncamp.net. Web: www.eastfreetowncamp.net. Rena Lemaux, Dir. *Catholic Camp Retreat Center*, 167 Middleboro Rd., P.O. Box 428, East Freetown, 02717-0429. Tel: 508-763-8874. Fax: 508-763-2230. Email: reu@eastfreetowncamp.net. Web: www.eastfreetowncamp.net. Rena Lemaux, Asst. Dir.

NORTH EASTON, Holy Cross Retreat House, 480 Washington St., North Easton, 02556-1294.

Tel: 508-238-2051. Fax: 508-238-0164. Email: jcl@hctm.com. Web: www.retrathouse.org. Rev. Joseph F. Callahan, C.S.C., Spiritual Dir.

WALTON, Sacred Hearts Retreat Center, 220 Great Neck Rd., Wareham, 02571. Tel: 508-265-0100. Fax: 508-291-2024. Email: retreat@scs.org. Web: www.scs.org. Sr. Claire Boachard, S.S.C.C., Admin. Congregation of the Sacred Hearts-United States Province. *Sacred Hearts Mission*.

III) DEPARTMENT OF CATHOLIC SOCIAL SERVICES AND SPECIAL APOSTOLATES

FALL RIVER, Congregia for Human Development Assistance, 1600 Bay St., P.O. Box M. S. Sta., 02724. Tel: 508-674-4681. Fax: 508-675-2224. Email: SMarzan@comcast.net. Email: SMarzan@comcast.net. Ms. Susan Mazzarella, M.A., L.S.W., CEO. *Deborah Berg, Coord. Tot Asst. Annually 2, Total Staff 11.*

Catholic Social Services of Fall River, 1600 Bay St., P.O. Box M. S. Sta., 02724. Tel: 508-674-4681. Fax: 508-675-2224. Email: SMazzarella@comcast.net. Ms. Susan Mazzarella, M.A., L.S.W., CEO. *Deborah Berg, Vice Pres.; Martha Hoff, Admin. Tot Asst. Annually 10,000; Total Staff 110.*

Catholic Social Services of New Bedford, 238 Danvers St., New Bedford, 02744. Tel: 508-997-7527. Fax: 508-994-1097. Email: SMazzarella@comcast.net. Ms. Susan Mazzarella, M.A., L.S.W., CEO. *Total Staff 38.*

Catholic Social Services of Cape Cod, 261 South St., Hyannis, 02601. Tel: 508-771-6771. Fax: 508-771-4711. Email: SMazzarella@comcast.net. Ms. Susan Mazzarella, M.A., L.S.W., CEO. *Tot Asst. Annually 1,200; Total Staff 14.*

Adoption By Choice, 1800 Bay St., P.O. Box M. S. Sta., 02724-3111 Hooper St., Taunton, 02788. Tel: 301-624-9270. Fax: 508-675-2224. Email: SMarzan@comcast.net. Ms. Susan Mazzarella, M.A., L.S.W., CEO. *Tot Asst. Annually 18; Total Staff 2.*

HYANNIS, St. Clare's Residence for Women Elaine Hiley, Contact Person, Red (Capacity 5); Tot Asst. Annually 16; Total Staff 6.

II) 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. Mullick, J.C.L., V.F., Director. *Very Rev. Jay T. Mullick, J.C.L., V.F., Director.*

Fall River Area Catholic Youth Organization, Sullivan McCarrick CYO Center, 403 Anson St., 02720. Tel: 508-672-9644. Fax: 508-675-4755. Email: office@holycross.org. Mr. Thomas Chappendale, Area Dir. *New Bedford Area Catholic Youth Organization, Kennedy Youth Center, 377 County St., New Bedford, 02740. Tel: 508-996-0536. Email: office@holycross.org. Mr. Gregory Parker, Dir.*

Taunton Area Catholic Youth Organization, 61 Sumner St., Taunton, 02780. Tel: 774-222-1834. Fax: 508-825-1732. Email: office@holycross.org. Mr. Donald Morrison, Area Dir.

II) NEWMAN CENTERS AND CAMPUS MINISTRY

FALL RIVER, Bristol Community College Campus Ministry, 777 Elabore St., 02720-7395. Tel: 508-678-2611. Ext. 2819. Fax: 508-730-2286. Email: fbrfr@comcast.net. Rev. David C. Frederici, Chap. *Total Staff 1.*

Diocesan Education Center, 423 Highland Ave., 02720. Tel: 508-678-2628. Fax: 508-874-4218. Email: sperr@comcast.net. Web: www.enthediosceducation.org. Mr. Stephen A. Perla, Supr.; Sandra M. Drumney, Asst. Supr. for Academics and Personnel; Denise M. Praxton, Asst. Supr. for Academics and Student Affairs; Claire M. McManus, S.T.L., Dir. *Faith Formation*.

NORTH DARTMOUTH, Mass. Dartmouth Campus Ministry, 285 Old Westport Rd., North Dartmouth, 02747-2300. Tel: 508-989-8872. Email: dfm@comcast.net. Web: www.massdcm.com. Rev. David C. Frederici, Chap.; Deacon Frank R. Lema, Campus Min.

WALTON College Office for Campus Ministry, P.O. Box 70737, North Dartmouth, 02747. Fax: 774-202-3047. Rev. David C. Frederici, Dir.

WEST BARNSTABLE, Cape Cod Campus Ministry, P.O. Box 1558, Pocomasset, 02539. Tel: 774-202-3047. Email: dfm@comcast.net. Web: www.capecodcm.com. Rev. David C. Frederici, Chap.

III) MISCELLANEOUS LISTINGS

FALL RIVER, Arden Housing Corporation, 1601 Bay St., 02724. Tel: 508-997-6130. Fax: 774-425-3790. Email: arden@comcast.net. 72 Eighth St., New Bedford, 02740. Arlene A. McNamee, L.C.S.W., CEO. Contact Person.

Community Action for Better Housing, Inc., 72 Eighth St., New Bedford, 02740. Tel: 508-997-6130. Fax: 774-425-3790. Email: AMcNamee@comcast.net. Deborah Berg, CEO; Ed Allard, Prog. Coord.

Diocesan Facilities Self Insurance Group, Inc., 450 Highland Ave., 02720. Tel: 508-675-1311. Email: dsb@diocese.org. P.O. Box 1110, 02722. Rev. John M. Murray.

St. Dominic's Apartments, Inc., 72 Eighth St., New Bedford, 02740. Tel: 508-997-2331. Fax: 508-997-0120. Email: EAllard@comcast.net. Email: dsb@diocese.org. 818 Middle St., 02721. Arlene A. McNamee, L.C.S.W., CEO. *Tot Asst. Annually 17; Total Staff 2.*

Foundation to Advance Catholic Education, Inc., P.O. Box 2577, 02722. Email: dsb@diocese.org. 150 Highland Ave., 02720. Tel: 508-675-1311. Fax: 508-675-6791. Web: www.fare-dc.org. Mrs. Sandra M. Dunbury, Exec. Dir.

Our Blessed Home, Inc., 8 Allen St., New Bedford, 02740. Tel: 774-202-6971. Tel: 508-997-0130. Email: sf@comcast.net.

Religious Institute of the Immaculate Word, Inc., 1328 Acushnet Ave., New Bedford, 02740. Tel: 508-995-1691. Fax: 508-999-4775. Email: octavio@comcast.net. Web: www.sistersoftheimmaculateword.com. Rev. Octavio Garcia, V.F.E.

Missionaries of Charity, 556 County St., New Bedford, 02740. Tel: 508-997-7317. Email: missionariesofcharity@yahoo.com. Sr. Benedict Ann. Supr. *Shelter for homeless women.*

NORTH EASTON, Holy Cross Family Ministries (1942) 518 Washington St., North Easton, 02556-1290. Tel: 508-238-4095. Fax: 508-238-2953. Email: mcenter@comcast.net. Email: mcenter@comcast.net.

Web: www.hcfm.org. Rev. Wilfred Raymond, C.S.C., Pres.; Susan Williams, Exec.; Rev. David Coffey, U.S.C., Natl. Dir. of Family Theater Productions; Cynthia Slattery, CFO; Rev. Peter Paul, C.S.C., Dir.; Elmhurst Ponce, Exec. Corporate Affairs; The Family History Inc., Sponsored by Congregation of Holy Cross (U.S. Province).

RELIGIOUS INSTITUTES OF MEN REPRESENTED IN THE DIOCESE
For further details refer to the corresponding bracketed number in the Religious Institutes of Men or Women section.

[0600]—Brothers of the Congregation of Holy Cross—C.S.C.

[1140]—Congregation of the Sacred Hearts of Jesus and Mary—S.S.C.C.

[0480]—Conventual Franciscans (Balfanz, NY)—O.F.M. Conv.

[0520]—Franciscan Friars (Immaculate Conception Prov.)—O.F.M.

[0530]—Franciscan Friars of the Immaculate V.I. II—Franciscans of Our Lady of the Holy Family—F.I.B.F.

[0645]—Institute of the Immaculate Word—V.F.E.

[0720]—Missionaries of Our Lady of La Salette—M.S.

[0610]—Priests of the Congregation of Holy Cross (Eastern Prov.)—C.S.C.

[1340]—Vicentian Fathers

RELIGIOUS INSTITUTES OF WOMEN REPRESENTED IN THE DIOCESE
II—Congregation of the Sisters of Mercy of Ireland.

[3815]—Congregation of the Sisters of St. Jean of Arc—S.J.A.

II—Conventual Virgin

[0750]—Daughters of the Charity of the Sacred Heart of Jesus (Sacred Heart Prov.)—P.C.S.C.J.

[1100]—Dominican Sisters of Charity of the Presentation of the Blessed Virgin—O.P.

[1105]—Dominican Sisters of Hope—O.P.

[3790]—Institute of the Sisters of St. Dorothy—S.S.D.

[2710]—Missionaries of Charity—M.C.

[2790]—Missionary Servants of the Most Blessed Trinity—M.S.B.T.

[3450]—Religious of Jesus and Mary—R.J.M.

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.gov at https://www.hud.gov/program_offices/comm_planning/coc.
- Questions regarding the FY 2021 CoC Program Competition process must be submitted to CoCNOFO@hud.gov.
- Questions related to e-snaps functionality (e.g., password lockout, access to user's application account, updating Applicant Profile) must be submitted to e-snaps@hud.gov.
- 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) 2021 Continuum of Care (CoC) Program Competition. For more information see FY 2021 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2021 CoC Program NOFO.
- 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 navigational guides, which are also found on the HUD Exchange.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- 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 2019 Project Application will be imported into the FY 2021 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.
- Rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- 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 2021 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: 11/04/2021

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	
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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: Ms.

First Name: Jennifer

Middle Name:

Last Name: Clarke

Suffix:

Title: Deputy Director

Organizational Affiliation: City of New Bedford

Telephone Number: (508) 979-1500

Extension:

Fax Number: (508) 979-1575

Email: Jennifer.Clarke@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-6500-N25

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: 10/01/2022

b. End Date: 09/30/2023

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: 11/04/2021

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2506-0214 (exp.02/28/2022)

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

4a. Total Amount Requested for this project: \$301,674

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 reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation	Financial Interest in Project/Activity (\$)	Financial Interest in Project/Activity (%)
NA	NA	NA	\$0.00	0%

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I certify that the information provided on this form and in any accompanying documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

I AGREE:

Name / Title of Authorized Official: Patrick Sullivan, Director

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

Date Signed: 10/21/2021

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 certify that the information provided on this form and in any accompanying documentation is true and accurate. I

X

acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.



WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 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: 11/04/2021

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: 11/04/2021

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: 11/04/2021

IK. SF-424B

(SF-424B) ASSURANCES - NON-CONSTRUCTION PROGRAMS

OMB Number: 4040-0007
Expiration Date: 02/28/2022

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

- | | |
|----|---|
| 1. | Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application. |
| 2. | Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives. |
| 3. | Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain. |
| 4. | Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency. |
| 5. | Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F). |
| 6. | Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism, (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application. |
| 7. | Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases. |

- | | |
|-----|--|
| 8. | Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds. |
| 9. | Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements. |
| 10. | Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more. |
| 11. | Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205). |
| 12. | Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system. |
| 13. | Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.). |
| 14. | Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance. |
| 15. | Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance. |
| 16. | Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures. |
| 17. | Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations." |
| 18. | Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program. |
| 19. | Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award. |

As the duly authorized representative of the applicant, I certify:

Authorized Representative for: City of New Bedford

Prefix: Mr.

First Name: Patrick

Middle Name: J

Last Name: Sullivan

Suffix:

Title: Director

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

Date Signed: 11/04/2021

Information About Submission without Changes

Follow the instructions below making note of the exceptions and limitations to the “Submit Without Changes” process.

In general, HUD expects a project’s proposed project application information will remain the same from year-to-year unless changes are directed by HUD or approved through the grant agreement amendment process. However, HUD expects applicants to carefully review their information to determine if submitting without changes accurately reflects the expiring grant requesting renewal.

Due to e-snaps limitations, only previously submitted renewal applications can import data into the FY 2021 renewal project application. The data from previously submitted new and renewal project applications can be imported into a FY 2021 renewal project application. The “Submit without Changes” process is not applicable for:

- first time renewing project applications
- a project application that did not import last FY 2019 information
- a project that had Issues or Conditions that were addressed in FY 2019 Post-Award and updates need to be reflected in the FY 2021 project application
- a project that had amendments approved in FY 2019 or FY 2020 that need to be reflected in the FY 2021 project application

e-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that brought forward data from FY 2019 and have either a Leasing budget, Operating budget or use HUD PAID RENTS (Actual Rents) instead of FMR MAY NOT use the “Submit Without Changes” process and e-snaps will automatically be set to “Make Changes”. All Leasing and Operating budgets, along with Rental Assistance budgets that use HUD PAID Rent will need to be updated in the application. Refer to the GIW posted on the HUD Exchange for accurate budget information on leasing and operating budgets and refer to the HUD PAID RENT document sent by your field office from HUD HQ to accurately set your rental assistance budgets that use HUD PAID rents. This will only impact the FY 2021 competition.

The e-snaps screens that remain “open” for required annual updates and do not affect applicants’ ability to select “Submit without Changes” are:

- Recipient Performance Screen
- Consolidation and Expansion
- Screen 3A. Project Detail
- Screen 6D. Sources of Match
- All of Part 7: Attachments and Certification; and
- All of Part 8: Submission Summary.

All other screens in Part 2 through Part 6 begin in “Read-Only” format and should be reviewed for accuracy; including any updates that were made to the 2019 or 2020 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select “Submit Without Changes” in Part 8. If project applicants imported data and do need to make updates to the information on one or more screens, they must navigate to Part 8: “Submission Without Changes” Screen, select “Make Changes”, and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click “Save” and those screens will be available for edit. Once a project applicant selects a checkbox and clicks “Save”, the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions found on the left side menu of e-snaps or hud.gov to find more in depth information about applying under the FY 2021 CoC Competition.

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award due to 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 type="checkbox"/>
3C. Dedicated Plus	<input type="checkbox"/>
Part 4 - Housing Services and HMIS	
4A. Services	<input checked="" type="checkbox"/>
4B. Housing Type	<input type="checkbox"/>
Part 5 - Participants and Outreach Information	
5A. Households	<input checked="" type="checkbox"/>
5B. Subpopulations	<input checked="" type="checkbox"/>
Part 6 - Budget Information	
6A. Funding Request	<input checked="" type="checkbox"/>
6B. Leased Units	<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"/>
7A. In-Kind Match MOU Attachment	<input checked="" type="checkbox"/>
7B. Certification	<input checked="" type="checkbox"/>

You have selected "Make Changes" to question #2 above. Provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

- *Updated Award Amount (\$301,674)
- *Updated Contact Person
- *Completed "Child Care" in 4A
- *Corrected Inconsistency in 5A
- *Program No longer has income (6D)

You have selected "Make Changes." Once this screen is saved, you 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.

Recipient Performance

1. Did you submit your previous year's Annual Performance Report (APR) on time? Yes

2. Do you have any unresolved HUD Monitoring or OIG Audit finding(s) concerning any previous grant term related to this renewal project request? No

3. Do you draw funds quarterly for your current renewal project? Yes

4. Have any funds remained available for recapture by HUD for the most recently expired grant term related to this renewal project request? Yes

4a. If HUD recaptured funds provide an explanation.

Program allocation was \$286,082 - Total Funds Distributed-\$277,237.95 -
Balance of Funds -\$8,844.05
Funds Returned:
Supportive Services - \$2,293.37
Operations - \$1,432.68
Leasing - \$5,118

Renewal Grant Consolidation or Renewal Grant Expansion



The FY2021 CoC Competition will continue offering opportunities to expand or consolidate CoC projects. A few changes have occurred that differentiate the process from FY 2019.

