

# CoC.2021 APPLICATION PACKAGE

**SUBMITTED TO THE U.S.  
DEPARTMENT OF HOUSING &  
URBAN DEVELOPMENT**

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Collaborative Applicant:

**City of New Bedford's  
Office of Housing & Community Development**  
Patrick J. Sullivan, Director



## Before Starting the CoC Application

You must submit all three of the following parts in order for us to consider your Consolidated Application complete:

1. the CoC Application,
2. the CoC Priority Listing, and
3. all the CoC's project applications that were either approved and ranked, or rejected.

As the Collaborative Applicant, you are responsible for reviewing the following:

1. The FY 2021 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2021 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
3. All information provided to ensure it is correct and current.
4. Responses provided by project applicants in their Project Applications.
5. The application to ensure all documentation, including attachment are provided.

Your CoC Must Approve the Consolidated Application before You Submit It  
- 24 CFR 578.9 requires you to compile and submit the CoC Consolidated Application for the FY 2021 CoC Program Competition on behalf of your CoC.

- 24 CFR 578.9(b) requires you to obtain approval from your CoC before you submit the Consolidated Application into e-snaps.

Answering Multi-Part Narrative Questions

Many questions require you to address multiple elements in a single text box. Number your responses to correspond with multi-element questions using the same numbers in the question. This will help you organize your responses to ensure they are complete and help us to review and score your responses.

Attachments

Questions requiring attachments to receive points state, "You Must Upload an Attachment to the 4B. Attachments Screen." Only upload documents responsive to the questions posed—including other material slows down the review process, which ultimately slows down the funding process. Include a cover page with the attachment name.

- Attachments must match the questions they are associated with—if we do not award points for evidence you upload and associate with the wrong question, this is not a valid reason for you to appeal HUD's funding determination.

- We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).

## 1A. Continuum of Care (CoC) Identification

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

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

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

**1A-3. CoC Designation:** CA

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

## 1B. Coordination and Engagement–Inclusive Structure and Participation

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:  
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<b>1B-1.</b>	<b>Inclusive Structure and Participation–Participation in Coordinated Entry.</b>	
	NOFO Sections VII.B.1.a.(1), VII.B.1.e., VII.B.1.n., and VII.B.1.p.	

In the chart below for the period from May 1, 2020 to April 30, 2021:

1.	select yes or no in the chart below if the entity listed participates in CoC meetings, voted—including selecting CoC Board members, and participated in your CoC’s coordinated entry system; or
2.	select Nonexistent if the organization does not exist in your CoC’s geographic area:

	Organization/Person	Participated in CoC Meetings	Voted, Including Electing of CoC Board Members	Participated in CoC’s Coordinated Entry System
1.	Affordable Housing Developer(s)	Yes	Yes	Yes
2.	Agencies serving survivors of human trafficking	Yes	Yes	Yes
3.	CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
4.	CoC-Funded Victim Service Providers	Nonexistent	No	No
5.	CoC-Funded Youth Homeless Organizations	Nonexistent	No	No
6.	Disability Advocates	Yes	Yes	Yes
7.	Disability Service Organizations	Yes	Yes	Yes
8.	Domestic Violence Advocates	Yes	Yes	Yes
9.	EMS/Crisis Response Team(s)	Yes	Yes	Yes
10.	Homeless or Formerly Homeless Persons	Yes	Yes	Yes
11.	Hospital(s)	Yes	Yes	Yes
12.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Nonexistent	No	No
13.	Law Enforcement	Yes	Yes	Yes
14.	Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates	Yes	Yes	Yes
15.	LGBT Service Organizations	Yes	Yes	Yes
16.	Local Government Staff/Officials	Yes	Yes	Yes
17.	Local Jail(s)	Yes	No	No
18.	Mental Health Service Organizations	Yes	Yes	Yes



19.	Mental Illness Advocates	Yes	Yes	Yes
20.	Non-CoC Funded Youth Homeless Organizations	Yes	Yes	Yes
21.	Non-CoC-Funded Victim Service Providers	Yes	Yes	Yes
22.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes	Yes	Yes
23.	Organizations led by and serving LGBT persons	Yes	Yes	Yes
24.	Organizations led by and serving people with disabilities	Yes	Yes	Yes
25.	Other homeless subpopulation advocates	Yes	Yes	Yes
26.	Public Housing Authorities	Yes	Yes	Yes
27.	School Administrators/Homeless Liaisons	Yes	Yes	Yes
28.	Street Outreach Team(s)	Yes	Yes	Yes
29.	Substance Abuse Advocates	Yes	Yes	Yes
30.	Substance Abuse Service Organizations	Yes	Yes	Yes
31.	Youth Advocates	Yes	Yes	Yes
32.	Youth Service Providers	Yes	Yes	Yes
	Other:(limit 50 characters)			
33.	FAITH COMMUNITY	Yes	Yes	Yes
34.	UNITED WAY	Yes	Yes	Yes

1B-2.	Open Invitation for New Members.	
	NOFO Section VII.B.1.a.(2)	

	Describe in the field below how your CoC:
1.	communicated the invitation process annually to solicit new members to join the CoC;
2.	ensured effective communication with individuals with disabilities, including the availability of accessible electronic formats;
3.	conducted outreach to ensure persons experiencing homelessness or formerly homeless persons are encouraged to join your CoC; and
4.	invited organizations serving culturally specific communities experiencing homelessness in the geographic area to address equity (e.g., Black, Latino, Indigenous, persons with disabilities).

**(limit 2,000 characters)**

1.The invitation process is communicated through an annual email blast sent via different listserve groups identifying the HSPN/its work/its website/its goal of ending/preventing homelessness. Estimated reach of this effort is 1,000+ recipients. Additional invitations are made through social media. The CoC solicits new members annually and follows a calendar year for the mbr term. CoC members are asked to bring someone new to CoC meetings to ensure inclusion of a broad, diverse and expanding membership. 2.The CoC relies on its relationship with local disability providers (eg SouthCoast Independent Living) in ensuring effective communication with individuals with disabilities. Additionally, all materials published online and as part of CoC mailings, outreach and administration is made available in electronic formats, specifically PDFs. 3.Direct outreach is made on an ongoing basis to agency representatives, housing advocates, homeless advocates, street outreach teams and emergency shelters requesting their assistance year-round in inviting folks they serve/know to join the HSPN to ensure those with lived experience are well-represented. 4.Invitations to organizations serving culturally specific communities experiencing homelessness in this CoC are regularly made

through direct contact. Given the small size of the CoC, it is fortunate that the primary organizations serving such populations in this geographic area—including Immigrants Assistance Center and the CEDC—are long term members of this CoC.

<b>1B-3.</b>	<b>CoC’s Strategy to Solicit/Consider Opinions on Preventing and Ending Homelessness.</b>	
	NOFO Section VII.B.1.a.(3)	

Describe in the field below how your CoC:

1.	solicited and considered opinions from a broad array of organizations and individuals that have knowledge of homelessness, or an interest in preventing and ending homelessness;
2.	communicated information during public meetings or other forums your CoC uses to solicit public information; and
3.	took into consideration information gathered in public meetings or forums to address improvements or new approaches to preventing and ending homelessness.

**(limit 2,000 characters)**

1.The small size of MA-505 CoC and its geographic area has the advantage of enjoying tight connections within the community. This has helped facilitate a deep familiarity between those invested in/engaged with, preventing/ending homelessness resulting in the CoC being approached by those interested in participating. Despite this practice and historical strength of such connections, the CoC recognizes the value/importance of also culling wide diversity in its approaches to ending homelessness and actively solicit/engage/rely on opinions from across the community on an ongoing basis. Solicitations made via email blasts, website, social media postings and regular participation in ancillary community efforts ensures the inclusion of homelessness in broader local discussions while engaging others to share insights with the CoC. Such efforts are routinely made to ensure/strengthen those relationships/perspectives/voices. Whether it’s folks currently living on our streets who come to a monthly CoC meeting, a businessperson who commits personal, financial and human capital to ending homelessness or so many others, the CoC’s meetings and its org model have always been rooted in the breadth of its collective voice. All are welcomed to meetings. 2.The CoC communicates info during public meetings to better understand public ideas and concerns. Examples include the annual Action Plan process where the collaborative applicant reviews information about upcoming ESG/CoC funding opportunities. These forums always involve public participation including brainstorming and public speaking, all of which is aired on cable to ensure wider community reach. Similarly, CoC events like the public kick-off of the annual Point In Time Count and speaking engagements on local radio where callers raise concerns and questions have dramatically helped inform the local process. 3.The CoC uses and relies on information it gathers in all forums, recognizing all ideas are potential great ideas.

<b>1B-4.</b>	<b>Public Notification for Proposals from Organizations Not Previously Funded.</b>	
	NOFO Section VII.B.1.a.(4)	

Describe in the field below how your CoC notified the public:

1.	that your CoC’s local competition was open and accepting project applications;
2.	that your CoC will consider project applications from organizations that have not previously received CoC Program funding;
3.	about how project applicants must submit their project applications;
4.	about how your CoC would determine which project applications it would submit to HUD for funding; and
5.	how your CoC effectively communicated with individuals with disabilities, including making information accessible in electronic formats.

**(limit 2,000 characters)**

1.The CoC announced the opening of the local NOFO competition, availability of its RFP and its acceptance of project proposals on 9.10.2021 through the CoC administrative lead’s (City of New Bedford Office of Housing & Community Development—OHCD) website, the CoC’s own website (www.nbhspn.com), through emailing to the entire CoC mailing list as well as additional in-house mailing lists of non-profits, agencies and community stakeholders. Social media postings were also used to notify the public via two different Facebook sites and twitter and specifically noted new applicants not previously funded were encouraged to apply. 2.The CoC’s notices included language indicating proposals from organizations that had not previously received CoC program funding would be accepted. In its public posting the RFP advertising includes the following language: “This competition is open to all eligible applicants; one need not have previously applied to participate and submit an application.” Inquiries from new potential applicants were made this year and encouraged to apply but no new projects were received in competition. 3.Information about how project applicants must submit their project applications was included throughout the RFP including specific information regarding project applications within the Application Requirements section. Once ranked, project applicants were individually provided with specific guidance and instruction as to submission of their project information via esnaps. 4.Information about how the CoC determined which project applications it would submit to HUD was provided throughout the RFP including specific information within the RFP’s Appendix B “CoC Application Selection Process, Scoring, Ranking and Reallocation Process 2021.” 5.The CoC ensured effective communication with individuals with disabilities through the RFP process by placing the RFP on the City’s website which is ADA compliant and is screen-reader compatible.

## 1C. Coordination and Engagement–Coordination with Federal, State, Local, Private, and Other Organiza

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:

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1C-1.	Coordination with Federal, State, Local, Private, and Other Organizations.	
	NOFO Section VII.B.1.b.	

In the chart below:

- |    |  |
|----|--|
| 1. | select yes or no for entities listed that are included in your CoC’s coordination, planning, and operations of projects that serve individuals, families, unaccompanied youth, persons who are fleeing domestic violence who are experiencing homelessness, or those at risk of homelessness; or |
| 2. | select Nonexistent if the organization does not exist within your CoC’s geographic area.   |

	Entities or Organizations Your CoC Coordinates with for Planning or Operations of Projects	Coordinates with Planning or Operations of Projects
1.	Funding Collaboratives	Yes
2.	Head Start Program	Yes
3.	Housing and services programs funded through Local Government	Yes
4.	Housing and services programs funded through other Federal Resources (non-CoC)	Yes
5.	Housing and services programs funded through private entities, including Foundations	Yes
6.	Housing and services programs funded through State Government	Yes
7.	Housing and services programs funded through U.S. Department of Health and Human Services (HHS)	Yes
8.	Housing and services programs funded through U.S. Department of Justice (DOJ)	Nonexistent
9.	Housing Opportunities for Persons with AIDS (HOPWA)	Nonexistent
10.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Nonexistent
11.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes
12.	Organizations led by and serving LGBT persons	Yes
13.	Organizations led by and serving people with disabilities	Yes
14.	Private Foundations	Yes
15.	Public Housing Authorities	Yes
16.	Runaway and Homeless Youth (RHY)	Nonexistent
17.	Temporary Assistance for Needy Families (TANF)	Yes
	Other:(limit 50 characters)	

18.	UNITED WAY	Yes
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1C-2.	CoC Consultation with ESG Program Recipients.	
	NOFO Section VII.B.1.b.	