1. Expansions and Consolidations will submit individual applications.
 - a. Expansions will ONLY submit a Stand-Alone Renewal application and a Stand-Alone New application.
 - b. Consolidations will ONLY submit individual renewal project applications, identifying the renewal application that will survive, and the renewal applications that will terminate. Up to 10 grants may be included in a consolidation.
2. HUD HQ will combine the data (e.g., units, budgets) for Expansion or Consolidation requests from the individual project applications selected for conditional award and provide a data report with further instructions for the field office and conditional recipient.

1. Is this renewal project application No requesting to consolidate or expand?

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: \$301,674

Organization	Type	Sub-Award Amount
PAACA - Positive Action Against Chemical Addict...	M. Nonprofit with 501C3 IRS Status	\$301,674

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: \$301,674

j. Contact Person

Prefix: Mr.

First Name: Albie

Middle Name:

Last Name: Cullen

Suffix: Esq.

Title: Director, Adult Services

E-mail Address: acullen@paaca.org

Confirm E-mail Address: acullen@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. Expiring Grant Project Identification Number (PIN): MA0118

(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2. CoC Number and Name: MA-505 - New Bedford CoC

3. CoC Collaborative Applicant Name: City of New Bedford

4. Project Name: Step Up

5. Project Status: Standard

6. Component Type: PH

6a. Select the type of PH project. PSH

7. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3? No

8. Does this project include Replacement Reserves as a CoC Operating Cost? No
(Attachment Requirement)

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. Check the appropriate box(s) if this project will have a specific subpopulation focus. (Select all that apply)

N/A - Project Serves All Subpopulations	<input type="checkbox"/>	Domestic Violence	<input type="checkbox"/>
Veterans	<input type="checkbox"/>	Substance Abuse	<input type="checkbox"/>
Youth (under 25)	<input type="checkbox"/>	Mental Illness	<input type="checkbox"/>
Families with Children	<input type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>
		Chronic Homeless	<input type="checkbox"/>

Other(Click 'Save' to update)	<input type="checkbox"/>
-------------------------------	--------------------------

3. Housing First

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

3b. Does the project enroll program participants who have the following barriers? 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. Will the project prevent program participant termination 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. Is this project “100% Dedicated,” DedicatedPLUS
“DedicatedPLUS,” or “N/A”?**

(Only select "N/A" if this project was originally awarded as a grant that did not have requirements to only serve persons experiencing chronic homelessness and meets the definition of “non-dedicated permanent supportive housing beds” in the NOFO Section III.C.2.p).

4A. Supportive Services for Program Participants

**1. For all supportive services available to program 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	Subrecipient	As needed
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	Applicant	As needed

Identify whether the project includes the following activities:

2. Transportation assistance to program participants to attend mainstream benefit appointments, employee training, or jobs? Yes

3. Annual follow-up with program participants to ensure mainstream benefits are received and renewed? Yes

4. Do program participants have access to SSI/SSDI technical assistance provided by this project, subrecipient, or partner agency? Yes

4a. 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 program 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. Program Participants - Households

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
Persons over age 24	7	16		23
Persons 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. Program Participants - Subpopulations

Persons in Households with at Least One Adult and One Child

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24	7		0	5	0	1	0		0	0
Persons ages 18-24		0							0	0
Children under age 18	11									
Total Persons	18	0	0	5	0	1	0	0	0	0

Click Save to automatically calculate totals

Persons in Households without Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24	16		0	14	0	5	1	0	0	0
Persons 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	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Accompanied Children under age 18										
Unaccompanied Children under age 18										
Total Persons	0			0	0	0	0	0	0	0

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: This field is pre-populated with a one-year grant term and cannot be edited: 1 Year
5. Select the costs for which funding is 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

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:		\$150,050	
Grant Term:		1 Year	
Total Request for Grant Term:		\$150,050	
Total Units:		15	
FMR Area	Total Units Requested	Total Annual Budget Requested	Total Budget Requested
MA - New Bedford,...	15	\$150,050	\$150,050

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	\$150,050
Grant Term		1 Year
Total Request for Grant Term		\$150,050

Click the 'Save' button to automatically calculate totals.

6D. Sources of Match

The following list summarizes the funds that will be used as Match for this project. To add a Match source to the list, select the icon. To view or update a Match 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. Will this project generate program income described in 24 CFR 578.97 to use as Match for this project? 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.

Type	Source	Contributor	Value of Commitments
Cash	Private	PAACA	\$38,896
In-Kind	Private	PAACA	\$135,000
In-Kind	Private	VTH	\$12,000
In-Kind	Private	Steppingstone	\$12,000
In-Kind	Private	High Point Treatm...	\$42,150

Sources of Match Detail

- 1. **Type of Match Commitment:** Cash
- 2. **Source:** Private
- 3. **Name of Source:** PAACA
(Be as specific as possible and include the office or grant program as applicable)
- 4. **Amount of Written Commitment:** \$38,896

Sources of Match Detail

- 1. **Type of Match Commitment:** In-Kind
- 2. **Source:** Private
- 3. **Name of Source:** PAACA
(Be as specific as possible and include the office or grant program as applicable)
- 4. **Amount 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.

Sources of Match Detail

- 1. **Type of Match Commitment:** In-Kind
- 2. **Source:** Private
- 3. **Name of Source:** VTH
(Be as specific as possible and include the office or grant program as applicable)
- 4. **Amount 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. Type of Match Commitment: In-Kind

2. Source: Private

3. Name of Source: Steppingstone

(Be as specific as possible and include the office or grant program as applicable)

4. Amount 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. Type of Match Commitment: In-Kind

2. Source: Private

3. Name of Source: High Point Treatment Center

(Be as specific as possible and include the office or grant program as applicable)

4. Amount 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.

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 2018 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2018, 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	\$150,050
1b. Leased Structures	\$0
2. Rental Assistance	\$0
3. Supportive Services	\$124,046
4. Operating	\$2,384
5. HMIS	\$0
6. Sub-total Costs Requested	\$276,480
7. Admin (Up to 10%)	\$25,194
8. Total Assistance plus Admin Requested	\$301,674
9. Cash Match	\$38,896
10. In-Kind Match	\$201,150
11. Total Match	\$240,046
12. Total Budget	\$541,720

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	Orig 501(c)3	11/17/2015
2) Other Attachment	No		
3) Other Attachment	No		

Attachment Details

Document Description: Orig 501(c)3

Attachment Details

Document Description: PAACA 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		

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: 11/04/2021

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).

Active SAM Status Requirement.

I certify that our organization has an active System for Award Management (SAM) registration as required by 2 CFR 200.300(b) at the time of project application submission to HUD and will ensure this SAM registration will be renewed annually to meet this requirement.

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	10/21/2021
1B. SF-424 Legal Applicant	No Input Required

Renewal Project Application FY2021	Page 52	11/04/2021
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1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	11/03/2021
1E. SF-424 Compliance	10/21/2021
1F. SF-424 Declaration	10/21/2021
1G. HUD-2880	11/02/2021
1H. HUD-50070	10/21/2021
1I. Cert. Lobbying	10/21/2021
1J. SF-LLL	10/21/2021
IK. SF-424B	10/21/2021
Submission Without Changes	11/02/2021
Recipient Performance	11/04/2021
Renewal Grant Consolidation or Renewal Grant Expansion	11/02/2021
2A. Subrecipients	11/02/2021
3A. Project Detail	11/02/2021
3B. Description	10/21/2021
3C. Dedicated Plus	10/21/2021
4A. Services	11/04/2021
4B. Housing Type	10/21/2021
5A. Households	11/04/2021
5B. Subpopulations	No Input Required
6A. Funding Request	10/21/2021
6B. Leased Units	11/02/2021
6D. Match	11/02/2021
6E. Summary Budget	No Input Required
7A. Attachment(s)	10/21/2021
7A. In-Kind Match MOU Attachment	No Input Required
7B. Certification	11/02/2021

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

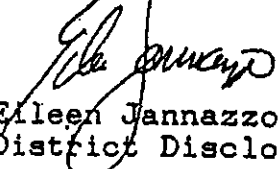
Dear Sir or Madam:

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.

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.gov at https://www.hud.gov/program_offices/comm_planning/coc.
- Questions regarding the FY 2021 CoC Program Competition process must be submitted to CoCNOFO@hud.gov.
- Questions related to e-snaps functionality (e.g., password lockout, access to user's application account, updating Applicant Profile) must be submitted to e-snaps@hud.gov.
- 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) 2021 Continuum of Care (CoC) Program Competition. For more information see FY 2021 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2021 CoC Program NOFO.
- 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 navigational guides, which are also found on the HUD Exchange.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- 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 2019 Project Application will be imported into the FY 2021 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.
- Rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- 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 2021 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: 11/04/2021

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: Ms.

First Name: Jennifer

Middle Name:

Last Name: Clarke

Suffix:

Title: Deputy Director

Organizational Affiliation: City of New Bedford

Telephone Number: (508) 979-1500

Extension:
Fax Number: (508) 979-1575
Email: Jennifer.Clarke@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-6500-N25

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: 10/01/2022

b. End Date: 09/30/2023

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: 11/04/2021

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2506-0214 (exp.02/28/2022)

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

4a. Total Amount Requested for this project: \$123,296

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 reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation	Financial Interest in Project/Activity (\$)	Financial Interest in Project/Activity (%)
NA	NA	NA	\$0.00	0%

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I certify that the information provided on this form and in any accompanying documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

I AGREE:

Name / Title of Authorized Official: Patrick Sullivan, Director

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

Date Signed: 10/21/2021

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 certify that the information provided on this form and in any accompanying documentation is true and accurate. I

X

acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.



WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 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: 11/04/2021

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: 11/04/2021

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: 11/04/2021

IK. SF-424B

(SF-424B) ASSURANCES - NON-CONSTRUCTION PROGRAMS

OMB Number: 4040-0007
Expiration Date: 02/28/2022

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

- | | |
|----|---|
| 1. | Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application. |
| 2. | Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives. |
| 3. | Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain. |
| 4. | Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency. |
| 5. | Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F). |
| 6. | Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism, (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application. |
| 7. | Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases. |

- | | |
|-----|--|
| 8. | Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds. |
| 9. | Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements. |
| 10. | Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more. |
| 11. | Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205). |
| 12. | Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system. |
| 13. | Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.). |
| 14. | Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance. |
| 15. | Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance. |
| 16. | Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures. |
| 17. | Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations." |
| 18. | Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program. |
| 19. | Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award. |

As the duly authorized representative of the applicant, I certify:

Authorized Representative for: City of New Bedford

Prefix: Mr.

First Name: Patrick

Middle Name: J

Last Name: Sullivan

Suffix:

Title: Director

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

Date Signed: 11/04/2021

Information About Submission without Changes

Follow the instructions below making note of the exceptions and limitations to the “Submit Without Changes” process.

In general, HUD expects a project’s proposed project application information will remain the same from year-to-year unless changes are directed by HUD or approved through the grant agreement amendment process. However, HUD expects applicants to carefully review their information to determine if submitting without changes accurately reflects the expiring grant requesting renewal.

Due to e-snaps limitations, only previously submitted renewal applications can import data into the FY 2021 renewal project application. The data from previously submitted new and renewal project applications can be imported into a FY 2021 renewal project application. The “Submit without Changes” process is not applicable for:

- first time renewing project applications
- a project application that did not import last FY 2019 information
- a project that had Issues or Conditions that were addressed in FY 2019 Post-Award and updates need to be reflected in the FY 2021 project application
- a project that had amendments approved in FY 2019 or FY 2020 that need to be reflected in the FY 2021 project application

e-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that brought forward data from FY 2019 and have either a Leasing budget, Operating budget or use HUD PAID RENTS (Actual Rents) instead of FMR MAY NOT use the “Submit Without Changes” process and e-snaps will automatically be set to “Make Changes”. All Leasing and Operating budgets, along with Rental Assistance budgets that use HUD PAID RENT will need to be updated in the application. Refer to the GIW posted on the HUD Exchange for accurate budget information on leasing and operating budgets and refer to the HUD PAID RENT document sent by your field office from HUD HQ to accurately set your rental assistance budgets that use HUD PAID rents. This will only impact the FY 2021 competition.

The e-snaps screens that remain “open” for required annual updates and do not affect applicants’ ability to select “Submit without Changes” are:

- Recipient Performance Screen
- Consolidation and Expansion
- Screen 3A. Project Detail
- Screen 6D. Sources of Match
- All of Part 7: Attachments and Certification; and
- All of Part 8: Submission Summary.

All other screens in Part 2 through Part 6 begin in “Read-Only” format and should be reviewed for accuracy; including any updates that were made to the 2019 or 2020 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select “Submit Without Changes” in Part 8. If project applicants imported data and do need to make updates to the information on one or more screens, they must navigate to Part 8: “Submission Without Changes” Screen, select “Make Changes”, and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click “Save” and those screens will be available for edit. Once a project applicant selects a checkbox and clicks “Save”, the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions found on the left side menu of e-snaps or hud.gov to find more in depth information about applying under the FY 2021 CoC Competition.

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award due to 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"/>
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"/>
Part 6 - Budget Information	
6A. Funding Request	<input checked="" type="checkbox"/>
6B. Leased Units	<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"/>
7A. In-Kind Match MOU Attachment	<input type="checkbox"/>
7B. Certification	<input checked="" type="checkbox"/>

You have selected "Make Changes" to question #2 above. Provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

- Part 2-updated to reflect current subrecipient contact information and expected subrecipient award from GIW. Completed performance questions.
- Part 3A-completed Q7
- Part 3B-updated Project Description to reflect current program information.
- Part 6A-updated indirect cost charges
- Part 6B-updated to reflect current GIW amounts
- Part 6D-updated to reflect correct match amount
- Part 6E- updated to reflect current GIW amounts
- Part 7A-uploaded current 501c3 documentation

You have selected "Make Changes." Once this screen is saved, you 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.

Recipient Performance

1. Did you submit your previous year's Annual Performance Report (APR) on time? Yes

2. Do you have any unresolved HUD Monitoring or OIG Audit finding(s) concerning any previous grant term related to this renewal project request? No

3. Do you draw funds quarterly for your current renewal project? Yes

4. Have any funds remained available for recapture by HUD for the most recently expired grant term related to this renewal project request? Yes

4a. If HUD recaptured funds provide an explanation.

FY18-Total unspent funds: \$14,728.23 (Leasing:\$2,581.54, Ops:\$11,562.71, Admin:\$583.98)

FY19-Total unspent funds: \$39,587.81(Supp Srvs:\$21,662.91, Ops:\$12,824.36, Admin:\$994.54) *

Unspent leasing funds were due to FMR increases that were unable to spent, because landlords did not request an increase. Operations funds are unspent due to lack of tenant damages, and repairs over the last two contract years. It should be noted that the operations funds awarded are remain the same as the original Prism contract, which had many more units than the current configuration. CSS was unable to fill the vacant case manager position for the last eleven months of this contract. CSS has experienced issues with finding and retaining staff over the last two years. Staffing and ability to retain staff for open positions has been significantly effected by the COVID-19 pandemic.

Renewal Grant Consolidation or Renewal Grant Expansion

The FY2021 CoC Competition will continue offering opportunities to expand or consolidate CoC projects. A few changes have occurred that differentiate the process from FY 2019.



1. Expansions and Consolidations will submit individual applications.
 - a. Expansions will ONLY submit a Stand-Alone Renewal application and a Stand-Alone New application.
 - b. Consolidations will ONLY submit individual renewal project applications, identifying the renewal application that will survive, and the renewal applications that will terminate. Up to 10 grants may be included in a consolidation.

2. HUD HQ will combine the data (e.g., units, budgets) for Expansion or Consolidation requests from the individual project applications selected for conditional award and provide a data report with further instructions for the field office and conditional recipient.

1. Is this renewal project application No requesting to consolidate or expand?

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: \$123,296

Organization	Type	Sub-Award Amount
Catholic Social Services of Fall River, Inc.	M. Nonprofit with 501C3 IRS Status	\$123,296

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: \$123,296

j. Contact Person

Prefix: Ms.

First Name: Susan

Middle Name:

Last Name: Mazzarella

Suffix:

Title: Chief Executive Officer

E-mail Address: SMazzarella@cssdioc.org

Confirm E-mail Address: SMazzarella@cssdioc.org

Phone Number: 508-674-4681

Extension:

Fax Number: 508-674-2224

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

3A. Project Detail

1. Expiring Grant Project Identification Number (PIN): MA0434

(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2. CoC Number and Name: MA-505 - New Bedford CoC

3. CoC Collaborative Applicant Name: City of New Bedford

4. Project Name: Prism

5. Project Status: Standard

6. Component Type: PH

6a. Select the type of PH project. PSH

7. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3? No

8. Does this project include Replacement Reserves as a CoC Operating Cost? No

(Attachment Requirement)

3B. Project Description

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 7 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. Check the appropriate box(s) if this project will have a specific subpopulation focus. (Select all that apply)

N/A - Project Serves All Subpopulations	<input type="checkbox"/>	Domestic Violence <input type="checkbox"/>
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Veterans	<input type="checkbox"/>	Substance Abuse	<input type="checkbox"/>
Youth (under 25)	<input type="checkbox"/>	Mental Illness	<input type="checkbox"/>
Families with Children	<input type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>
		Chronic Homeless	<input type="checkbox"/>
		Other(Click 'Save' to update)	<input type="checkbox"/>

3. Housing First

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

3b. Does the project enroll program participants who have the following barriers? 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. Will the project prevent program participant termination 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. Is this project “100% Dedicated,” DedicatedPLUS
“DedicatedPLUS,” or “N/A”?**

(Only select "N/A" if this project was originally awarded as a grant that did not have requirements to only serve persons experiencing chronic homelessness and meets the definition of “non-dedicated permanent supportive housing beds” in the NOFO Section III.C.2.p).

4A. Supportive Services for Program 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 program 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

Identify whether the project includes the following activities:

2. Transportation assistance to program participants to attend mainstream benefit appointments, employee training, or jobs? Yes

3. Annual follow-up with program participants to ensure mainstream benefits are received and renewed? Yes

4. Do program participants have access to SSI/SSDI technical assistance provided by Yes

this project, subrecipient, or partner agency?

4a. 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 program 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. Program 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
Persons over age 24	0	12		12
Persons 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. Program 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	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24										
Persons 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	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24	11		1	8	0	4	1	0	0	0
Persons 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	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Accompanied Children under age 18										
Unaccompanied Children under age 18										
Total Persons	0			0	0	0	0	0	0	0

6A. Funding Request

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

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

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

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

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

a. Please complete the indirect cost rate schedule below:

Agency	Indirect Cost Rate	Direct Cost Base	Date approved or enter "NA" if using 10 % de minimis rate
Federal de minimis rate	10%	\$44,680	N/A

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: This field is pre-populated with a one-year grant term and cannot be edited: 1 Year

5. Select the costs for which funding is requested:

Leased Units	X
Leased Structures	
Rental Assistance	
Supportive Services	X

Operating	X
HMIS	

6B. Leased Units Budget

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

Total Annual Assistance Requested:		\$74,148	
Grant Term:		1 Year	
Total Request for Grant Term:		\$74,148	
Total Units:		6	
FMR Area	Total Units Requested	Total Annual Budget Requested	Total Budget Requested
MA - New Bedford,...	6	\$74,148	\$74,148

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	\$74,148
Grant Term		1 Year
Total Request for Grant Term		\$74,148

Click the 'Save' button to automatically calculate totals.

6D. Sources of Match

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

Summary for Match

Total Value of Cash Commitments:	\$11,048
Total Value of In-Kind Commitments:	\$1,239
Total Value of All Commitments:	\$12,287

1. Will this project generate program income No
 described in 24 CFR 578.97 to use as Match
 for this project?

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.

Type	Source	Contributor	Value of Commitments
Cash	Private	Catholic Social S...	\$11,048
In-Kind	Government	City of New Bedford	\$1,239

Sources of Match Detail

- 1. Type of Match Commitment:** Cash
- 2. Source:** Private
- 3. Name of Source:** Catholic Social Services Operations
(Be as specific as possible and include the office or grant program as applicable)
- 4. Amount of Written Commitment:** \$11,048

Sources of Match Detail

- 1. Type of Match Commitment:** In-Kind
- 2. Source:** Government
- 3. Name of Source:** City of New Bedford
(Be as specific as possible and include the office or grant program as applicable)
- 4. Amount of Written Commitment:** \$1,239

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

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 2018 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2018, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	\$74,148
1b. Leased Structures	\$0
2. Rental Assistance	\$0
3. Supportive Services	\$24,797
4. Operating	\$14,443
5. HMIS	\$0
6. Sub-total Costs Requested	\$113,388
7. Admin (Up to 10%)	\$9,908
8. Total Assistance plus Admin Requested	\$123,296
9. Cash Match	\$11,048
10. In-Kind Match	\$1,239
11. Total Match	\$12,287
12. Total Budget	\$135,583

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	FY21 Updated 501C3	10/25/2021
2) Other Attachment	No		
3) Other Attachment	No		

Attachment Details

Document Description: FY21 Updated 501C3

Attachment Details

Document Description: CSS Match Letter 8.8.2019

Attachment Details

Document Description:

7A. In-Kind Match MOU Attachment

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.

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: 11/04/2021

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).

Active SAM Status Requirement.

I certify that our organization has an active System for Award Management (SAM) registration as required by 2 CFR 200.300(b) at the time of project application submission to HUD and will ensure this SAM registration will be renewed annually to meet this requirement.

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	10/21/2021
1B. SF-424 Legal Applicant	No Input Required
Renewal Project Application FY2021	Page 53
	11/04/2021

1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	10/21/2021
1E. SF-424 Compliance	10/21/2021
1F. SF-424 Declaration	10/21/2021
1G. HUD-2880	11/03/2021
1H. HUD-50070	10/21/2021
1I. Cert. Lobbying	10/21/2021
1J. SF-LLL	10/21/2021
IK. SF-424B	10/21/2021
Submission Without Changes	11/01/2021
Recipient Performance	10/25/2021
Renewal Grant Consolidation or Renewal Grant Expansion	10/25/2021
2A. Subrecipients	10/25/2021
3A. Project Detail	10/25/2021
3B. Description	10/25/2021
3C. Dedicated Plus	10/21/2021
4A. Services	10/21/2021
4B. Housing Type	10/21/2021
5A. Households	10/21/2021
5B. Subpopulations	No Input Required
6A. Funding Request	11/04/2021
6B. Leased Units	10/25/2021
6D. Match	10/25/2021
6E. Summary Budget	No Input Required
7A. Attachment(s)	10/25/2021
7A. In-Kind Match MOU Attachment	No Input Required
7B. Certification	10/25/2021

**Internal Revenue Service
P.O. Box 2508
Cincinnati, OH 45201**

Department of the Treasury

Date: November 2, 2020

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 July 23, 2020, 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 2020*, 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 2020* 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. Subordinate organizations are not listed in Tax Exempt Organization Search (Pub 78 data), and many are not listed in the Exempt Organizations Business Master

File extract, or EO BMF. 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 large initial 'S'.

Stephen A. Martin
Director, Exempt Organizations
Rulings and Agreements

Communications Office, 947 Park St., Attleboro, 02703. Tel: 508-838-0313.
Email: rompage@aol.com. Rev. Ronald G. Gagne, M.S., Dir. Communications.

FALL RIVER, Sacred Hearts Pastoral Administration Office, 77 Adams St., P.O. Box 111, Fairhaven, 02719-0111. Tel: 508-381-2412. Fax: 508-995-5198. Email: asprievinc@comcast.net. Web: www.sacredhearts.org. Very Rev. Herman Gagne, S.S.C.C., Prov.; Rev. Stephen Bunjare, S.S.C.C.; Bro. Paul R. Alcox, S.S.C.C. Congregation of the Sacred Hearts-United States Province. Brothers 1. *Ministry Center of the Enthronement*, P.O. Box 111, Fairhaven, 02719-0111. Tel: 508-999-2680. Fax: 508-995-8222. Email: mcenter@comcast.net. Web: www.sacredhearts.org. Rev. Kevin Columbus Conaty, S.S.C.C., Dir. Congregation of the Sacred Hearts-United States Province. *Stations of the Cross*, 73 Adams St., P.O. Box 111, Fairhaven, 02719-0111. Tel: 508-999-0506. Fax: 508-999-7170. Email: stations@comcast.net. Rev. James E. McDonough, S.S.C.C.; Deacon Dr. Kevin J. Ombrosi Conaty, S.S.C.C.; Albert Degroot, S.S.C.C.; (Retired) Martin T. Gomes, S.S.C.C.; Michael Kelly, S.S.C.C.; Brian Mangrat, S.S.C.C.; (Retired) Michael Shanahan, S.S.C.C.; Matthias Shanley, S.S.C.C.; Desmond (Fintan) Sheeran, S.S.C.C.

Sacred Hearts Mission
NEW BEDFORD, Marian Feast of Our Lady, Queen of the Scapular Order, 600 Pleasant St., New Bedford, 02740-6289. Tel: 508-996-8274. Email: sfh@comcast.net. Web: www.maximilian.org. Rev. Matthias M. Sanku, P.L. Supr.; Fr. John M. Risse, F.L., Vicar; Rev. Maximilian M. Wronosher, F.L., Sec.; Fr. Pedro Francisco M. Olhero, F.L.; Revs. Alan Bernardine Wharton, F.L.; Andre Fenia, Brothers 2, Priests 4.

OSNEY, St. Joseph Friars-Franciscan Friars, 46 Robinson Rd., P.O. Box 63, Osney, 02559. Tel: 508-759-7230. Email: charles848@aol.com. Deacon Charles Gieringer, O.F.M., M.R.E., Guard, & Deacon.

IF) CONVENTS AND RESIDENCES FOR SISTERS

DISTRICT, Dominican Sisters of Charity of the Presentation of the Blessed Virgin, 3012 Elm St., Dighton, 02715. Tel: 508-663-5425. Tel: 508-999-5923 (Novitiate); Fax: 508-669-6591. Email: dominican@presentation-ny-usa.org. Web: www.presentation-ny-usa.org. St. Vimala J.C.L., V.F., Director. St. Vimala J.C.L., V.F., Superior. Provincial House Residence, Residence for Aged Sisters, Novitiate, Sisters 32.

FALL RIVER, Sisters of the Sacred Hearts, Community Headquarters, 35 Huttonville Ave., Fairhaven, 02719-3154. Tel: 508-994-0341. Email: dchcfrfr@comcast.net. Sisters Eleanor Maria Cyr, S.S.C.C., Supr.; Claire Boachard, S.S.C.C.; Maria Ann Lobson, S.S.C.C.

Sisters of the Sacred Hearts of Jesus and Mary and of Precious Adamant, S.S.C.C.
SOUTH DARTMOUTH, Dominican Sisters of Hope (1995) Bethany Community, 51 Middle St., Dartmouth, 02748. Tel: 508-206-1265. Web: www.ophope.org. Sr. Loretta Klerck, O.P., Province, Sisters 2.

TAUNTON, Villa Fatima (1944) 90 County St., Taunton, 02780. Tel: 508-822-6282. Fax: 508-823-0823. Email: rae23@comcast.net. Web: www.sistersoftheimmaculate.org. Sr. Rosalie Patrella, S.S.D., Local Council, Sisters of St. Dorothy.

IG) RETREAT HOUSES

ATTLEBORO, La Sotile Retreat and Conference Center, 947 Park St., Attleboro, 02703-0665. Tel: 508-222-8530. Tel: 508-222-6419. Fax: 508-246-9089. Email: office@laotile.org. Web: www.laotile.org. Rev. Bernard B. Burt, M.S., Dir.; Bro. Donald Winiński, M.S., Hospitality; Justin Richardson, Youth Retreat Facility; Dorothy J. Levesque, Retreat Leader.

EAST FREETOWN, Cathedral Camp and Retreat Center (1910) 167 Middleboro Rd., P.O. Box 428, East Freetown, 02717-0429. Tel: 508-763-8874. Fax: 508-763-2239. Email: reu@eastfreetowncamp.net. Web: www.eastfreetowncamp.net. Rena Lemaux, Dir. Cathedral Camp Retreat Center, 167 Middleboro Rd., P.O. Box 428, East Freetown, 02717-0429. Tel: 508-763-8874. Fax: 508-763-2230. Email: reu@eastfreetowncamp.net. Web: www.eastfreetowncamp.net. Rena Lemaux, Asst. Dir.

NORTH EASTON, Holy Cross Retreat House, 480 Washington St., North Easton, 02556-1294.

Tel: 508-238-2051. Fax: 508-238-0164. Email: jcl@hcbh.com. Web: www.retrathouse.org. Rev. Joseph F. Callahan, C.S.C., Spiritual Dir.

WALTON, Sacred Hearts Retreat Center, 220 Great Neck Rd., Walpole, 02571. Tel: 508-265-0100. Fax: 508-291-2024. Email: retreat@scs.org. Web: www.scs.org. Sr. Claire Boachard, S.S.C.C., Admin. Congregation of the Sacred Hearts-United States Province. *Sacred Hearts Mission*.

III) DEPARTMENT OF CATHOLIC SOCIAL SERVICES AND SPECIAL APOSTOLATES

FALL RIVER, Congregia for Human Development Assistance, 1600 Bay St., P.O. Box M. S. Sta., 02724. Tel: 508-674-4681. Fax: 508-675-2224. Email: SMarzan@comcast.net. Email: SMarzan@comcast.net. Ms. Susan Mazzarella, M.A., L.S.W., CEO. Total Staff 38. Annually 2, Total Staff 11.

Catholic Social Services of Fall River, 1600 Bay St., P.O. Box M. S. Sta., 02724. Tel: 508-674-4681. Fax: 508-675-2224. Email: SMazzarella@comcast.net. Ms. Susan Mazzarella, M.A., L.S.W., CEO. Total Staff 110. *Catholic Social Services of New Bedford, 238 Danvers St., New Bedford, 02744. Tel: 508-997-7527. Fax: 508-994-1097. Email: SMazzarella@comcast.net. Ms. Susan Mazzarella, M.A., L.S.W., CEO. Total Staff 38. *Catholic Social Services of Cape Cod, 261 South St., Hyannis, 02601. Tel: 508-771-6771. Fax: 508-771-4711. Email: SMazzarella@comcast.net. Ms. Susan Mazzarella, M.A., L.S.W., CEO. Total Staff 14. *Adoption By Choice, 1800 Bay St., P.O. Box M. S. Sta., 02724-3111 Hooper St., Taunton, 02788. Tel: 301-624-9270. Fax: 508-675-2224. Email: SMarzan@comcast.net. Ms. Susan Mazzarella, M.A., L.S.W., CEO. Total Staff 18. Total Staff 2.***

HYANNIS, St. Clare's Residence for Women Elaine Hiley, Contact Person, Red (Capacity 5); Tel. Asst. Annually 16; Total Staff 6.

III) 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. Mullick, J.C.L., V.F., Director. *Fall River Area Catholic Youth Organization, Sullivan McCarrick CYO Center, 403 Anson St., 02720. Tel: 508-672-9644. Fax: 508-675-4755. Email: office@holycross.org. Mr. Thomas Chappendale, Area Dir. *New Bedford Area Catholic Youth Organization, Kennedy Youth Center, 377 County St., New Bedford, 02740. Tel: 508-996-0536. Email: office@holycross.org. Mr. Gregory Parker, Dir. *Taunton Area Catholic Youth Organization, 61 Sumner St., Taunton, 02780. Tel: 774-222-1834; Fax: 508-825-1732. Email: office@holycross.org. Mr. Donald Morrison, Area Dir.***

II) NEWMAN CENTERS AND CAMPUS MINISTRY

FALL RIVER, Bristol Community College Campus Ministry, 777 Elabore St., 02720-7395. Tel: 508-678-2611. Ext. 2819; Fax: 508-730-5286. Email: ffrb@frederick@bristolcc.edu. Web: www.fredderick.com. Rev. David C. Frederici, Chap. Total Staff 1.

Dartmouth Education Center, 423 Highland Ave., 02720. Tel: 508-678-2628. Fax: 508-874-4218. Email: sperr@comcast.net. Web: www.entheduceducation.com. Mr. Stephen A. Perla, Supr.; Sandra M. Drumney, Asst. Supr. for Academics and Personnel; Denise M. Praxton, Asst. Supr. for Academics and Student Affairs; Claire M. McManus, S.T.L., Dir. Faith Formation.

NORTH DARTMOUTH, Mass. Dartmouth Campus Ministry, 285 Old Westport Rd., North Dartmouth, 02747-2300. Tel: 508-989-8872. Email: dfm@northdartmouth.edu. Web: www.massdcm.com. Rev. David C. Frederici, Chap.; Deacon Frank R. Lema, Campus Min.

WALTON College Office for Campus Ministry, P.O. Box 70737, North Dartmouth, 02747. Fax: 774-202-3047. Rev. David C. Frederici, Dir.

WEST BARNSTABLE, Cape Cod Campus Ministry, P.O. Box 1558, Pocomasset, 02559. Tel: 774-202-3047. Email: dfm@westbarnstable.edu. Web: www.capecodchc.org. Rev. David C. Frederici, Chap.