Describe in the field below how your CoC:

1.	consulted with ESG Program recipients in planning and allocating ESG and ESG-CV funds;
2.	participated in evaluating and reporting performance of ESG Program recipients and subrecipients;
3.	provided Point-in-Time (PIT) count and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions within its geographic area; and
4.	provided information to Consolidated Plan Jurisdictions within your CoC's geographic area so it could be addressed in Consolidated Plan update.

**(limit 2,000 characters)**

1.The NB CoC connects with ESG subrecipients on an ongoing basis through the CoC's lead/collaborative applicant, the city's OHCD that's responsible for ESG/ESG-CV funding for the City. OHCD staff is responsible for CoC and ESG/ESG-CV ensuring clarity/communication btwn decision-makers and project personnel. The CoC Performance Review Committee(PRC) is engaged in planning/allocating funds. Because it's a small CoC, each agency receiving funds also sits as a mbr of the CoC and the majority of ESG/ESG-CV program directors serve on the CoC's Exec Board. The CoC Strategic Plan includes strategies related to the allocation of ESG/ESG-CV funding (initiatives focused on homeless prevention/rapid rehousing/street outreach/shelter). In this way there's a connection btwn the CoC, ESG subs and the CoC's planning/allocation of funds. 2.The CoC participates qtrly in evaluating/reporting ESG subrecipient perform. through its PRC(whose mbrs aren't part of orgs receiving any CoC/ESG \$). All ESG decisions are reviewed/apprvd/recmnded by the PRC; all ESG programs are monitored by the OHCD. The efficacy of these progs, evidenced through data reports presented to the CoC during mbr meetings is valuable in ensuring a collective understanding re importance each ESG program plays as a contributor to the CoC's system-based performance. 3.OHCD staff who oversee PIT/HIC efforts from organizing to collecting/processing data/entering into HDX are the same staff who oversee/develop Action Plans and ConPlan for NB so there's no delivery gap/issue in ensuring all CoC data is wholly and expeditiously provided to the ConPlan jurisdiction.4.OHCD staff prepares draft and final versions of all planning docs for the ConPlan jurisdiction including Consolidated Plans, (most recent being 2020-2024). From conducting focus groups/engaging providers to conducting public mtgs/writing the ConPlan, OHCD staff are on the forefront of ensuring seamless integration of accurate/timely CoC data into the ConPlan.

1C-3.	Ensuring Families are not Separated.	
	NOFO Section VII.B.1.c.	

Select yes or no in the chart below to indicate how your CoC ensures emergency shelter, transitional housing, and permanent housing (PSH and RRH) do not deny admission or separate family members regardless of each family member's self-reported gender:

1.	Conducted mandatory training for all CoC- and ESG-funded service providers to ensure families are not separated.	No
2.	Conducted optional training for all CoC- and ESG-funded service providers to ensure families are not separated.	Yes
3.	Worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.	Yes
4.	Worked with ESG recipient(s) to identify both CoC- and ESG-funded facilities within your CoC's geographic area that might be out of compliance and took steps to work directly with those facilities to bring them into compliance.	Yes
5.	Sought assistance from HUD by submitting AAQs or requesting technical assistance to resolve noncompliance of service providers.	Yes
6.	Other. (limit 150 characters)	

1C-4.	CoC Collaboration Related to Children and Youth—SEAs, LEAs, Local Liaisons & State Coordinators.	
	NOFO Section VII.B.1.d.	

	Describe in the field below:
1.	how your CoC collaborates with youth education providers;
2.	your CoC's formal partnerships with youth education providers;
3.	how your CoC collaborates with State Education Agency (SEA) and Local Education Agency (LEA);
4.	your CoC's formal partnerships with SEAs and LEAs;
5.	how your CoC collaborates with school districts; and
6.	your CoC's formal partnerships with school districts.

**(limit 2,000 characters)**

1. The CoC collaborates directly with youth education providers including the McKinney Vento Local Education Agency and local school district. Specifically: (a) multiple youth education providers are active CoC members and (b) the LEA/McKinney Vento Liaison is elected by the CoC membership to the CoC's Exec Com and provides written and verbal reporting to the CoC each month and (c) with the New Bedford Public Schools (NBPS) District.

2. CoC formerly partners with (a) two local colleges to ensure access/outreach to those experiencing homelessness or on the precipice of homelessness (particularly true for colleges during the months leading up to the PIT Count/MA state PIT, (b) McKinney-Vento Local Liaison/LEA through the NBPS System and (c) NB Public Schools' Family Resource Ctr who provides assistance to families experiencing homelessness.

3. The CoC collaborates with the SEA through the LEA/NBPS School Registrar who serves as the CoC Vice-Chair.

4. The CoC formerly partners with the LEAs through a signed agreement on an annual basis.

5. The CoC actively participates in Southeastern Regional McKinney Vento Partnership meetings conducted by the NBPS as well as broader area regional McKinney Vento meetings which bring together all MB liaisons from surrounding schools/districts adjoining the geography of the CoC and other CoC leadership have presented at regional mtgs; the CoC regularly contributes printed materials/other resources to these mtgs and participates in them.

6. The CoC Chair is a publicly elected member of the NB School Committee. The NBPS School Registrar and LEA is vice-chair of the CoC and presents statistical information and trending analysis of students being connected with MB supports/services.

1C-4a.	<b>CoC Collaboration Related to Children and Youth–Educational Services–Informing Individuals and Families Experiencing Homelessness about Eligibility.</b>	
	NOFO Section VII.B.1.d.	

Describe in the field below written policies and procedures your CoC adopted to inform individuals and families who become homeless of their eligibility for educational services.

**(limit 2,000 characters)**

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

1C-4b.	<b>CoC Collaboration Related to Children and Youth–Educational Services–Written/Formal Agreements or Partnerships with Early Childhood Services Providers.</b>	
	NOFO Section VII.B.1.d.	

Select yes or no in the chart below to indicate whether your CoC has written formal agreements or partnerships with the listed providers of early childhood services:

	MOU/MOA	Other Formal Agreement
1. Birth to 3 years	No	Yes
2. Child Care and Development Fund	No	Yes
3. Early Childhood Providers	Yes	No
4. Early Head Start	Yes	No
5. Federal Home Visiting Program–(including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	No	Yes
6. Head Start	Yes	No
7. Healthy Start	No	Yes
8. Public Pre-K	No	Yes
9. Tribal Home Visiting Program	No	No
Other (limit 150 characters)		



10.			
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1C-5.	Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors–Annual Training–Best Practices.		
	NOFO Section VII.B.1.e.		