III) MISCELLANEOUS LISTINGS

FALL RIVER, Area Housing Corporation, 1601 Bay St., 02724. Tel: 508-997-6130. Fax: 774-425-3790. Email: rhosworth@comcast.net. 72 Eighth St., New Bedford, 02740. Arlene A. McNamee, L.C.S.W., CEO, Contact Person.

Community Action for Better Housing, Inc., 72 Eighth St., New Bedford, 02740. Tel: 508-997-6130. Fax: 774-425-3790. Email: ArleneA@comcast.net. Debra Berg, CEO; Ed Allard, Prog. Coord.

Dartmouth Facilities Staff Insurance Group, Inc., 450 Highland Ave., 02720. Tel: 508-675-1311. Email: dshelton@comcast.net. P.O. Box 1110, 02722. Rev. John M. Murray.

St. Dominic's Apartments, Inc., 72 Eighth St., New Bedford, 02740. Tel: 508-997-2331. Fax: 508-997-0120. Email: KAlldon@comcast.net. Email: rhosworth@comcast.net. 818 Middle St., 02721. Arlene A. McNamee, L.C.S.W., CEO. Total Asst. Annually 17; Total Staff 2.

Foundation to Advance Catholic Education, Inc., P.O. Box 2577, 02722. Email: sdubucsky@comcast.net. 150 Highland Ave., 02720. Tel: 508-675-4311. Fax: 508-675-6791. Web: www.fare-02.org. Mrs. Sandra M. Dunbury, Exec. Dir.

Our Blessed Mother, Inc., 8 Allen St., New Bedford, 02740. Tel: 774-202-6971; Tel: 508-997-0130. Email: sfred@comcast.net. Email: rhosworth@comcast.net. 72 Eighth St., New Bedford, 02740. Arlene A. McNamee, L.C.S.W., CEO, Contact Person.

FALL RIVER, Congregation of the Sacred Hearts-United States Province and Sacred Hearts Fathers, Sacred Hearts Mission, 77 Adams St., P.O. Box 111, Fairhaven, 02719. Tel: 508-993-2442. Fax: 508-996-5499. Email: asprievinc@comcast.net. Web: www.scs.org. Rev. Richard McNally, S.S.C.C.; Very Rev. Herman Gagne, S.S.C.C.; Fr. Richard J. Danylik, S.S.C.C.; Dir.: Martin T. Gomes, S.S.C.C., Dir.

Sacred Hearts Mission
NEW BEDFORD, The Institute of the Incarnate Word, Inc., 1328 Acushnet Ave., New Bedford, 02740. Tel: 508-965-1691. Fax: 508-969-4775. Email: octavio@comcast.net. Web: www.instituteword.org. Rev. Octavio Garcia, V.F.E.

Missionaries of Charity, 556 County St., New Bedford, 02740. Tel: 508-997-7317. Email: missionariesofcharity@yahoo.com. Sr. Benedict Ann. Supr. Shelter for homeless women.

NORTH EASTON, Holy Cross Family Ministries (1942) 518 Washington St., North Easton, 02556-1290. Tel: 508-238-4095. Fax: 508-238-3953. Email: mministry@comcast.net. Email: mministry@comcast.net. Web: www.hcfm.org. Rev. Wilfred Raymond, C.S.C., Pres.; Susan Williams, Exec.; Rev. David Coffey, U.S.C., Natl. Dir. of Family Theater Productions; Cynthia Slattery, CFO; Rev. Peter Paul, C.S.C., Dir.; Elizabeth Ponce, Exec. Corporate Affairs; The Family History Inc., Sponsored by Congregation of Holy Cross (U.S. Province).

RELIGIOUS INSTITUTES OF MEN REPRESENTED IN THE DIOCESE
For further details refer to the corresponding bracketed number in the Religious Institutes of Men or Women section.

[0606]—*Brothers of the Congregation of Holy Cross—C.S.C.*
[1140]—*Congregation of the Sacred Hearts of Jesus and Mary—S.S.C.C.*
[0480]—*Conventual Franciscans (Balfour, N.Y.—O.F.M. Conv.)*
[0520]—*Franciscan Friars (Immaculate Conception Prov.)—O.F.M.*
[0533]—*Franciscan Friars of the Immaculate V.I.*
[1]—*Franciscans of Our Lady of the Holy Family—F.I.B.F.*

[0665]—*Institute of the Incarnate Word—V.F.E.*
[0720]—*Missionaries of Our Lady of La Salette—M.S.*
[0610]—*Prebys of the Congregation of Holy Cross (Eastern Prov.)—C.S.C.*
[1340]—*Prebys of the Incarnate Word—V.F.E.*

RELIGIOUS INSTITUTES OF WOMEN REPRESENTED IN THE DIOCESE
[1]—*Congregation of the Sisters of Mercy of Ireland.*
[1815]—*Congregation of the Sisters of St. Jean of Arc—S.J.A.*
[1]—*Conventual Virgin.*
[0750]—*Daughters of the Charity of the Sacred Heart of Jesus (Sacred Heart Prov.)—P.C.S.C.J.*
[1100]—*Dominican Sisters of Charity of the Presentation of the Blessed Virgin—O.P.*
[1105]—*Dominican Sisters of Hope—O.P.*
[3790]—*Institute of the Sisters of St. Dorothy—S.S.D.*
[2710]—*Missionaries of Charity—M.C.*
[2790]—*Missionary Servants of the Most Blessed Trinity—M.S.B.T.*
[3450]—*Religious of Jesus and Mary—R.J.M.*

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.gov at https://www.hud.gov/program_offices/comm_planning/coc.
- Questions regarding the FY 2021 CoC Program Competition process must be submitted to CoCNOFO@hud.gov.
- Questions related to e-snaps functionality (e.g., password lockout, access to user's application account, updating Applicant Profile) must be submitted to e-snaps@hud.gov.
- 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) 2021 Continuum of Care (CoC) Program Competition. For more information see FY 2021 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2021 CoC Program NOFO and the FY 2021 General Section NOFO.
- 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 navigational guides, which are also found on the HUD Exchange.
- New projects may only be submitted as either Reallocated, Bonus Projects, Reallocated + Bonus or DV Bonus. 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, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- 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 2021 CoC Program Competition NOFO.

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: 11/04/2021

4. Applicant Identifier:

a. Federal Entity Identifier:

5. 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: Office of Housing and Community Development

Division Name:

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

Prefix: Ms.

First Name: Jennifer

Middle Name:

Last Name: Clarke

Suffix:

Title: Deputy Director

Organizational Affiliation: City of New Bedford

Telephone Number: (508) 979-1500

Extension:

Fax Number: (508) 979-1575

Email: Jennifer.Clarke@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-6500-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 (Expansion)

16. Congressional District(s):

16a. Applicant: MA-009

16b. Project: MA-009
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 08/01/2022

b. End Date: 07/31/2023

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: 11/04/2021

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2506-0214 (exp.02/28/2022)

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

4a. Total Amount Requested for this project: \$84,312.00

(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 the information provided on this form and in any accompanying documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

I AGREE:

Name / Title of Authorized Official: Patrick Sullivan, Director

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

Date Signed: 11/04/2021

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 certify that the information provided on this form and in any accompanying

X

documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.



WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 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: 11/04/2021

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: 11/04/2021

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 Representative: Considered signed upon submission in e-snaps.

Date Signed: 11/04/2021

IK. SF-424B

(SF-424B) ASSURANCES - NON-CONSTRUCTION PROGRAMS

OMB Number: 4040-0007
Expiration Date: 02/28/2022

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

- | | |
|----|---|
| 1. | Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application. |
| 2. | Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives. |
| 3. | Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain. |
| 4. | Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency. |
| 5. | Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F). |
| 6. | Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism, (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application. |
| 7. | Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases. |

- | | |
|-----|--|
| 8. | Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds. |
| 9. | Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements. |
| 10. | Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more. |
| 11. | Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205). |
| 12. | Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system. |
| 13. | Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.). |
| 14. | Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance. |
| 15. | Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance. |
| 16. | Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures. |
| 17. | Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations." |
| 18. | Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program. |
| 19. | Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award. |

As the duly authorized representative of the applicant, I certify:

Authorized Representative for: City of New Bedford

Prefix: Mr.

First Name: Patrick

Middle Name: J

Last Name: Sullivan

Suffix:

Title: Director

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



Date Signed: 11/04/2021

1L. SF-424D

Are you requesting CoC Program funds for construction costs in this application? No

No SF-424D is required. Select "Save and Next" 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: \$84,312

Organization	Type	Sub-Award Amount
Steppingstone, Inc.	M. Nonprofit with 501C3 IRS Status	\$84,312

2A. Project Subrecipients Detail

a. Organization Name: Steppingstone, Inc.

b. Organization Type: M. Nonprofit with 501C3 IRS Status

If "Other" specify:

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: \$84,312

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: 11,110

Fax Number:

2B. Experience of Applicant, Subrecipient(s), and Other Partners

1. Describe your organization’s (and subrecipient(s) if applicable) experience in effectively utilizing federal funds and performing the activities proposed in the application.

The proposed project is an expansion of Welcome Home, an existing CoC-funded permanent supportive housing project currently operated by Steppingstone, Inc., the subrecipient, which has successfully operated in New Bedford since 2011. Steppingstone has effectively utilized federal funds to provide 13 units of permanent supportive housing to chronically homeless, disabled individuals living with an HIV/AIDS diagnosis as part of the Welcome Home project. In addition, the Agency operates three other HUD CoC-funded PSH programs in Fall River which provide an additional 64 units of PSH for homeless individuals. Steppingstone has operated HUD CoC-funded permanent supportive housing programs since 1996 and has a long history of effectively utilizing these funds to provide safe, affordable housing to homeless individuals in combination with wrap-around services such as case management, healthcare, substance use and mental health treatment, food, and transportation.

Steppingstone also has experience effectively utilizing federal ESG funds to provide services to the homeless population, including a street outreach project in New Bedford and an emergency homeless shelter in Fall River which has operated since 2003. In addition, the Agency has received funding from the U.S. Substance Abuse and Mental Health Services Agency (SAMHSA) for over 10 projects over the last decade which have each been successful in maintaining their enrollment targets and effectively meeting program goals. Other sources of federal funding which Steppingstone has a history of effectively utilizing are the U.S. Probation and Pretrial Service Office and the U.S. Justice Department, Office of Justice Programs.

2. Describe your organization’s (and subrecipient(s) if applicable) experience in leveraging Federal, State, local and private sector funds.

Steppingstone, Inc., the subrecipient, has operated as a 501(c)(3) nonprofit provider of quality behavioral health and housing services since 1972 and has decades of experience in leveraging Federal, State, local and private sector funds to carry out its mission. The Agency operates residential and outpatient treatment programs for substance use and mental health disorders, transitional and permanent housing programs, emergency shelter, street outreach, reentry programming, peer recovery support services, and other services which each utilize an array of different funding sources to effectively accomplish program goals. Steppingstone maintains contracts with the Massachusetts Department of Public Health, Bureau of Substance Addiction Services, for residential treatment, outpatient, supportive case management and emergency-shelter based services. The Agency also bills Medicaid/Managed Care Organizations

for eligible services including treatment, recovery coaching, Coordinated Care Network, and CSPECH (Community Support Program for Persons Experiencing Chronic Homelessness).

Steppingstone has experience leveraging Federal funds to operate 4 CoC-funded permanent supportive housing programs, ESG-funded street outreach and emergency shelter projects, and four SAMHSA projects currently in operation which provide reentry services, recovery coaching, medication-assisted treatment, and integrated treatment and housing for homeless individuals with co-occurring disorders. The Agency also receives funding from the Emergency Food and Shelter Program for hunger relief and emergency shelter services for the homeless.

Additionally, the Agency has a Director of Development and Grant Writer on staff to assist with leveraging these resources to continue program operations, and the agency receives a wide array of local and private sector funds annually for projects which serve our population of focus. Steppingstone is a United Way member agency and receives annual allocations to support transitional housing programs for the homeless.

3. Describe your organization’s (and subrecipient(s) if applicable) financial management structure.

Steppingstone's financial department is staffed by a full-time Director of Finance and Administration who is responsible for consistently maintaining secure finances by developing and maintaining a balanced budget and a sound financial system. Supporting the Director of Finance and Administration in the Department are a Senior Accountant, the Director of Billing, Finance Assistant, Bookkeeper and Billing Coordinator, all are full-time employees.

The Agency's annual budget is developed by the Director of Finance & Administration and reviewed and approved by the Board of Directors to promote effective financial operations and management. Steppingstone’s Board of Directors also reviews financials monthly and must approve any variances. The Board also reviews and makes recommendations on annual financial statements, accounting policies, audits, the 990, and evaluates the Executive Director's management of finances.

Steppingstone conducts monitoring of the internal controls, performs management review, and assures management directives are carried out, has controls that prevent error and fraud, verifies assets and segregates duties as possible. Steppingstone’s Director of Finance and Administration and the Executive Director are responsible for ensuring compliance with the Financial Internal Control policy and procedures.

4. Are there any unresolved HUD monitoring or OIG audit findings for any HUD grants (including ESG) under your organization? No

3A. Project Detail

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

2. CoC Collaborative Applicant Name: City of New Bedford

3. Project Name: Welcome Home (Expansion)

4. Project Status: Standard

5. Component Type: PH

5a. Select the type of PH project: PSH

6. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3? No

7. Is this new project application requesting to transition from eligible renewal project(s) that was awarded to the same recipient and fully eliminated through reallocation in this CoC Program Competition? (Attachment Requirement) No

8. Will funds requested in this new project application replace state or local government funds (24 CFR 578.87(a))? No

9. Will this project include replacement reserves in the Operating budget? No

3B. Project Description

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

Steppingstone is proposing to expand its existing Welcome Home project through this application for reallocated CoC funding. This expansion will consist of adding three (3) additional one-bedroom and one (1) two-bedroom unit to the project, bringing the total number of permanent supportive housing units provided by Welcome Home up to 17. In addition, this expansion project will allow Welcome Home to hire a .5 FTE Case Manager who will provide supportive services to all project participants. The scope of this expansion is consistent with the NOFO and this RFP, which allows for renewal project applicants to submit an application for reallocated funding in order to expand its current operations by adding units, beds, persons served, and services provided to existing program participants. Welcome Home will continue to dedicate 100% of beds to chronically homeless individuals and/or families, but the additional 4 units will not be prioritized for individuals with an HIV/AIDS diagnosis.

As with the existing Welcome Home project, the proposed Expansion will operate under the low-barrier Housing First model, with optional treatment and supportive services available through the .6 FTE Case Manager, as well as through other projects currently operating by Steppingstone including: the SAMHSA-funded Project FAIHR, which provides integrated treatment and recovery services for homeless individuals with serious mental illness or co-occurring mental health and substance use disorders; Project SOAR, which provides medication-assisted treatment for opioid use and other substance use disorders; and the Peer2Peer Recovery Coach Project, which provides recovery coaching and other peer-based services for individuals seeking recovery from substance use disorders. Chronic Homeless clients will have the option to engage in CSPECH, a Medicaid-funded program which provides community-based support to increase housing stability and prevent avoidable hospitalizations. An estimated 90% of residents of Welcome Home have a substance use disorder and 70% have a mental health disorder, with 55% co-occurring.

Referrals for the Welcome Home expansion units will come from coordinated entry, Steppingstone's Project FAIHR street outreach component, or other homeless services providers in the community. Steppingstone currently has lease agreements with local landlords to provide permanent supportive housing units under the existing Welcome Home project and will use these existing relationships to acquire leases on an additional 4 units for the expansion project. The Project Coordinator will oversee housing services for clients including performing Housing Quality Standard inspections, screening applications, performing income rental certification, communicating with landlords, managing maintenance, and signing leases.

2. For each primary project location, or structure, enter the number of days from the execution of the grant agreement that each of the following milestones will occur if this project is selected for conditional award.

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
Begin hiring staff or expending funds	45			
Begin program participant enrollment	14			
Program participants occupy leased or rental assistance units or structure(s), or supportive services begin	60			
Leased or rental assistance units or structure, and supportive services near 100% capacity	60			
Closing on purchase of land, structure(s), or execution of structure lease				
Start rehabilitation				
Complete rehabilitation				
Start new construction				
Complete new construction				

2a. If requesting capital costs (i.e., acquisition, rehabilitation, or new construction), describe the proposed development activities with responsibilities of the applicant, and subrecipients if included, to develop and maintain the property using CoC Program funds.

N/A

3. Check the appropriate box(s) if this project will have a specific subpopulation focus.

(Select ALL that apply)

N/A - Project Serves All Subpopulations	<input type="checkbox"/>	Domestic Violence	<input 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"/>
		Chronic Homeless	<input type="checkbox"/>
		Other (Click 'Save' to update)	<input type="checkbox"/>

4. Will your project participate in the CoC's Coordinated Entry (CE) process or recipient organization is a victim service provider, as defined in 24 CFR 578.3 and uses an alternate Yes

CE process that meets HUD's minimum requirements?

5. Housing First

5a. Will the project quickly move participants into permanent housing? Yes

5b. Will the project enroll program participants who have the following barriers? 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"/>

5c. Will the project prevent program participant termination 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"/>

5d. Will the project follow a "Housing First" approach? Yes
 (Click 'Save' to update)

6 Will program participants be required to live in a specific structure, unit, or locality at any time while in the program? No

7. Will more than 16 persons live in a single structure? No

100% Dedicated or 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.

**8. Is this project 100% Dedicated or DedicatedPLUS
DedicatedPLUS?**

3C. Project Expansion Information

1. Is this a “Project Expansion” of an eligible renewal project? Yes

Enter the PIN (first 6 characters of the grant number) and Project Name for the CoC funded grant that is applying for renewal in FY 2021 upon which this project proposes to expand.

1a. Eligible Renewal Grant PIN: MA0406

1b. Eligible Renewal Grant Project Name: Welcome Home

2. Will this expansion project increase the number of program participants? Yes

2a.	Currently Approved Renewal Numbers (from “Stand-alone Renewal” project application)	
	Number of persons (From renewal application Screen 5A)	15
	Number of units (From renewal application Screen 4B)	13
	Number of beds (From renewal application Screen 4B)	15
2b.	New Requested Numbers to Add (from this “Stand-alone New” project application)	
	Number of additional persons (From this new application Screen 5A)	5
	Number of additional units (From this new application Screen 4B)	4
	Number of additional beds (From this new application Screen 4B)	5

3. Will this expansion project provide additional supportive services to program participants? Yes

3a. Indicate how the project will provide additional supportive services to program participants. (Check one or both boxes)

Increase number of or expand supportive services provided	<input type="checkbox"/>
Increase frequency or intensity of supportive services	<input type="checkbox"/>

4. Will this expansion project bring existing facilities up to government health or safety standards? No

4A. Supportive Services for Participants

1. Describe how program participants will be assisted to obtain and remain in permanent housing.

Participants will be enrolled in the Expansion Project through coordinated entry, street outreach, and collaboration with other homeless services providers. The primary goal of the project is to quickly transition homeless individuals and families into a permanent supportive housing unit with minimal barriers. The Project Coordinator will be responsible for coordinating unit availability with landlords, performing housing quality checks, negotiating leases and advocating on behalf of participants. As soon as a unit becomes available, the project will quickly place the next on the coordinated entry waiting list into the unit, with first priority given to chronically homeless individuals and families.

2. Describe the specific plan to coordinate and integrate with other mainstream health, social services, and employment programs for which program participants may be eligible.

Steppingstone (SS), operating since 1972, has extensive experience leveraging mainstream resources and has built a strong collaborative framework both internally within SS's continuum-of-care and externally with other providers and resources. Each participant has access to case management beginning within 48 hours of admission, which includes individual needs assessment and assistance with obtaining Medicaid and mainstream and other community-based resources. The CM assists with completing applications, obtaining required documentation and advocating on behalf of the participant. SS is a licensed behavioral health provider and Masshealth Behavioral Health Community Partner and has contracts with all primary Masshealth Managed Care Organizations. SS provides numerous Medicaid billable services including substance use, mental health, care management, CSPECH, recovery coaching, and navigator services. SS collaborates with the Greater New Bedford Community Health Center and other PCPs. The Agency also maintains linkages with providers of education and workforce readiness training, childcare, and legal services.

**3. For all supportive services available to program 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	Subrecipient	As needed
Case Management	Subrecipient	Weekly

Child Care
Education Services
Employment Assistance and Job Training
Food
Housing Search and Counseling Services
Legal Services
Life Skills Training
Mental Health Services
Outpatient Health Services
Outreach Services
Substance Abuse Treatment Services
Transportation
Utility Deposits

Non-Partner	As needed
Subrecipient	As needed
Non-Partner	As needed
Non-Partner	As needed
Subrecipient	Weekly
Non-Partner	As needed
Subrecipient	Weekly
Subrecipient	As needed
Non-Partner	As needed
Subrecipient	Weekly
Subrecipient	As needed
Subrecipient	As needed
Subrecipient	As needed

Identify whether the project will include the following activities:


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

5. Annual follow-ups with program participants to ensure mainstream benefits are received and renewed? Yes

6. Will program participants have access to SSI/SSDI technical assistance provided by this project 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. Yes

4B. Housing Type and Location

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

Total Units: 4

Total Beds: 5

Total Dedicated CH Beds: 5

Housing Type	Housing Type (JOINT)	Units	Beds	Dedicated CH Beds
Scattered-site apartments (...)	---	4	5	5

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 program participants at the selected housing site.

2a. Units: 4

2b. Beds: 5

3. How many beds in “2b. Beds” are dedicated to persons experiencing chronic homelessness? 5

This includes both the “dedicated” and “prioritized” beds.

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 207

City: New Bedford

State: Massachusetts

ZIP Code: 02740

***5. 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	1	3		4
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
Persons over age 24	1	2		3
Persons ages 18-24		1		1
Accompanied Children under age 18	1			1
Unaccompanied Children under age 18				0
Total Persons	2	3	0	5

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

Persons in Households with at Least One Adult and One Child

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24	1			1						
Persons ages 18-24										
Children under age 18	1									
Total Persons	2	0	0	1	0	0	0	0	0	0

Click Save to automatically calculate totals

Persons in Households without Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans- (Not CH)	Chronic Substance Abuse	HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24	1		1	2		1				
Persons ages 18-24	1			1		1				
Total Persons	2	0	1	3	0	2	0	0	0	0

Click Save to automatically calculate totals

Persons in Households with Only Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Accompanied Children under age 18										
Unaccompanied Children under age 18										
Total Persons	0				0	0	0	0	0	0

6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 15, 2023? Yes

2. What type of CoC funding is this project applying for in this CoC Program Competition? Reallocation

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.

3a. Complete the indirect cost rate table below

Agency	Indirect Cost Rate	Direct Cost Base	Date approved or enter "NA" if using 10 % de minimis rate
U.S. Dept. of Health and Human Services, Cost Allocation Services	23%	\$27,204	2/16/2021

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

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

4. Select a grant term: 1 Year

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

Leased Units	X
Leased Structures	
Rental Assistance	

Supportive Services	X
Operating	X
HMIS	

6. If conditionally awarded, is this project requesting an initial grant term greater than 12 months? (13 to 18 months) No

6C. Leased Units

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:		\$41,592	
Grant Term:		1 Year	
Total Request for Grant Term:		\$41,592	
Total Units:		4	
FMR Area	Total Units Requested	Total Annual Assistance Requested	Total Budget Requested
MA - New Bedford,...	4	\$41,592	\$41,592

Leased Units Budget Detail

Instructions:

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 rent for each unit in the FMR Area column in the chart below. The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>.

Size of Units: 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 FMRs based on the FMR area selected by the applicant. They serve as a reference and upper limit for the amounts entered in the HUD Paid Rents column.

HUD Paid Rents: This is a required field. For each unit size, enter the rent to be paid by the CoC program grant. This rent can be equal to or below the FMR amount in the previous column. Once funds are awarded recipients must document compliance with the rent reasonable requirement in 24 CFR 578.49.

12 Months: These fields are populated with the value 12 to calculate the annual rent request. The total request for this budget will calculate based on the grant term selected on Screen "6A. Funding Request."

Total Request: This column populates with the total calculated amount from each row.

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 with the grant term selected on the "Funding Request" screen and will be read only.

Total Request for Grant Term: This field is 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>

In the chart below, enter the appropriate values in the "Number of units" and "HUD Paid Rent" fields.

Metropolitan or non-metropolitan fair market rent area: MA - New Bedford, MA HUD Metro FMR Area (2500500520)

Leased Units Annual Budget

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--------------------------------	---------	------------

Size of Units	Number of units (Applicant)		FMR (Applicant)	HUD Paid Rent (Applicant)		12 months		Total request (Applicant)
SRO		x	\$583		x	12	=	\$0
0 Bedroom		x	\$777		x	12	=	\$0
1 Bedroom	3	x	\$818	\$818	x	12	=	\$29,448
2 Bedroom	1	x	\$1,012	\$1,012	x	12	=	\$12,144
3 Bedroom		x	\$1,259		x	12	=	\$0
4 Bedroom		x	\$1,372		x	12	=	\$0
5 Bedroom		x	\$1,578		x	12	=	\$0
6 Bedroom		x	\$1,784		x	12	=	\$0
7 Bedroom		x	\$1,989		x	12	=	\$0
8 Bedroom		x	\$2,195		x	12	=	\$0
9 Bedroom		x	\$2,401		x	12	=	\$0
Total units and annual assistance requested:	4							\$41,592
Grant term:								1 Year
Total request for grant term:								\$41,592

Click the 'Save' button to automatically calculate totals.

6F. Supportive Services Budget

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		
3. Case Management	.6 FTE Case Manager x 75%	\$19,981
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		
16. Utility Deposits		
17. Operating Costs		
Total Annual Assistance Requested		\$19,981
Grant Term		1 Year
Total Request for Grant Term		\$19,981

Click the 'Save' button to automatically calculate totals.

6G. Operating

Instructions:

Enter the quantity and total budget request for each operating cost. The request entered should be equivalent to the cost of one year of the relevant operations activity.

Eligible Costs: The system populates a list of eligible operating costs for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.55.

Quantity AND Detail: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity in detail (e.g. .75 FTE hours and benefits for staff, utility types, monthly allowance for supplies) for each operating cost for which funding is being requested. Please note that simply stating "1FTE" is NOT providing "Quantity AND Detail" and restricts understanding of what is being requested. Failure to enter adequate "Quantity AND Detail" may result in conditions being placed on the 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 operating the housing or supportive services facility.

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. Maintenance/Repair	5 Pkg. Light bulbs, 4(each) Buckets, mops, dish soap, brooms, hand soap, Clorox wipes & First Aid kits, 4 Fire Extinguishers, 5 Pkg. Paper Towels & TP, 14 Pkg. (each) of PPE-Face Mask, Hand Sanitizer & Vinyl Gloves x 75%	\$2,025
2. Property Taxes and Insurance		
3. Replacement Reserve		
4. Building Security	.2 FTE Salary + Fringe x 75%	\$7,223
5. Electricity, Gas, and Water		
6. Furniture	CM Furnishings (Desk - \$750, \$200 chair, \$250 two guest chairs) - \$1,200 x 75%; Client Furniture (4 mattresses, dressers, nightstands, vacuums, mattress covers, pots and pans, etc.) - \$4,793 x 75%	\$4,495
7. Equipment (lease, buy)	(1 Computer @ \$1,500 + 1 Phone @ \$275) x 75%	\$1,331
Total Annual Assistance Requested		\$15,074
Grant Term		1 Year
Total Request for Grant Term		\$15,074

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 this project. To add a Match source to the list, select the icon. To view or update a Match source already listed, select the icon.

Summary for Match

Total Amount of Cash Commitments:	\$10,680
Total Amount of In-Kind Commitments:	\$0
Total Amount of All Commitments:	\$10,680

1. Will this project generate program income described in 24 CFR 578.97 to use as Match for this project? No

Type	Source	Name of Source	Amount of Commitments
Cash	Private	Steppingstone, Inc.	\$10,680

Sources of Match Detail

1. Type of Match commitment: Cash

2. Source: Private

3. Name of Source: Steppingstone, Inc.

(Be as specific as possible and include the office or grant program as applicable)

4. Amount of Written Commitment: \$10,680

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	\$41,592	1 Year	\$41,592
2b. Leased Structures	\$0	1 Year	\$0
3. Rental Assistance	\$0	1 Year	\$0
4. Supportive Services	\$19,981	1 Year	\$19,981
5. Operating	\$15,074	1 Year	\$15,074
6. HMIS	\$0	1 Year	\$0
7. Sub-total Costs Requested			\$76,647
8. Admin (Up to 10%)			\$7,665
9. Total Assistance Plus Admin Requested			\$84,312
10. Cash Match			\$10,680
11. In-Kind Match			\$0
12. Total Match			\$10,680
13. Total Budget			\$94,992

Click the 'Save' button to automatically calculate totals.

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	Steppingstone 501...	10/28/2021
2) Other Attachment(s)	No		
3) Other Attachment(s)	No	2021 Steppingston...	10/28/2021

Attachment Details

Document Description: Steppingstone 501(c)(3) Letter

Attachment Details

Document Description: 2021 Welcome Home Expansion Cash Match Letter

Attachment Details

Document Description: 2021 Steppingstone Indirect Cost Rate Agreement

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: 11/04/2021

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).

Active SAM Status Requirement. I certify that our organization has an active System for Award Management (SAM) registration as required by 2 CFR 200.300(b) at the time of project application submission to HUD and will ensure this SAM registration will be renewed annually to meet this requirement.

8B. Submission Summary

Applicant must click the submit button once all forms have a status of Complete.

Page	Last Updated	
New Project Application FY2021	Page 55	11/04/2021

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)	11/03/2021
1E. SF-424 Compliance	10/21/2021
1F. SF-424 Declaration	10/21/2021
1G. HUD 2880	10/21/2021
1H. HUD 50070	10/21/2021
1I. Cert. Lobbying	10/21/2021
1J. SF-LLL	10/21/2021
IK. SF-424B	10/21/2021
1L. SF-424D	10/21/2021
2A. Subrecipients	10/25/2021
2B. Experience	10/26/2021
3A. Project Detail	10/25/2021
3B. Description	10/28/2021
3C. Expansion	10/27/2021
4A. Services	10/28/2021
4B. Housing Type	10/28/2021
5A. Households	10/28/2021
5B. Subpopulations	No Input Required
6A. Funding Request	10/28/2021
6C. Leased Units	10/28/2021
6F. Supp Srvcs Budget	10/28/2021
6G. Operating	10/28/2021
6I. Match	10/28/2021
6J. Summary Budget	No Input Required
7A. Attachment(s)	10/28/2021
7D. Certification	10/28/2021

Internal Revenue Service**Department of the Treasury****Date:** April 18, 2002

Steppingstone Inc.
466 North Main Street
Fall River, MA 02720-2408

P. O. Box 2508
Cincinnati, OH 45201

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.

-2-

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.

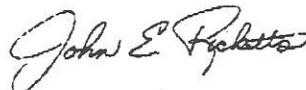
The law requires you to make your organization's annual return available for public inspection without charge for three years after the due date of the return. If your organization had a copy of its application for recognition of exemption on July 15, 1987, it is also required to make available for public 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

NONPROFIT RATE AGREEMENT

EIN: 04-2505146

DATE:02/16/2021

ORGANIZATION:

FILING REF.: The preceding
agreement was dated
01/06/2020

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	07/01/2019	06/30/2020	22.60	On-Site	All Programs
PROV.	07/01/2020	06/30/2023	22.60	On-Site	All Programs

*BASE

Direct salaries and wages including all fringe benefits.

ORGANIZATION: Steppingstone, Inc.

AGREEMENT DATE: 2/16/2021

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.

PROPOSAL DUE DATE

Your next proposal based on actual costs for the fiscal year ending 06/30/2021 is due in our office by 12/31/2021.

EQUIPMENT

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 \$5,000.

ORGANIZATION: Steppingstone, Inc.

AGREEMENT DATE: 2/16/2021

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:

Steppingstone, Inc.

(INSTITUTION)

Kathleen Schedler Clark

(SIGNATURE)

KATHLEEN SCHEDLER-CLARK

(NAME)

EXECUTIVE DIRECTOR

(TITLE)

MARCH 1, 2021

(DATE)

ON BEHALF OF THE FEDERAL GOVERNMENT:

DEPARTMENT OF HEALTH AND HUMAN SERVICES

(AGENCY)

Darryl W. Mayes -S

Digitally signed by Darryl W. Mayes -S
DN: c=US, o=U.S. Government, ou=HHS, ou=PSC,
ou=People, 0.9.2342.19200300.100.1.1=2000131669,
cn=Darryl W. Mayes -S
Date: 2021.02.26 07:37:13 -05'00'

(SIGNATURE)

Darryl W. Mayes

(NAME)

Deputy Director, Cost Allocation Services

(TITLE)

2/16/2021

(DATE) 6446

HHS REPRESENTATIVE: Douglas Molina

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.gov at https://www.hud.gov/program_offices/comm_planning/coc.
- Questions regarding the FY 2021 CoC Program Competition process must be submitted to CoCNOFO@hud.gov.
- Questions related to e-snaps functionality (e.g., password lockout, access to user's application account, updating Applicant Profile) must be submitted to e-snaps@hud.gov.
- 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) 2021 Continuum of Care (CoC) Program Competition. For more information see FY 2021 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2021 CoC Program NOFO and the FY 2021 General Section NOFO.
- 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 navigational guides, which are also found on the HUD Exchange.
- New projects may only be submitted as either Reallocated, Bonus Projects, Reallocated + Bonus or DV Bonus. 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, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- 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 2021 CoC Program Competition NOFO.