Describe in the field below how your CoC coordinates to provide training for:

- |    |  |
|----|--|
| 1. | Project staff that addresses safety and best practices (e.g., trauma-informed, victim-centered) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually); and |
| 2. | Coordinated Entry staff that addresses safety and best practices (e.g., trauma informed care) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually).       |

**(limit 2,000 characters)**

1.1. The local certified provider of domestic violence services (Women’s Center) provides an annual training about DV related resources available within the community during/following a regular CoC meeting so non-victim service providers and all CoC area project staff are updated on all relevant Fed/State/Local laws. Additionally, best practice trainings on domestic violence, dating violence, stalking and sexual assault for CoC providers (outside of regular CoC meetings) are offered on an ongoing basis to community stakeholders/CoC providers. In addition, individual CoC housing and/or supportive service providers conduct agency specific trainings (in-service trainings) to provide robust, periodic training around serving survivors, trafficking victims, etc. 2. Procedure/protocols for working with survivors of domestic violence, dating violence, stalking, trafficking, and sexual assault are all a part of the CoC’s triage/intake process used in the New Bedford CoC’s Coordinated Entry System (CES). Specifically, Catholic Social Services, the agency providing the CoC’s CES offers training to the CES team focusing on best practices in working with folks who may be survivors of domestic violence/sexual predation in a trauma-informed manner while ensuring they are able to access the appropriate resources for safety planning. The CES has frequent contact with the local domestic violence service provider (GNB Women’s Center) to maintain open communication and ask specific questions as to how to increase best practices for CES and interaction with survivors presenting to the CES team. Additionally, the CoC’s Coordinated Entry staff are mandated to participate in the annual trainings offered by the WC and are provided ongoing technical assistance and supervision that addresses survivor protocols through the coordinated entry/assessment process.

1C-5a.	Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors–Using De-identified Aggregate Data.		
	NOFO Section VII.B.1.e.		

Describe in the field below how your CoC uses de-identified aggregate data from a comparable database to assess the special needs related to domestic violence, dating violence, sexual assault, and stalking survivors.

**(limit 2,000 characters)**

The New Bedford CoC has, since January of 2019, transitioned to a new HMIS

vendor (CaseWorthy). In so doing, the CoC (through its administrative arm, the City’s Office of Housing and Community Development—OHCD) at that time reviewed the means by which it had been collecting data from domestic violence/dating violence/sexual assault/stalking and trafficking providers and challenges that had resulted. With the CaseWorthy system, the OHCD is now able to take de-identified aggregate .csv files from domestic violence providers and import it directly into the HMIS system. In this way the aggregated data now more cleanly aligns with HMIS data thereby providing greater comprehensive and ongoing representation of the domestic violence survivor cohort ensuring strategically placed initiatives can be developed. In addition, other data is collected and used to inform and assess needs related to these cohorts including: data collected from a CDBG funded DV advocate embedded within the NB Police Dept, anecdotal data from providers of domestic violence services, police and court, folks that work within multiple systems on behalf of their clients who identify as part of this cohort, other human service providers, those trained to work with survivors in general but not at the more intensive level typically associated with victim service providers (VSPs), other persons not falling into the aforementioned groups, those who may find themselves in a position of being confided in or turned to for advice/referrals (such has been the case with a university staff member), data from community gatherings, public forums, outreach through surveys, data collected by community services throughout the city/CoC, coordinated entry data, PIT/HIC Count annual data collections and LGBTQ+ Allies’ data.

1C-5b.	Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors—Coordinated Assessment—Safety, Planning, and Confidentiality Protocols.	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC’s coordinated entry system protocols incorporate trauma-informed, victim-centered approaches while maximizing client choice for housing and services that:	
1.	prioritize safety;
2.	use emergency transfer plan; and
3.	ensure confidentiality.

**(limit 2,000 characters)**

1.The CoC’s coord entry system (CES) protocols & CoC written standards ensure those seeking services for DV/Dating Violence/Sexual Assault/Trafficking/Stalking receive immediate assistance to ensure safety during their housing crisis. CES ensures clients who identify as being in danger because of any form of sexual predation—one of the first questions asked of callers—are offered rapid safety planning assistance. Those identified as victims/fleeing are considered vulnerable and given the highest priority within the CoC’s prioritization protocol.2.The CoC’s emergency transfer plan involves frequent communication btwn CES staff and the CoC’s sole DV shelter/VSP—the NB Women’s Center (WC) ensuring a smooth/safe transition for those seeking services. The WC partners with the CES providing assessment/action related to individs/families presenting as fleeing DV or those later found to be in danger post-intake/whose safety is otherwise compromised; they’re immed. referred to the WC for emerg. transfer and/or safety planning where a trauma-informed, victim centered model is used prioritizing safety/confidentiality/client choice to id appropriate housing/supports for DV survivors. The WC team follows a supportive, non-judgmental approach to ensure survivors aren’t re-traumatized

and offers training to CES and project providers to ensure protocols for survivor safety/choice are met. 3.CES and the WC require written releases to facilitate sharing of any info with the client's permission within strict time limits. Clients are offered choice in next steps+given the info they need to make an informed decision about what's best for them/what will afford them the greatest safety/peace of mind. While it's often necessary to place a hhld in an undisclosed location due to safety concerns, the CoC strives to ensure the hhld has control/choices/options when selecting a safety plan.

<b>1C-6.</b>	<b>Addressing the Needs of Lesbian, Gay, Bisexual, Transgender–Anti-Discrimination Policy and Training.</b>	
	NOFO Section VII.B.1.f.	

	1. Did your CoC implement a written CoC-wide anti-discrimination policy ensuring that LGBT individuals and families receive supportive services, shelter, and housing free from discrimination?	Yes
	2. Did your CoC conduct annual CoC-wide training with providers on how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity (Equal Access Final Rule)?	Yes
	3. Did your CoC conduct annual CoC-wide training with providers on how to effectively implement Equal Access to Housing in HUD Programs in Accordance with an Individual's Gender Identity (Gender Identity Final Rule)?	Yes

<b>1C-7.</b>	<b>Public Housing Agencies within Your CoC's Geographic Area–New Admissions–General/Limited Preference–Moving On Strategy. You Must Upload an Attachment(s) to the 4B. Attachments Screen.</b>	
	NOFO Section VII.B.1.g.	

Enter information in the chart below for the two largest PHAs highlighted in gray on the CoC-PHA Crosswalk Report at <https://files.hudexchange.info/resources/documents/FY-2020-CoC-PHA-Crosswalk-Report.pdf> or the two PHAs your CoC has a working relationship with—if there is only one PHA in your CoC's geographic area, provide information on the one:

Public Housing Agency Name	Enter the Percent of New Admissions into Public Housing and Housing Choice Voucher Program During FY 2020 who were experiencing homelessness at entry	Does the PHA have a General or Limited Homeless Preference?	Does the PHA have a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On?
New Bedford Housing Authority	92%	Yes-Both	No

<b>1C-7a.</b>	<b>Written Policies on Homeless Admission Preferences with PHAs.</b>	
	NOFO Section VII.B.1.g.	

Describe in the field below:

	1. steps your CoC has taken, with the two largest PHAs within your CoC's geographic area or the two PHAs your CoC has working relationships with, to adopt a homeless admission preference—if your CoC only has one PHA within its geographic area, you may respond for the one; or
	2. state that your CoC has not worked with the PHAs in its geographic area to adopt a homeless admission preference.

**(limit 2,000 characters)**

1. The New Bedford's CoC is not only privileged to have an excellent working relationship with the New Bedford Housing Authority (NBHA) but it is additionally fortunate that the NBHA understands the importance of having an established homeless admission preference, ensuring that it consistently exercises that preference by committing the highest quality services in ensuring safe, stable housing for those coming out of homelessness. To this end, the NBHA has adopted a homeless admission preference in both its Public Housing and its HCV programs. The NBHA annually places large numbers of individuals and families experiencing homelessness into housing through its own housing authority properties and through its Section 8 voucher program (Housing Choice Vouchers-HCV). 2. Because the CoC does work with the one PHA within its geographic area as noted under (1), this question is not applicable.

<b>1C-7b.</b>	<b>Moving On Strategy with Affordable Housing Providers.</b>	
	Not Scored—For Information Only	

Select yes or no in the chart below to indicate affordable housing providers in your CoC's jurisdiction that your recipients use to move program participants to other subsidized housing:

	1. Multifamily assisted housing owners	Yes
	2. PHA	Yes
	3. Low Income Tax Credit (LIHTC) developments	Yes
	4. Local low-income housing programs	Yes
	Other (limit 150 characters)	
5.		

<b>1C-7c.</b>	<b>Including PHA-Funded Units in Your CoC's Coordinated Entry System.</b>	
	NOFO Section VII.B.1.g.	

Does your CoC include PHA-funded units in the CoC's coordinated entry process?	No
--	----

<b>1C-7c.1.</b>	<b>Method for Including PHA-Funded Units in Your CoC's Coordinated Entry System.</b>	
	NOFO Section VII.B.1.g.	

If you selected yes in question 1C-7c., describe in the field below:

1.	how your CoC includes the units in its Coordinated Entry process; and
2.	whether your CoC's practices are formalized in written agreements with the PHA, e.g., MOUs.

**(limit 2,000 characters)**

1C-7d.	<b>Submitting CoC and PHA Joint Applications for Funding for People Experiencing Homelessness.</b>	
	NOFO Section VII.B.1.g.	

Did your CoC coordinate with a PHA(s) to submit a joint application(s) for funding of projects serving families experiencing homelessness (e.g., applications for mainstream vouchers, Family Unification Program (FUP), other non-federal programs)?	No
---	----

1C-7d.1.	<b>CoC and PHA Joint Application—Experience—Benefits.</b>	
	NOFO Section VII.B.1.g.	

If you selected yes to question 1C-7d, describe in the field below:

- |    |  |
|----|--|
| 1. | the type of joint project applied for;   |
| 2. | whether the application was approved; and  |
| 3. | how your CoC and families experiencing homelessness benefited from the coordination. |

**(limit 2,000 characters)**

1C-7e.	<b>Coordinating with PHA(s) to Apply for or Implement HCV Dedicated to Homelessness Including American Rescue Plan Vouchers.</b>	
	NOFO Section VII.B.1.g.	

Did your CoC coordinate with any PHA to apply for or implement funding provided for Housing Choice Vouchers dedicated to homelessness, including vouchers provided through the American Rescue Plan?	Yes
--	-----

1C-7e.1.	<b>Coordinating with PHA(s) to Administer Emergency Housing Voucher (EHV) Program—List of PHAs with MOUs.</b>	
	Not Scored—For Information Only	

Did your CoC enter into a Memorandum of Understanding (MOU) with any PHA to administer the EHV Program?	Yes
---	-----

If you select yes, you must use the list feature below to enter the name of every PHA your CoC has entered into a MOU with to administer the Emergency Housing Voucher Program.

PHA
New Bedford Housi...
MA Dept of Housin...

## **1C-7e.1. List of PHAs with MOUs**

**Name of PHA:** New Bedford Housing Authority

## **1C-7e.1. List of PHAs with MOUs**

**Name of PHA:** MA Dept of Housing & Community Development

## 1C. Coordination and Engagement–Coordination with Federal, State, Local, Private, and Other Organiza

1C-8.	Discharge Planning Coordination.	
	NOFO Section VII.B.1.h.	

Select yes or no in the chart below to indicate whether your CoC actively coordinates with the systems of care listed to ensure persons who have resided in them longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs.

1. Foster Care	Yes
2. Health Care	Yes
3. Mental Health Care	Yes
4. Correctional Facilities	Yes

1C-9.	Housing First–Lowering Barriers to Entry.	
	NOFO Section VII.B.1.i.	

1.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2021 CoC Program Competition.	8
2.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2021 CoC Program Competition that have adopted the Housing First approach.	8
3.	This number is a calculation of the percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-coordinated entry projects the CoC has ranked in its CoC Priority Listing in the FY 2021 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	100%

1C-9a.	Housing First–Project Evaluation.	
	NOFO Section VII.B.1.i.	

Describe in the field below how your CoC regularly evaluates projects to ensure those that commit to using a Housing First approach are prioritizing rapid placement and stabilization in permanent housing and are not requiring service participation or preconditions of program participants.