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: 11/04/2021

4. Applicant Identifier:

a. Federal Entity Identifier:

5. 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: Office of Housing and Community Development

Division Name:

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

Prefix: Ms.

First Name: Jennifer

Middle Name:

Last Name: Clarke

Suffix:

Title: Deputy Director

Organizational Affiliation: City of New Bedford

Telephone Number: (508) 979-1500

Extension:
Fax Number: (508) 979-1575
Email: Jennifer.Clarke@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-6500-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 (Expansion)

16. Congressional District(s):

16a. Applicant: MA-009

16b. Project: MA-009
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 09/01/2022

b. End Date: 08/31/2023

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: 11/04/2021

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2506-0214 (exp.02/28/2022)

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

4a. Total Amount Requested for this project: \$84,313.00
 (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 the information provided on this form and in any accompanying documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

I AGREE:

Name / Title of Authorized Official: Patrick Sullivan, Director

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

Date Signed: 11/04/2021

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 certify that the information provided on this form and in any accompanying

X

documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 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: 11/04/2021

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: 11/04/2021

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 Representative: Considered signed upon submission in e-snaps.

Date Signed: 11/04/2021

IK. SF-424B

(SF-424B) ASSURANCES - NON-CONSTRUCTION PROGRAMS

OMB Number: 4040-0007
Expiration Date: 02/28/2022

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

- | | |
|----|---|
| 1. | Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application. |
| 2. | Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives. |
| 3. | Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain. |
| 4. | Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency. |
| 5. | Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F). |
| 6. | Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism, (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application. |
| 7. | Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases. |

- | | |
|-----|--|
| 8. | Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds. |
| 9. | Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements. |
| 10. | Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more. |
| 11. | Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205). |
| 12. | Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system. |
| 13. | Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.). |
| 14. | Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance. |
| 15. | Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance. |
| 16. | Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures. |
| 17. | Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations." |
| 18. | Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program. |
| 19. | Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award. |

As the duly authorized representative of the applicant, I certify:

Authorized Representative for: City of New Bedford
Prefix: Mr.

First Name: Patrick

Middle Name: J

Last Name: Sullivan

Suffix:

Title: Director

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

Date Signed: 11/04/2021

1L. SF-424D

Are you requesting CoC Program funds for construction costs in this application? No

No SF-424D is required. Select "Save and Next" 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: \$84,313

Organization	Type	Sub-Award Amount
SEMCOA Inc.	M. Nonprofit with 501C3 IRS Status	\$84,313

2A. Project Subrecipients Detail

a. Organization Name: SEMCOA Inc.

b. Organization Type: M. Nonprofit with 501C3 IRS Status
If "Other" specify:

c. Employer or Tax Identification Number: 23-7161463

	* d. Organizational DUNS:	089346613	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: \$84,313

j. Contact Person

Prefix: Ms.

First Name: Wendy

Middle Name: Ann

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

2B. Experience of Applicant, Subrecipient(s), and Other Partners

1. Describe your organization’s (and subrecipient(s) if applicable) experience in effectively utilizing federal funds and performing the activities proposed in the application.

SEMCOA has extensive experience in providing residential recovery services to persons with substance use disorders, including the homeless and chronically homeless, dating back to its founding in 1971. The agency operates several residential programs, which provide different levels of care for men and women. Our continuum includes Unity House, a permanent supportive housing (PSH) program for chronically homeless men and Family Preservation Program (FPP), a PSH program for homeless families with children. FPP has been in operation for sixteen years and has been successful in assisting families in obtaining health services, employment services, education & training, addiction services, and other needed services to stabilize the family and allow them to progress forward. SEMCOA utilizes local resources, partners and affiliates to provide participants the resources and the means to achieve their goals and remain housed. SEMCOA's PSH programs have historically drawn down all federal funds and performed at or above expected outcomes.

2. Describe your organization’s (and subrecipient(s) if applicable) experience in leveraging Federal, State, local and private sector funds.

SEMCOA has historically met leveraging needs through it's affiliates and partners in the community. SEMCOA has leveraged funds from the Women's Institute of Boston in the form of office space and community space for events as well as common area landscaping and care for the Family Preservation Program. The United Way has historically supported SEMCOA Inc in the way of grants and assistance with participant needs. Local resources such as Positive Action Against Chemical Addiction, PACE, and Catholic Social Services make available several services to participants of SEMCOA programs as do partners such Greater New Bedford Health Center and Morton Hospital. SEMCOA also performs an annual appeal through our SSRAC (South Shore Resource and Advocacy Center) to cover contract matching funds.

3. Describe your organization’s (and subrecipient(s) if applicable) financial management structure.

SEMCOA has a comprehensive administrative team headed by an experienced CFO who has extensive experience managing the financial aspect of SEMCOA's HUD funded programs. The program director of the expansion project also has significant knowledge and experience of budgeting and the billing process. Billing is completed monthly, reviewed by the CFO and program director prior to submission and spending is tracked through internal documents as well as quarterly reports required by the CoC.

4. Are there any unresolved HUD monitoring or OIG audit findings for any HUD grants (including ESG) under your organization? No

3A. Project Detail

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

2. CoC Collaborative Applicant Name: City of New Bedford

3. Project Name: Family Preservation Program (Expansion)

4. Project Status: Standard

5. Component Type: PH

5a. Select the type of PH project: PSH

6. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3? No

7. Is this new project application requesting to transition from eligible renewal project(s) that was awarded to the same recipient and fully eliminated through reallocation in this CoC Program Competition? (Attachment Requirement) No

8. Will funds requested in this new project application replace state or local government funds (24 CFR 578.87(a))? No

9. Will this project include replacement reserves in the Operating budget? No

3B. Project Description

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

The Family Preservation Program Expansion Project consists of five two and three bedroom scattered site units that target homeless families with children where the head of household has been diagnosed with a substance use disorder. Participants will be assigned a case manager who will assist participants in identifying and prioritizing needs and goals. Participant and case manager will collaborate on an Individual Service Plan (ISP) and referrals to local resources will be provided to assist participant in meeting goals. Assistance with basic living skills, financial literacy, client transportation, budgeting, access to mainstream benefits, (e.g. Medicaid, SSI, SSDI, veterans' benefits, food stamps, etc.) and referrals to other deemed appropriate services will be provided. The needs of each family member will be considered and addressed in the ISP as we strive to build on participant strengths and instill self-determination and hope. Case managers seek to foster self-advocacy and self-efficacy through community based social services and peer support.

2. For each primary project location, or structure, enter the number of days from the execution of the grant agreement that each of the following milestones will occur if this project is selected for conditional award.

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
Begin hiring staff or expending funds	1			
Begin program participant enrollment	1			
Program participants occupy leased or rental assistance units or structure(s), or supportive services begin	1			
Leased or rental assistance units or structure, and supportive services near 100% capacity	30			
Closing on purchase of land, structure(s), or execution of structure lease				
Start rehabilitation				
Complete rehabilitation				
Start new construction				
Complete new construction				

2a. If requesting capital costs (i.e., acquisition, rehabilitation, or new construction), describe the proposed development activities with responsibilities of the applicant, and subrecipients if included, to develop

and maintain the property using CoC Program funds.
 N/A

3. Check the appropriate box(s) if this project will have a specific subpopulation focus.
(Select ALL that apply)

N/A - Project Serves All Subpopulations	<input type="checkbox"/>	Domestic Violence	<input 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"/>
		Chronic Homeless	<input type="checkbox"/>
		Other (Click 'Save' to update)	<input type="checkbox"/>

4. Will your project participate in the CoC's Coordinated Entry (CE) process or recipient organization is a victim service provider, as defined in 24 CFR 578.3 and uses an alternate CE process that meets HUD's minimum requirements? Yes

5. Housing First

5a. Will the project quickly move participants into permanent housing? Yes

5b. Will the project enroll program participants who have the following barriers? 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"/>

5c. Will the project prevent program participant termination 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"/>

5d. Will the project follow a "Housing First" approach? Yes
 (Click 'Save' to update)

6 Will program participants be required to live in a specific structure, unit, or locality at any time while in the program? Yes

6a. Explain how and why the project will implement this requirement.

The project has a leasing component. Scattered site units will be leased by the project and participants will be placed in these units.

7. Will more than 16 persons live in a single structure? No

100% Dedicated or 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.

**8. Is this project 100% Dedicated or DedicatedPLUS
DedicatedPLUS?**

3C. Project Expansion Information

1. Is this a “Project Expansion” of an eligible renewal project? Yes

Enter the PIN (first 6 characters of the grant number) and Project Name for the CoC funded grant that is applying for renewal in FY 2021 upon which this project proposes to expand.

1a. Eligible Renewal Grant PIN: MA0112

1b. Eligible Renewal Grant Project Name: Family Preservation Program

2. Will this expansion project increase the number of program participants? Yes

2a.	Currently Approved Renewal Numbers (from “Stand-alone Renewal” project application)	
	Number of persons (From renewal application Screen 5A)	43
	Number of units (From renewal application Screen 4B)	16
	Number of beds (From renewal application Screen 4B)	46
2b.	New Requested Numbers to Add (from this “Stand-alone New” project application)	
	Number of additional persons (From this new application Screen 5A)	16
	Number of additional units (From this new application Screen 4B)	4
	Number of additional beds (From this new application Screen 4B)	16

3. Will this expansion project provide additional supportive services to program participants? Yes

3a. Indicate how the project will provide additional supportive services to program participants. (Check one or both boxes)

Increase number of or expand supportive services provided	<input type="checkbox"/>
Increase frequency or intensity of supportive services	<input type="checkbox"/>

4. Will this expansion project bring existing facilities up to government health or safety standards? No

4A. Supportive Services for Participants

1. Describe how program participants will be assisted to obtain and remain in permanent housing.

The Family Preservation Program Expansion project will operate under the same director as the Family Preservation Program. The Expansion project participants will be assigned a case manager to assist participant in identifying needs and goals. Participants work on goals around housing stability such as self-sufficiency, and case managers assist participants in reaching these goals. Staff is experienced in online applications for subsidized housing and are notified when voucher lists open for applications. Participants will be assisted with life skills and budgeting, provided assistance in communicating with landlords, and have home visits with case managers who address needs in the home. The goal is to provide a stable environment where the family can secure and sustain permanent housing.

2. Describe the specific plan to coordinate and integrate with other mainstream health, social services, and employment programs for which program participants may be eligible.

SEMCOA has established comprehensive networks and relationships with providers via interagency collaboration around substance use disorder (SUD) treatment services, Community-Based Support Services, and primary health care and mental health services to meet participants often complex needs. Agreements with resources such as Greater New Bedford Health Care, Arbour Hospital, and Morton Hospital allow for access to care. As an affiliate of High Point Treatment Center, SEMCOA'S continuum of care is extensive, and clients may engage at any point within its system through a proficient internal referral process in services including, but not limited to individual counseling, intensive outpatient group therapy, medication assisted therapy, inpatient detoxification, recovery coaching, Children's Behavioral Health Initiative, and in-home therapy. Case managers utilize local vocational/educational resources such as the Career Center, the Massachusetts Rehabilitation Commission, and Bristol Community College allowing the program to connect participants with educational, vocational, and employment opportunities. Obtaining mainstream benefits such as Medicaid is a top priority and those who lack this specific benefit are identified prior to entering the program. Staff is experienced in utilizing the online applications available and participants will be assisted in enrolling in Medicaid immediately, enabling referrals to Medicaid resources such as Community Based Case Management programs like CSPECH and CSP. Project participants will have access to SEMCOA's annual workshops including the Financial Fair, Educational/Vocational Fair, and Health & Nutrition Fair that bring the resources together in our Community Center.

3. For all supportive services available to program 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	As needed
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	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

Identify whether the project will include the following activities:



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

5. Annual follow-ups with program participants to ensure mainstream benefits are received and renewed? Yes

6. Will program participants have access to SSI/SSDI technical assistance provided by this project 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. Yes

4B. Housing Type and Location

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

Total Units: 4

Total Beds: 16

Total Dedicated CH Beds: 16

Housing Type	Housing Type (JOINT)	Units	Beds	Dedicated CH Beds
Scattered-site apartments (...)	---	4	16	16

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 program participants at the selected housing site.

2a. Units: 4

2b. Beds: 16

3. How many beds in “2b. Beds” are dedicated to persons experiencing chronic homelessness? 16

This includes both the “dedicated” and “prioritized” beds.

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

Street 2:

City: New Bedford

State: Massachusetts

ZIP Code: 02745

***5. 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	4			4
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
Persons over age 24	6			6
Persons ages 18-24				0
Accompanied Children under age 18	10			10
Unaccompanied Children under age 18				0
Total Persons	16	0	0	16

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

Persons in Households with at Least One Adult and One Child

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24	6			6						
Persons ages 18-24										
Children under age 18	10									
Total Persons	16	0	0	6	0	0	0	0	0	0

Click Save to automatically calculate totals

Persons in Households without Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24										
Persons ages 18-24										
Total Persons	0	0	0	0	0	0	0	0	0	0

Persons in Households with Only Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Accompanied Children under age 18										
Unaccompanied Children under age 18										
Total Persons	0				0	0	0	0	0	0

6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 15, 2023? Yes

2. What type of CoC funding is this project applying for in this CoC Program Competition? Reallocation

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 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"/>

6. If conditionally awarded, is this project requesting an initial grant term greater than 12 months? (13 to 18 months) No

6C. Leased Units

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:		\$54,576	
Grant Term:		1 Year	
Total Request for Grant Term:		\$54,576	
Total Units:		4	
FMR Area	Total Units Requested	Total Annual Assistance Requested	Total Budget Requested
MA - New Bedford,...	4	\$54,576	\$54,576

Leased Units Budget Detail

Instructions:

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 rent for each unit in the FMR Area column in the chart below. The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>.

Size of Units: 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 FMRs based on the FMR area selected by the applicant. They serve as a reference and upper limit for the amounts entered in the HUD Paid Rents column.

HUD Paid Rents: This is a required field. For each unit size, enter the rent to be paid by the CoC program grant. This rent can be equal to or below the FMR amount in the previous column. Once funds are awarded recipients must document compliance with the rent reasonable requirement in 24 CFR 578.49.

12 Months: These fields are populated with the value 12 to calculate the annual rent request. The total request for this budget will calculate based on the grant term selected on Screen "6A. Funding Request."

Total Request: This column populates with the total calculated amount from each row.

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 with the grant term selected on the "Funding Request" screen and will be read only.

Total Request for Grant Term: This field is 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>

In the chart below, enter the appropriate values in the "Number of units" and "HUD Paid Rent" fields.

Metropolitan or non-metropolitan fair market rent area: MA - New Bedford, MA HUD Metro FMR Area (2500500520)

Leased Units Annual Budget

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Size of Units	Number of units (Applicant)		FMR (Applicant)	HUD Paid Rent (Applicant)		12 months		Total request (Applicant)
SRO		x	\$583		x	12	=	\$0
0 Bedroom		x	\$777		x	12	=	\$0
1 Bedroom		x	\$818		x	12	=	\$0
2 Bedroom		x	\$1,012		x	12	=	\$0
3 Bedroom	4	x	\$1,259	\$1,137	x	12	=	\$54,576
4 Bedroom		x	\$1,372		x	12	=	\$0
5 Bedroom		x	\$1,578		x	12	=	\$0
6 Bedroom		x	\$1,784		x	12	=	\$0
7 Bedroom		x	\$1,989		x	12	=	\$0
8 Bedroom		x	\$2,195		x	12	=	\$0
9 Bedroom		x	\$2,401		x	12	=	\$0
Total units and annual assistance requested:	4							\$54,576
Grant term:								1 Year
Total request for grant term:								\$54,576

Click the 'Save' button to automatically calculate totals.

6F. Supportive Services Budget

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		
3. Case Management	.4 FTE Case Manager	\$20,337
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		
16. Utility Deposits		
17. Operating Costs		
Total Annual Assistance Requested		\$20,337
Grant Term		1 Year
Total Request for Grant Term		\$20,337

Click the 'Save' button to automatically calculate totals.

6G. Operating

Instructions:

Enter the quantity and total budget request for each operating cost. The request entered should be equivalent to the cost of one year of the relevant operations activity.

Eligible Costs: The system populates a list of eligible operating costs for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.55.