**(limit 2,000 characters)**

The City of New Bedford’s Office of Housing & Community Development (OHCD) serves not only as the collaborative applicant and lead for the MA-505 CoC, but it is also the recipient of all ESG and CoC funding and administering entity that oversees subrecipient agencies who operate such projects. In this



capacity, the OHCD is responsible for monitoring all projects on an ongoing basis and in so doing, conducts ongoing monitoring of all projects who have committed to using a Housing First approach. This is largely accomplished on three fronts: (a) In the course of its monitoring, the OHCD requires quarterly reporting of all subrecipients that includes both statistical performance data as well as narrative documentation where the subrecipient has an opportunity to demonstrate/discuss the extent to which they have been working to prioritize client stabilization and rapid movement into permanent housing. Performance metrics, themselves are reviewed in these quarterly reports to ensure the projects are successfully ensuring rapid sustainability so as to increase the likelihood of success in quickly moving to permanent settings. (b) On an annual basis, risk monitoring is performed by the OHCD and on-site monitoring visits that include the review of client files and agency/program operational details are conducted. During these visits OHCD monitoring staff look for evidence that projects are, in fact, appropriately reflecting the approach of the housing first model. (c) The NB CoC also sets forth in its Written Standards the importance and primacy of the Housing First approach and sets that as a baseline expectation for all relevant projects. Failure to follow this model are reflected in monitoring concerns.

1C-9b.	Housing First–Veterans.	
	Not Scored–For Information Only	

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

1C-10.	Street Outreach–Scope.	
	NOFO Section VII.B.1.j.	

Describe in the field below:	
1.	your CoC’s street outreach efforts, including the methods it uses to ensure all persons experiencing unsheltered homelessness are identified and engaged;
2.	whether your CoC’s Street Outreach covers 100 percent of the CoC’s geographic area;
3.	how often your CoC conducts street outreach; and
4.	how your CoC tailored its street outreach to persons experiencing homelessness who are least likely to request assistance.

**(limit 2,000 characters)**

1. The NB CoC’s outreach strategy is a public/private effort following protocols established in 2017 by a coalition of city government and CoC members including key partners from the faith community. The resulting Homeless Emergency Assistance Resource Team (HEART) protocols ensure a compassionate, consistent and comprehensive outreach approach to effectively address encampments and instances of unsheltered individuals/ families living throughout the CoC. The HEART outreach protocols include four strategies—immediate response, ongoing outreach, supportive program capacity building and best practices/innovative approaches—and outreach is conducted on an ongoing basis. In addition to the Mobile Ministries food truck and shelter staff’s own outreach efforts, the City allocates funding through its ESG for a Street Outreach position. 2. The CoC’s outreach covers 100% of the

CoC's entire geographic area. 3. Street outreach is conducted weekly or more often as needed. Findings, issues and concerns reporting is provided every month at each CoC member meeting. 4. New Bedford's HEART outreach is rooted in building trust and forming relationships to further that trust. CoC members Mobile Ministries and shelter/street outreach staff from Steppingstone, Inc. along with other CoC members constituting the HEART team work diligently to provide an empathetic response to those living in unsheltered conditions including providing food, medical attention, resources—both immediate and long-term—and rehousing alternatives. The CoC uses this approach to connect with those least likely to “come in” and least likely to request or accept any assistance. In this regard the outreach strategy includes monthly triage at CoC meetings and the Community Crisis Intervention Team meetings; additionally, the Sr. Rose Soup Kitchen partners with the local hospital to connect hard to reach individuals with pressing med. needs in a confidential safe setting.

<b>1C-11.</b>	<b>Criminalization of Homelessness.</b>	
	NOFO Section VII.B.1.k.	

Select yes or no in the chart below to indicate strategies your CoC implemented to prevent the criminalization of homelessness in your CoC's geographic area:

1.	Engaged/educated local policymakers	Yes
2.	Engaged/educated law enforcement	Yes
3.	Engaged/educated local business leaders	Yes
4.	Implemented communitywide plans	Yes
5.	Other:(limit 500 characters)	
	LEAD (COMMUNITY DIVERSION/COMMTY POLICING PROGRAM), RISE UP FOR HOMES	Yes

<b>1C-12.</b>	<b>Rapid Rehousing–RRH Beds as Reported in the Housing Inventory Count (HIC).</b>	
	NOFO Section VII.B.1.i.	

	2020	2021
Enter the total number of RRH beds available to serve all populations as reported in the HIC—only enter bed data for projects that have an inventory type of “Current.”	38	41

<b>1C-13.</b>	<b>Mainstream Benefits and Other Assistance–Healthcare–Enrollment/Effective Utilization.</b>	
	NOFO Section VII.B.1.m.	

Indicate in the chart below whether your CoC assists persons experiencing homelessness with enrolling in health insurance and effectively using Medicaid and other benefits.

	Type of Health Care	Assist with Enrollment?	Assist with Utilization of Benefits?
1.	Public Health Care Benefits (State or Federal benefits, Medicaid, Indian Health Services)	Yes	Yes
2.	Private Insurers	Yes	Yes
3.	Nonprofit, Philanthropic	Yes	Yes
4.	Other (limit 150 characters)		
	SOAR CERTIFIED PROVIDERS	Yes	Yes

1C-13a.	Mainstream Benefits and Other Assistance–Information and Training.	
	NOFO Section VII.B.1.m	

	Describe in the field below how your CoC provides information and training to CoC Program-funded projects by:
1.	systemically providing up to date information on mainstream resources available for program participants (e.g., Food Stamps, SSI, TANF, substance abuse programs) within your CoC’s geographic area;
2.	communicating information about available mainstream resources and other assistance and how often your CoC communicates this information;
3.	working with projects to collaborate with healthcare organizations to assist program participants with enrolling in health insurance; and
4.	providing assistance with the effective use of Medicaid and other benefits.