Quantity AND Detail: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity in detail (e.g. .75 FTE hours and benefits for staff, utility types, monthly allowance for supplies) for each operating cost for which funding is being requested. Please note that simply stating "1FTE" is NOT providing "Quantity AND Detail" and restricts understanding of what is being requested. Failure to enter adequate "Quantity AND Detail" may result in conditions being placed on the 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 operating the housing or supportive services facility.

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. Maintenance/Repair		
2. Property Taxes and Insurance		
3. Replacement Reserve		
4. Building Security		
5. Electricity, Gas, and Water	Utility assistance @ \$166 per month	\$2,000
6. Furniture		
7. Equipment (lease, buy)		
Total Annual Assistance Requested		\$2,000
Grant Term		1 Year
Total Request for Grant Term		\$2,000

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 this project. To add a Match source to the list, select the  icon. To view or update a Match source already listed, select the  icon.

Summary for Match

Total Amount of Cash Commitments:	\$1,000
Total Amount of In-Kind Commitments:	\$6,435
Total Amount of All Commitments:	\$7,435

1. Will this project generate program income described in 24 CFR 578.97 to use as Match for this project? 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.

Type	Source	Name of Source	Amount of Commitments
Cash	Private	SEMCOA Inc	\$1,000
In-Kind	Private	High Point Treatm...	\$6,435

Sources of Match Detail

1. Type of Match commitment: Cash

2. Source: Private

3. Name of Source: SEMCOA Inc

(Be as specific as possible and include the office or grant program as applicable)

4. Amount of Written Commitment: \$1,000

Sources of Match Detail

1. Type of Match commitment: In-Kind

2. Source: Private

3. Name of Source: High Point Treatment Center

(Be as specific as possible and include the office or grant program as applicable)

4. Amount of Written Commitment: \$6,435

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.

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	\$54,576	1 Year	\$54,576
2b. Leased Structures	\$0	1 Year	\$0
3. Rental Assistance	\$0	1 Year	\$0
4. Supportive Services	\$20,337	1 Year	\$20,337
5. Operating	\$2,000	1 Year	\$2,000
6. HMIS	\$0	1 Year	\$0
7. Sub-total Costs Requested			\$76,913
8. Admin (Up to 10%)			\$7,400
9. Total Assistance Plus Admin Requested			\$84,313
10. Cash Match			\$1,000
11. In-Kind Match			\$6,435
12. Total Match			\$7,435
13. Total Budget			\$91,748

Click the 'Save' button to automatically calculate totals.

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	SEMCOA Non-Profit...	10/29/2021
2) Other Attachment(s)	No		
3) Other Attachment(s)	No		

Attachment Details

Document Description: SEMCOA Non-Profit Status

Attachment Details

Document Description:

Attachment Details

Document Description:

7A. In-Kind MOU Attachment

Document Type	Required?	Document Description	Date Attached
In-Kind Match MOU	No		

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: 11/04/2021

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).

Active SAM Status Requirement. I certify that our organization has an active System for Award Management (SAM) registration as required by 2 CFR 200.300(b) at the time of project application submission to HUD and will ensure this SAM registration will be renewed annually to meet this requirement.

8B. Submission Summary

Applicant must click the submit button once all forms have a status of Complete.

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
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	11/03/2021
1E. SF-424 Compliance	10/21/2021
1F. SF-424 Declaration	10/21/2021
1G. HUD 2880	11/03/2021
1H. HUD 50070	10/21/2021
1I. Cert. Lobbying	10/21/2021
1J. SF-LLL	10/21/2021
1K. SF-424B	10/21/2021
1L. SF-424D	10/21/2021
2A. Subrecipients	10/29/2021
2B. Experience	10/29/2021
3A. Project Detail	10/27/2021
3B. Description	10/29/2021
3C. Expansion	10/27/2021
4A. Services	11/03/2021
4B. Housing Type	11/01/2021
5A. Households	10/27/2021
5B. Subpopulations	No Input Required
6A. Funding Request	10/27/2021
6C. Leased Units	10/27/2021
6F. Supp Srvcs Budget	11/02/2021
6G. Operating	10/27/2021
6I. Match	11/02/2021

6J. Summary Budget	No Input Required
7A. Attachment(s)	10/29/2021
7A. In-Kind MOU Attachment	No Input Required
7D. Certification	11/01/2021



Department of the Treasury
Internal Revenue Service
P.O. Box 2508, Room 4010
Cincinnati OH 45201

In reply refer to: 4077550279
Apr. 01, 2011 LTR 4168C 0
23-7161463 000000 00

00032274
BODC: TE

SEMCOA INC
100 N FRONT ST UNIT 3
NEW BEDFORD MA 02740-7350



020938

Employer Identification Number: 23-7161463
Person to Contact: Sophia Brown
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Mar. 17, 2011, 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 May 1972.

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.

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.gov at https://www.hud.gov/program_offices/comm_planning/coc.
- Questions regarding the FY 2021 CoC Program Competition process must be submitted to CoCNOFO@hud.gov.
- Questions related to e-snaps functionality (e.g., password lockout, access to user's application account, updating Applicant Profile) must be submitted to e-snaps@hud.gov.
- 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) 2021 Continuum of Care (CoC) Program Competition. For more information see FY 2021 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2021 CoC Program NOFO and the FY 2021 General Section NOFO.
- 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 navigational guides, which are also found on the HUD Exchange.
- New projects may only be submitted as either Reallocated, Bonus Projects, Reallocated + Bonus or DV Bonus. 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, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- 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 2021 CoC Program Competition NOFO.

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: 11/04/2021

4. Applicant Identifier:

a. Federal Entity Identifier:

5. 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:	
--	--------------------------------	-----------	----------------	--

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: Ms.

First Name: Jennifer

Middle Name:

Last Name: Clarke

Suffix:

Title: Deputy Director

Organizational Affiliation: City of New Bedford

Telephone Number: (508) 979-1500

Extension:

Fax Number: (508) 979-1575

Email: Jennifer.Clarke@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-6500-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: Green Light

16. Congressional District(s):

16a. Applicant: MA-009

16b. Project: MA-009
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 09/01/2022

b. End Date: 08/31/2023

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: 11/04/2021

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2506-0214 (exp.02/28/2022)

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

4a. Total Amount Requested for this project: \$96,309.00

(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 the information provided on this form and in any accompanying documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

I AGREE:

Name / Title of Authorized Official: Patrick Sullivan, Director

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

Date Signed: 11/04/2021

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 certify that the information provided on this form and in any accompanying

X

documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.



WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 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: 11/04/2021

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: 11/04/2021

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 Representative: Considered signed upon submission in e-snaps.

Date Signed: 11/04/2021

IK. SF-424B

(SF-424B) ASSURANCES - NON-CONSTRUCTION PROGRAMS

OMB Number: 4040-0007
Expiration Date: 02/28/2022

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

- | | |
|----|---|
| 1. | Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application. |
| 2. | Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives. |
| 3. | Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain. |
| 4. | Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency. |
| 5. | Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F). |
| 6. | Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism, (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application. |
| 7. | Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases. |

- | | |
|-----|--|
| 8. | Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds. |
| 9. | Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements. |
| 10. | Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more. |
| 11. | Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205). |
| 12. | Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system. |
| 13. | Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.). |
| 14. | Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance. |
| 15. | Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance. |
| 16. | Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures. |
| 17. | Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations." |
| 18. | Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program. |
| 19. | Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award. |

As the duly authorized representative of the applicant, I certify:

Authorized Representative for: City of New Bedford

Prefix: Mr.

First Name: Patrick

Middle Name: J

Last Name: Sullivan

Suffix:

Title: Director

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

Date Signed: 11/04/2021

1L. SF-424D

Are you requesting CoC Program funds for construction costs in this application? No

No SF-424D is required. Select "Save and Next" 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: \$96,309

Organization	Type	Sub-Award Amount
PACE, Inc.	M. Nonprofit with 501C3 IRS Status	\$96,309

2A. Project Subrecipients Detail

a. Organization Name: PACE, Inc.

b. Organization Type: M. Nonprofit with 501C3 IRS Status
If "Other" specify:

c. Employer or Tax Identification Number: 04-2777810

	* d. Organizational DUNS:	130836356	PLUS 4:	
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e. Physical Address

Street 1: 166 William St.

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: \$96,309

j. Contact Person

Prefix: Mr.

First Name: Joshua

Middle Name:

Last Name: Amaral

Suffix:

Title: Asst. Executive Director

E-mail Address: joshamaral@paceinfo.org

Confirm E-mail Address: joshamaral@paceinfo.org

Phone Number: 508-999-9920

Extension: 313

Fax Number: 508-999-3728

2B. Experience of Applicant, Subrecipient(s), and Other Partners

1. Describe your organization’s (and subrecipient(s) if applicable) experience in effectively utilizing federal funds and performing the activities proposed in the application.

PACE has been funded annually by the New Bedford Office of Housing and Community Development, HUD, and many other federal, state, local, and private sources. As a federally funded Community Action Agency and Head Start provider, PACE has unique expertise in utilizing federal funds. The agency has annual revenue of over \$80 million and has a track record of prudent fiscal, administrative, and program management, including management of significant government grants and contracts.

Specific to housing, PACE’s Housing Opportunity Center operates a variety of housing supports from ESG Homeless Prevention and Rapid Rehousing to acting as a subcontractor and supportive service provider for the regional housing agency NeighborWorks Housing Solutions in the provision of state HomeBASE, RAFT, ERAP, ERMA, and other DHCD Eviction Diversion Initiative programming. HomeBASE stabilization case management has given the staff an understanding and experience in assessing participant needs. Through this assessment they are able to develop a service plan to address these needs. Their knowledge of resources and benefits that are both in house and in the community will give them the ability to help the participant meet those goals and develop new goals with the desired outcome being self sufficiency and transitioning to stable permanent housing.

PACE also has a subsidiary, PACE Community Housing Corporation, which is a certified Community Housing Development Organization and has experience acquiring, renovating, managing, and placing tenants.

2. Describe your organization’s (and subrecipient(s) if applicable) experience in leveraging Federal, State, local and private sector funds.

PACE's entire model and mission is based on the idea of leveraging federal funds. Our core funding is the Community Services Block Grant, which is designed to test new ideas, create responsive programs, and support core agency administrative functions in order to leverage additional public and private funds. This \$500,000 CSBG fund allows us to seek out and deliver new opportunities totaling over \$80 million. PACE has been a long time recipient of ESG funds. The expertise that PACE has demonstrated in this area has allowed us to be creative, developing programming that leverages collaborations with SCCLS and their CDBG grant to assist with any legal issues tenants may have. PACE has also been able to leverage their work in ESG to receive several private grants through COVID to assist with emergency needs faced as a result of the pandemic. Additionally, PACE has developed a successful relationship with NeighborWorks, receiving subcontracts to help them provide better access

for their New Bedford clients.

3. Describe your organization’s (and subrecipient(s) if applicable) financial management structure.

PACE's Board of Directors is ultimately responsible for top-level oversight of the agency, including of its finances. They are presented with monthly finance reports and financial statements by PACE's Executive Management Team. The Executive Director, Assistant Executive Director, and CFO work together to monitor the agency's finances. The Finance Department consists of several accountants responsible for assigned programs' payables, receivables, reporting, and budget tracking. As a large government funded agency, we are subject to an annual independent audit following the Single Audit process, and have a track record without findings or material issues.

4. Are there any unresolved HUD monitoring or OIG audit findings for any HUD grants (including ESG) under your organization? No

3A. Project Detail

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

2. CoC Collaborative Applicant Name: City of New Bedford

3. Project Name: Green Light

4. Project Status: Standard

5. Component Type: PH

5a. Select the type of PH project: PSH

6. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3? No

7. Is this new project application requesting to transition from eligible renewal project(s) that was awarded to the same recipient and fully eliminated through reallocation in this CoC Program Competition? (Attachment Requirement) No

8. Will funds requested in this new project application replace state or local government funds (24 CFR 578.87(a))? No

9. Will this project include replacement reserves in the Operating budget? No

3B. Project Description

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

PACE intends to expand upon our partnership with the New Bedford continuum to offer permanent supportive housing aligned with the coordinated entry system and following a Housing First model. The strength of our application is our ability to immediately connect participants with mainstream and other community-based resources within our own agency, including our programs that provide food, utility assistance, childcare, health insurance navigation, tax preparation, adult education, and a range of related housing services. Moreover, as a result of our broad network of programs and program areas, we maintain dozens of valuable referral partnerships with partners in all sectors, including healthcare, such as Southcoast Hospitals, Hawthorn Medical, the Greater New Bedford Community Health Center, and the New Bedford Health Department. We feel by concentrating our internal and external resources and network on a relatively small number of PSH units, we can achieve positive outcomes and build a scalable model. We intend to add 4 units/9 beds to the PSH in New Bedford for homeless and chronically homeless individuals and families that reside in the city.

2. For each primary project location, or structure, enter the number of days from the execution of the grant agreement that each of the following milestones will occur if this project is selected for conditional award.

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
Begin hiring staff or expending funds	30	30		
Begin program participant enrollment	45	45		
Program participants occupy leased or rental assistance units or structure(s), or supportive services begin	75	75		
Leased or rental assistance units or structure, and supportive services near 100% capacity	120	120		
Closing on purchase of land, structure(s), or execution of structure lease				
Start rehabilitation				
Complete rehabilitation				
Start new construction				
Complete new construction				

2a. If requesting capital costs (i.e., acquisition, rehabilitation, or new

construction), describe the proposed development activities with responsibilities of the applicant, and subrecipients if included, to develop and maintain the property using CoC Program funds.

n/a

3. Check the appropriate box(s) if this project will have a specific subpopulation focus.

(Select ALL that apply)

N/A - Project Serves All Subpopulations	<input type="checkbox"/>	Domestic Violence	<input 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"/>
		Chronic Homeless	<input type="checkbox"/>
		Other (Click 'Save' to update)	<input type="checkbox"/>

4. Will your project participate in the CoC's Coordinated Entry (CE) process or recipient organization is a victim service provider, as defined in 24 CFR 578.3 and uses an alternate CE process that meets HUD's minimum requirements? Yes

5. Housing First

5a. Will the project quickly move participants into permanent housing? Yes

5b. Will the project enroll program participants who have the following barriers? 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"/>

5c. Will the project prevent program participant termination for the following reasons? Select all that apply.

Failure to participate in supportive services	<input checked="" type="checkbox"/>
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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"/>

5d. Will the project follow a "Housing First" approach? Yes
 (Click 'Save' to update)

6 Will program participants be required to live in a specific structure, unit, or locality at any time while in the program? No

7. Will more than 16 persons live in a single structure? No

100% Dedicated or 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.

**8. Is this project 100% Dedicated or DedicatedPLUS
DedicatedPLUS?**

3C. Project Expansion Information

1. Is this a “Project Expansion” of an eligible renewal project? No

4A. Supportive Services for Participants

1. Describe how program participants will be assisted to obtain and remain in permanent housing.

Participants will be placed in a leased apartment and will receive ongoing case management services depending on the level of support needed. More intensive situations will have weekly case management while others may have monthly case management. Utilizing individual service plans, goals will be set to help participants move to stability and eventually self-sufficiency, with specific indicators about transitioning to more permanent independent housing situations. The service plans will be designed to support goals in all areas of the lives of the participants including; financial, educational and employment, health and mental health, and of course long range housing goals.

2. Describe the specific plan to coordinate and integrate with other mainstream health, social services, and employment programs for which program participants may be eligible.

Case managers will assess the services that may be relevant to a particular participant and will collaborate with the participant in setting an individualized service plan with goals set to address such things as health, mental health, job/skill training. The service plans will be reviewed monthly and annually and will be adjusted according to progress and needs.

First, we will ensure participants are connected and taking full advantage of all internal PACE programs, which include utility assistance, food pantry services, health insurance, tax preparation, childcare, adult education, and job skills training. Next, we will use our partnerships in the community to establish productive relationships for our clients with mental health, substance abuse, employment services, and other providers as needed. Working with participants, utilizing their plans, we will ensure that they are connected to whatever services they identify, and then follow up with them to assist in whatever way is needed to ensure that the resources are accessible, eliminating barriers such as transportation. Case managers will provide this follow up through ongoing case management which will take place at a minimum monthly, but will be available more frequently as needed.

3. For all supportive services available to program participants, indicate who will provide them and how often they will be provided.

Click 'Save' to update.