**(limit 2,000 characters)**

1.The CoC regularly updates mbrs on mainstream resource availability by providing trainings in CoC meetings and sending out HUD/other resource updates including updates from MEDICAID, MA Health, SAMSHA, HHS, Benefits.gov, the VA, etc; this is most frequently done through a large email listserve with hundreds of recipients. Each CoC meeting includes mainstream resource discussion and/or distribution of available resources, training to access resources, etc. These particular methods have proven quite successful because multiple government agencies attend/participate in the CoC’s monthly meetings. The CoC lead as HUD grantee also provides regular tech assistance to all providers (CoC, ESG, etc.) ensuring they are apprised of state and federal mainstream updates, trainings and benefit changes. Finally, population-specific training is offered during monthly family and individual service meetings. 2.Info is disseminated via email blasts to the entire CoC membership whenever HUD releases new information or state/private vendors share new info-generally sent twice monthly. Additional/more detailed information is also provided through annual trainings and two annual tech workshops. 3.The local health care system is well represented within the CoC: the largest hospital/health system’s rep sits on the CoC Exec Committee and the local health clinic participates in every single CoC meeting. Because of this contact, projects have great access on a regular basis to health systems. Additionally, specialized staff working with the elderly has also presented to/works with the CoC on educating folks as to how to connect clients with MassHealth. 4.The CoC provides assistance with effective utilization of Medicaid etc by ensuring its projects have access to training materials and are connected with locally based resources that provide support and training.

1C-14.	Centralized or Coordinated Entry System–Assessment Tool. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.1.n.	

	<b>Describe in the field below how your CoC's coordinated entry system:</b>
1.	<b>covers 100 percent of your CoC's geographic area;</b>
2.	<b>reaches people who are least likely to apply for homeless assistance in the absence of special outreach;</b>
3.	<b>prioritizes people most in need of assistance; and</b>
4.	<b>ensures people most in need of assistance receive assistance in a timely manner.</b>

**(limit 2,000 characters)**

1.The New Bedford Coordinated Entry System (NBCES) covers the entire CoC geographic area, which is the City of New Bedford. 2.The NBCES reaches those least likely to apply for homeless assistance in several ways: (a) The NBCES may be reached by phone or TTY. (b) The NBCES relies on targeted diversion strategies evidenced by SPMs that reveal a continued reduction of first-time homelessness for those entering emergency/ transitional housing in the New Bedford CoC. (c)The NBCES directly markets to the NB school system, senior centers, housing court, NB Connect (resource) event and agencies providing mental health and substance use services. 3.The assessment process begins with inquiries as to safety as relates to domestic violence, etc. and then looks to strategic diversion practices to prevent homelessness. If diversion doesn't work, the NBCES' operation continues to reflect the CoC's "Order of Priorities" as articulated in the continuum's written standards. Although MA is a right-to-shelter state necessitating all family emergency shelter needs go through the state, not the local CoC, individuals seeking emergency shelter in the NB CoC contact shelters directly. There are no waiting lists for individual emergency shelter in the NB CoC, and therefore no assessment is undertaken for admission to individual shelter. The NBCES prioritization is rooted in the SPDAT (families, individuals, youth) for placement on the waiting list permanent housing within the CoC, thus assuring that those households with the greatest need are prioritized. 4.To ensure that those with the greatest need are served in a timely fashion the NB CoC strives to provide barrier free and low-barrier access to services. Individuals seeking emergency shelter access are referred directly to shelter and not assessed by NBCES. Households in need of ESG HP or RRH services are provided a referral to an ESG provider within 24 hours of assessment.

1C-15.	<b>Promoting Racial Equity in Homelessness—Assessing Racial Disparities.</b>	
	<b>NOFO Section VII.B.1.o.</b>	

<b>Did your CoC conduct an assessment of whether disparities in the provision or outcome of homeless assistance exists within the last 3 years?</b>	Yes
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1C-15a.	<b>Racial Disparities Assessment Results.</b>	
	<b>NOFO Section VII.B.1.o.</b>	

Select yes or no in the chart below to indicate the findings from your CoC's most recent racial disparities assessment.

1.	People of different races or ethnicities are more likely to receive homeless assistance.	Yes
2.	People of different races or ethnicities are less likely to receive homeless assistance.	No
3.	People of different races or ethnicities are more likely to receive a positive outcome from homeless assistance.	No
4.	People of different races or ethnicities are less likely to receive a positive outcome from homeless assistance.	Yes
5.	There are no racial or ethnic disparities in the provision or outcome of homeless assistance.	No
6.	The results are inconclusive for racial or ethnic disparities in the provision or outcome of homeless assistance.	No

1C-15b.	Strategies to Address Racial Disparities.	
	NOFO Section VII.B.1.o.	

Select yes or no in the chart below to indicate the strategies your CoC is using to address any racial disparities.

1.	The CoC's board and decisionmaking bodies are representative of the population served in the CoC.	Yes
2.	The CoC has identified steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC.	Yes
3.	The CoC is expanding outreach in geographic areas with higher concentrations of underrepresented groups.	Yes
4.	The CoC has communication, such as flyers, websites, or other materials, inclusive of underrepresented groups.	Yes
5.	The CoC is training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness.	Yes
6.	The CoC is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector.	Yes
7.	The CoC has staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness.	Yes
8.	The CoC is educating organizations, stakeholders, boards of directors for local and national nonprofit organizations working on homelessness on the topic of creating greater racial and ethnic diversity.	Yes
9.	The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness.	Yes
10.	The CoC is collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system.	Yes
11.	The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.	Yes
	Other:(limit 500 characters)	
12.	THE COC IS PRODUCING ITS OWN RACIAL DISPARITY REPORT EACH YEAR RE: SERVICES TO THOSE EXPERIENCING HOMELESSNESS.	Yes

1C-15c.	Promoting Racial Equity in Homelessness Beyond Areas Identified in Racial Disparity Assessment.	
	NOFO Section VII.B.1.o.	

Describe in the field below the steps your CoC and homeless providers have taken to improve racial equity in the provision and outcomes of assistance beyond just those areas identified in the racial disparity assessment.

**(limit 2,000 characters)**

The MA-505 CoC and its providers have taken multiple steps toward improving racial equity in the provision and outcomes of assistance beyond those areas identified in the racial disparity assessment. (a)The CoC created its first-ever Racial Equity Committee (REC) whose key role includes developing constructive dialogue, analysis and proposed actions to affect more positive outcomes for minorities disproportionately impacted by conditions leading to homelessness. The REC’s responsibilities include assisting CoC member agencies in creating more leadership opportunities for BIPOC and marginalized communities and helping the CoC move toward greater inclusivity. (b)An analysis of local data is used to produce an annual Racial Disparity Study each year to help the CoC align its actions toward improving equity performance. (c)The CoC, through its REC, is actively working with organizations to help build capacity and support continuum participant growth and demystification of systemic and institutionalized equity issues in their respective organizations and programs. To this end the REC sponsored a conversation with the CoC regarding Racial Equity led by the City of New Bedford Health Director in the midst of COVID. (d)Monthly emails to the CoC listserve are being sent out focusing on Racial Equity information. (e)Upon analysis of local data, the CoC acknowledged that racial and linguistic disparities do exist in the service provision of those experiencing homelessness. As a result the REC has both, begun the process of convening a focus group of Spanish-speaking people personally impacted by homelessness and are distributing the CoC’s “StreetSheet” translated into Spanish to key stakeholders that interface with the Spanish-speaking population including the faith community and business community that support the Latino community.