Supportive Services	Provider	Frequency
Assessment of Service Needs	Applicant	Monthly
Assistance with Moving Costs	Applicant	As needed

Case Management
Child Care
Education Services
Employment Assistance and Job Training
Food
Housing Search and Counseling Services
Legal Services
Life Skills Training
Mental Health Services
Outpatient Health Services
Outreach Services
Substance Abuse Treatment Services
Transportation
Utility Deposits

Applicant	Weekly
Applicant	As needed
Partner	As needed
Partner	As needed
Applicant	Weekly
Applicant	As needed
Partner	As needed
Partner	As needed
Partner	As needed
Partner	As needed
Partner	As needed
Partner	As needed
Partner	As needed
Applicant	As needed

Identify whether the project will include the following activities:



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

5. Annual follow-ups with program participants to ensure mainstream benefits are received and renewed? Yes

6. Will program participants have access to SSI/SSDI technical assistance provided by this project 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: 4

Total Beds: 9

Total Dedicated CH Beds: 9

Housing Type	Housing Type (JOINT)	Units	Beds	Dedicated CH Beds
Scattered-site apartments (...)	---	4	9	9

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 program participants at the selected housing site.

2a. Units: 4

2b. Beds: 9

3. How many beds in “2b. Beds” are dedicated to persons experiencing chronic homelessness? 9

This includes both the “dedicated” and “prioritized” beds.

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: 166 William St.

Street 2:

City: New Bedford

State: Massachusetts

ZIP Code: 02740

***5. 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	2	2		4
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
Persons over age 24	3	3		6
Persons ages 18-24				0
Accompanied Children under age 18	3			3
Unaccompanied Children under age 18				0
Total Persons	6	3	0	9

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

Persons in Households with at Least One Adult and One Child

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24	3									
Persons ages 18-24										
Children under age 18	3									
Total Persons	6	0	0	0	0	0	0	0	0	0

Click Save to automatically calculate totals

Persons in Households without Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans- (Not CH)	Chronic Substance Abuse	HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24	2	1								
Persons ages 18-24										
Total Persons	2	1	0	0	0	0	0	0	0	0

Click Save to automatically calculate totals

Persons in Households with Only Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Accompanied Children under age 18										
Unaccompanied Children under age 18										
Total Persons	0				0	0	0	0	0	0

6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 15, 2023? Yes

2. What type of CoC funding is this project applying for in this CoC Program Competition? CoC Bonus

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.

3a. Complete the indirect cost rate table below

Agency	Indirect Cost Rate	Direct Cost Base	Date approved or enter "NA" if using 10 % de minimis rate
Department of Health and Human Services	12%	\$44,769	10/1/2019

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

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

4. Select a grant term: 1 Year

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

Acquisition/Rehabilitation/New Construction	<input type="checkbox"/>
Leased Units	X
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"/>

6. If conditionally awarded, is this project requesting an initial grant term greater than 12 months? (13 to 18 months) No

6C. Leased Units

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:		\$51,540	
Grant Term:		1 Year	
Total Request for Grant Term:		\$51,540	
Total Units:		4	
FMR Area	Total Units Requested	Total Annual Assistance Requested	Total Budget Requested
MA - New Bedford,...	4	\$51,540	\$51,540

Leased Units Budget Detail

Instructions:

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 rent for each unit in the FMR Area column in the chart below. The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>.

Size of Units: 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 FMRs based on the FMR area selected by the applicant. They serve as a reference and upper limit for the amounts entered in the HUD Paid Rents column.

HUD Paid Rents: This is a required field. For each unit size, enter the rent to be paid by the CoC program grant. This rent can be equal to or below the FMR amount in the previous column. Once funds are awarded recipients must document compliance with the rent reasonable requirement in 24 CFR 578.49.

12 Months: These fields are populated with the value 12 to calculate the annual rent request. The total request for this budget will calculate based on the grant term selected on Screen "6A. Funding Request."

Total Request: This column populates with the total calculated amount from each row.

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 with the grant term selected on the "Funding Request" screen and will be read only.

Total Request for Grant Term: This field is 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>

In the chart below, enter the appropriate values in the "Number of units" and "HUD Paid Rent" fields.

Metropolitan or non-metropolitan fair market rent area: MA - New Bedford, MA HUD Metro FMR Area (2500500520)

Leased Units Annual Budget

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Size of Units	Number of units (Applicant)		FMR (Applicant)	HUD Paid Rent (Applicant)		12 months		Total request (Applicant)
SRO		x	\$583		x	12	=	\$0
0 Bedroom		x	\$777		x	12	=	\$0
1 Bedroom		x	\$818		x	12	=	\$0
2 Bedroom	3	x	\$1,012	\$1,012	x	12	=	\$36,432
3 Bedroom	1	x	\$1,259	\$1,259	x	12	=	\$15,108
4 Bedroom		x	\$1,372		x	12	=	\$0
5 Bedroom		x	\$1,578		x	12	=	\$0
6 Bedroom		x	\$1,784		x	12	=	\$0
7 Bedroom		x	\$1,989		x	12	=	\$0
8 Bedroom		x	\$2,195		x	12	=	\$0
9 Bedroom		x	\$2,401		x	12	=	\$0
Total units and annual assistance requested:	4							\$51,540
Grant term:								1 Year
Total request for grant term:								\$51,540

Click the 'Save' button to automatically calculate totals.

6F. Supportive Services Budget

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		
3. Case Management	1 staff member at .5 FTE, includes assessment of, connection to, and delivery to meet service needs	\$27,554
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		
16. Utility Deposits		
17. Operating Costs	Beds, bedding, HH supplies i.e. towels, toiletries, cleaning supplies	\$5,000
Total Annual Assistance Requested		\$32,554
Grant Term		1 Year
Total Request for Grant Term		\$32,554

Click the 'Save' button to automatically calculate totals.

6G. Operating

Instructions:

Enter the quantity and total budget request for each operating cost. The request entered should be equivalent to the cost of one year of the relevant operations activity.

Eligible Costs: The system populates a list of eligible operating costs for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.55.

Quantity AND Detail: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity in detail (e.g. .75 FTE hours and benefits for staff, utility types, monthly allowance for supplies) for each operating cost for which funding is being requested. Please note that simply stating "1FTE" is NOT providing "Quantity AND Detail" and restricts understanding of what is being requested. Failure to enter adequate "Quantity AND Detail" may result in conditions being placed on the 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 operating the housing or supportive services facility.

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. Maintenance/Repair	Equipment maintenance and repairs	\$1,000
2. Property Taxes and Insurance		
3. Replacement Reserve		
4. Building Security		
5. Electricity, Gas, and Water	Office space expense	\$1,000
6. Furniture	Desk, chair, file cabinet	\$1,500
7. Equipment (lease, buy)	Laptop, copier/scanner/fax	\$1,500
Total Annual Assistance Requested		\$5,000
Grant Term		1 Year
Total Request for Grant Term		\$5,000

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 this project. To add a Match source to the list, select the  icon. To view or update a Match source already listed, select the  icon.

Summary for Match

Total Amount of Cash Commitments:	\$20,000
Total Amount of In-Kind Commitments:	\$2,500
Total Amount of All Commitments:	\$22,500

1. Will this project generate program income described in 24 CFR 578.97 to use as Match for this project? 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.

Type	Source	Name of Source	Amount of Commitments
Cash	Private	Subcontract with ...	\$20,000
In-Kind	Government	Community Service...	\$2,500

Sources of Match Detail

- 1. Type of Match commitment:** Cash
- 2. Source:** Private
- 3. Name of Source:** Subcontract with regional housing agency
(Be as specific as possible and include the office or grant program as applicable)
- 4. Amount of Written Commitment:** \$20,000

Sources of Match Detail

- 1. Type of Match commitment:** In-Kind
- 2. Source:** Government
- 3. Name of Source:** Community Service Block Grant
(Be as specific as possible and include the office or grant program as applicable)
- 4. Amount of Written Commitment:** \$2,500

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.

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	\$51,540	1 Year	\$51,540
2b. Leased Structures	\$0	1 Year	\$0
3. Rental Assistance	\$0	1 Year	\$0
4. Supportive Services	\$32,554	1 Year	\$32,554
5. Operating	\$5,000	1 Year	\$5,000
6. HMIS	\$0	1 Year	\$0
7. Sub-total Costs Requested			\$89,094
8. Admin (Up to 10%)			\$7,215
9. Total Assistance Plus Admin Requested			\$96,309
10. Cash Match			\$20,000
11. In-Kind Match			\$2,500
12. Total Match			\$22,500
13. Total Budget			\$118,809

Click the 'Save' button to automatically calculate totals.

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	IRS letter	10/27/2021
2) Other Attachment(s)	No	Indirect Cost Rat...	11/03/2021
3) Other Attachment(s)	No		

Attachment Details

Document Description: IRS letter

Attachment Details

Document Description: Indirect Cost Rate Docs

Attachment Details

Document Description: Code of Conduct Policy

7A. In-Kind MOU Attachment

Document Type	Required?	Document Description	Date Attached
In-Kind Match MOU	No	Match Statement	10/27/2021

Attachment Details

Document Description: Match Statement

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: 11/04/2021

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).

Active SAM Status Requirement. I certify that our organization has an active System for Award Management (SAM) registration as required by 2 CFR 200.300(b) at the time of project application submission to HUD and will ensure this SAM registration will be renewed annually to meet this requirement.

8B. Submission Summary

Applicant must click the submit button once all forms have a status of Complete.

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
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	11/03/2021
1E. SF-424 Compliance	10/21/2021
1F. SF-424 Declaration	10/21/2021
1G. HUD 2880	11/02/2021
1H. HUD 50070	10/21/2021
1I. Cert. Lobbying	10/21/2021
1J. SF-LLL	10/21/2021
IK. SF-424B	10/21/2021
1L. SF-424D	10/21/2021
2A. Subrecipients	11/01/2021
2B. Experience	11/02/2021
3A. Project Detail	10/27/2021
3B. Description	11/02/2021
3C. Expansion	10/27/2021
4A. Services	11/02/2021
4B. Housing Type	11/01/2021
5A. Households	10/27/2021
5B. Subpopulations	No Input Required
6A. Funding Request	11/04/2021
6C. Leased Units	10/27/2021
6F. Supp Srvcs Budget	11/03/2021
6G. Operating	11/03/2021
6I. Match	10/27/2021

6J. Summary Budget	No Input Required
7A. Attachment(s)	11/03/2021
7A. In-Kind MOU Attachment	10/27/2021
7D. Certification	10/27/2021

CINCINNATI OH 45999-0038

In reply refer to: 0248121964

Dec. 02, 2013 LTR 4168C 0

04-2777810 000000 00

00020048

BODC: TE

PEOPLE ACTING IN COMMUNITY
ENDEAVORS INC
166 WILLIAM ST
NEW BEDFORD MA 02740-6022



010468

Employer Identification Number: 04-2777810
Person to Contact: Ms. L Mitchell
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Nov. 20, 2013, 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 MAY 1990.

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.



DEPARTMENT OF HEALTH & HUMAN SERVICES

Program Support Center
Financial Management Portfolio
Cost Allocation Services

26 Federal Plaza, Room 3412
New York, NY 10278
PHONE: (212) 264-2069
EMAIL: CAS-NY@psc.hhs.gov

September 3, 2020

Mr. Allen Ayers
Director of Finance
People Acting in Community Endeavors, Inc.
166 William Street
New Bedford, MA 02740

Dear Mr. Ayers:

A copy of an indirect cost rate agreement is being sent to you for signature. This agreement reflects an understanding reached between your organization and a member of my staff concerning the rate(s) that may be used to support your claim for indirect costs on grants and contracts with the Federal Government.

Please have the agreement signed by an authorized representative of your organization and returned to me by email, retaining the copy for your files. Our email address is CAS-NY@psc.hhs.gov. We will reproduce and distribute the agreement to the appropriate awarding organizations of the Federal Government for their use.

An indirect cost rate proposal, together with the supporting information, is required to substantiate your claim for indirect costs under grants and contracts awarded by the Federal Government. Thus, your next proposal based on actual costs for the fiscal year ending 06/30/2020 is due in our office by 12/31/2020; please submit electronically to CAS-NY@psc.hhs.gov.

Sincerely,

Darryl W.
Mayes -S

Darryl W. Mayes
Deputy Director
Cost Allocation Services

Digitally signed by Darryl W. Mayes -S
DN: c=US, o=U.S. Government,
ou=HHS, ou=PSC, ou=People,
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9, cn=Darryl W. Mayes -S
Date: 2020.09.14 12:54:59 -0400

NONPROFIT RATE AGREEMENT

EIN: 1042777810A1

DATE: 09/03/2020

ORGANIZATION:

People Acting in Community Endeavors,
Inc. (PACE)

FILING REF.: The preceding
agreement was dated
10/01/2019

P.O. Box 5-626, 166 William Street
New Bedford, MA 02742-

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	07/01/2018	06/30/2019	11.70	On-Site	All Programs
PROV.	07/01/2019	06/30/2022	11.70	On-Site	All Programs

*BASE

Total direct costs excluding capital expenditures (buildings, individual items of equipment; alterations and renovations) and subawards.

ORGANIZATION: People Acting in Community Endeavors, Inc. (PACE)
AGREEMENT DATE: 9/3/2020

SECTION II: SPECIAL REMARKS

TREATMENT OF FRINGE BENEFITS:

The fringe benefits are specifically identified to each employee and are charged individually as direct costs. The directly claimed fringe benefits are listed below.

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.

(1) Grantee charges all costs direct to grants and/or contracts except the costs below:

A. Salaries and wages of agency-wide employees are as follows: Executive Director, Director of Finance, Assistant Executive Director, Planner, Administrative Assistant, Human Resources Director, Secretary/HR, Assistance Finance Director, Finance Coordinator, Payroll Specialist and Maintenance - All 100%.

B. Leave and Fringe Benefits for above personnel only are included in the indirect cost pool.

C. Other expenses - administrative portion only: audit/legal fees, D&O insurance and other.

(2) The directly claimed fringe benefits include workers' compensation, State unemployment insurance, FICA and health insurance.

(3) The indirect cost rate has been negotiated in compliance with the Administration for Children and Families Program Instruction (ACF-PI-HS-08-03) dated 5/12/2008, which precludes recipients of Head Start grants to use any Federal funds to pay for any part of the compensation of an individual either as a direct cost or any pro-ration as an indirect cost if that individual's compensation exceeds the rate payable of an Executive Level II. For 2019, the rate of compensation for an Executive Level II was \$192,300 per year. As of January 2020, the rate of compensation for an Executive Level II is \$197,300 per year.

(4) Your next proposal based on actual costs for the fiscal year ending 06/30/20 is due in our office by 12/31/20.

ORGANIZATION: People Acting in Community Endeavors, Inc. (PACE)
AGREEMENT DATE: 9/3/2020

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.

ORGANIZATION: People Acting in Community Endeavors, Inc. (PACE)

AGREEMENT DATE: 10/1/2019

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:

People Acting in Community Endeavors, Inc. (PACE)

(INSTITUTION)

[Handwritten Signature]

(SIGNATURE)

Pamela Kuechler

(NAME)

Executive Director

(TITLE)

9/14/20

(DATE)

ON BEHALF OF THE FEDERAL GOVERNMENT:

DEPARTMENT OF HEALTH AND HUMAN SERVICES

(AGENCY)

Darryl W. Mayes -S

Digitally signed by Darryl W. Mayes -S
DN: cn=US, o=U.S. Government, ou=HHS, ou=PSC,
ou=People, o=92342192000010011-7000111669,
cn=Darryl W. Mayes -S
Date: 2019.10.07 08:47:58 -0400

(SIGNATURE)

Darryl W. Mayes

(NAME)

Deputy Director, Cost Allocation Services

(TITLE)

10/1/2019

(DATE) 5395

HHS REPRESENTATIVE:

Rebecca Kaplan

Telephone:

(212) 264-2069



Pam Kuechler, Executive Director
Steven Ponte, Board President

Office of Housing & Community Development
City of New Bedford
608 Pleasant St #2
New Bedford, MA 02740

Re: 2021 COC RFP Permanent Supportive Housing Project Match

PACE has applied for \$96,309 in funds to operate a Permanent Supportive Housing (PSH) component within our Housing Opportunity Center. Excluding leasing costs, the project will cost \$41,309 and PACE is required to match 25%, or \$10,327.25. As part of this application, PACE proposes to provide a match of 55%, or \$22,500. Including leveraged funds, the total project cost will be \$118,809.

The \$22,500 match is comprised of the following:

\$10,000 on staff costs - additional hours, payroll, and benefit costs associated with the project, funded by foundation grants and/or revenue from other Housing Opportunity Center contracts

\$10,000 – rental assistance funds provided to PSH tenants for first, last, security, etc., through foundation grants and/or ESG funds

\$2,500 – in-kind expenses associated with occupancy at 308 Cottage Street, including a proportional amount of rent, utilities, phones, etc., paid by Community Services Block Grant (CSBG) or other HOC contract revenue.

Respectfully,

Pam Kuechler

Executive Director