<b>1C-16.</b>	<b>Persons with Lived Experience–Active CoC Participation.</b>	
	NOFO Section VII.B.1.p.	

Enter in the chart below the number of people with lived experience who currently participate in your CoC under the five categories listed:

	Level of Active Participation	Number of People with Lived Experience Within the Last 7 Years or Current Program Participant	Number of People with Lived Experience Coming from Unsheltered Situations
1.	Included and provide input that is incorporated in the local planning process.	0	3
2.	Review and recommend revisions to local policies addressing homelessness related to coordinated entry, services, and housing.	0	3
3.	Participate on CoC committees, subcommittees, or workgroups.	0	3
4.	Included in the decisionmaking processes related to addressing homelessness.	0	3
5.	Included in the development or revision of your CoC’s local competition rating factors.	0	1

<b>1C-17.</b>	<b>Promoting Volunteerism and Community Service.</b>	
	NOFO Section VII.B.1.r.	

Select yes or no in the chart below to indicate steps your CoC has taken to promote and support community engagement among people experiencing homelessness in the CoC's geographic area:

1.	The CoC trains provider organization staff on connecting program participants and people experiencing homelessness with education and job training opportunities.	Yes
2.	The CoC trains provider organization staff on facilitating informal employment opportunities for program participants and people experiencing homelessness (e.g., babysitting, housekeeping, food delivery, data entry).	Yes
3.	The CoC works with organizations to create volunteer opportunities for program participants.	Yes
4.	The CoC works with community organizations to create opportunities for civic participation for people experiencing homelessness (e.g., townhall forums, meeting with public officials).	Yes
5.	Provider organizations within the CoC have incentives for employment and/or volunteerism.	Yes
6.	Other:(limit 500 characters)	
		Yes



## 1D. Addressing COVID-19 in the CoC's Geographic Area

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

1D-1.	<b>Safety Protocols Implemented to Address Immediate Needs of People Experiencing Unsheltered, Congregate Emergency Shelter, Transitional Housing Homelessness.</b>	
	NOFO Section VII.B.1.q.	
	Describe in the field below protocols your CoC implemented during the COVID-19 pandemic to address immediate safety needs for individuals and families living in:	
1.	unsheltered situations;	
2.	congregate emergency shelters; and	
3.	transitional housing.	

**(limit 2,000 characters)**

1. Unsheltered protocols: On 3.16.2020 a group of 40 orgs launched a daily ZOOM to address emerging needs of clients within the CoC focusing on those unsheltered/most vulnerable. Calls utilized a crowdsource approach to problem-solving addressing hygiene, food insecurity, access to medical and psychological care, reinforcement and support in getting the unsheltered out of unsafe situations into stabilized housing, issues of the CoC's congregate shelters and a host of other basic needs not being addressed with the shutdown of the community including. The group (Southcoast Response Corps—SCRC) is still operating on a daily basis to this day. 2. Congregate shelter protocols: (a) The CoC's shelter system was taxed because of reduced occupancy levels due to COVID distancing requirements. Alternative options and mitigation efforts created by the CoC/SCRC addressed unmet needs such as access to restrooms, showers, tent shelters, food distribution and hot meals. (b) Emergency outreach centers were established in 4 locations of the city to reach those displaced because of the pandemic. (c) With winter months quickly approaching, state disaster resources were leveraged to provide cold weather emergency shelter at a local motel to capture congregate overflow. Hotel rooms for 124 unique individuals were provided from Nov 2020 to Apr 2021. The program provided transport and food services for the participants. There were 37avg served each frigid night. (d) The SCRC/CoC responded quickly/efficiently utilizing its network to meet the needs of more than 70 people displaced by multiple fires during that time, diverting them from congregate shelter and facilitating other resources to prevent homelessness. 3. Transitional Housing protocols: Largest provider of TH undertook strict safety and hygiene measures to ensure the facility's self-sufficiency, limited public exposure and persistently

successful social distancing that has, to date, resulted in no COVID cases.

1D-2.	Improving Readiness for Future Public Health Emergencies.	
	NOFO Section VII.B.1.q.	

Describe in the field below how your CoC improved readiness for future public health emergencies.

**(limit 2,000 characters)**

Efforts have improved the MA-505 CoC's readiness for future public health emergencies: (a)The SouthCoast Response Corps (SCRC) estb March 2020 continues to meet daily as a community network and has evolved over the past 18-months with a proactive mission that's led to creation of special focus groups. These SCRC focus groups include Housing, COVID Response, Youth/Education and a growing Food Insecurity spin-off group. The SCRC has allowed the community to more nimbly respond to emergency needs beyond pandemic-related issues where previously no such mechanism was in place. Examples of the CoC's resulting improved readiness because of the SCRC includes coalescing resources to support fire victims, hosting care giver support training and linking w/govt officials so they can hear from those with "boots on the ground." The SCRC has also provided a community space for discussion, innovation and collaboration on outreach events and connectivity vital in securing outside funding opportunities. SCRC members secured a \$400k grant to provide COVID outreach and support services to vulnerable populations (homeless, mental health, immigrants, etc.). The CoC's improved readiness in responding to future public health emergencies has proactively begun with the SCRC's ability to coalesce once divergent community efforts, engendering interagency trust building new partnerships—attributable largely because folks regularly tune in at 11am for 30 minutes for updates/strategy discussions. As much of the pandemic response has become more manageable, the SCRC is focused on new challenges including a huge wave of evictions in the CoC, a diminished housing inventory and an emerging methamphetamine/Fentanyl crisis. (b)The City of New Bedford (constituting 100% of the New Bedford CoC) has developed a City Resiliency Plan that includes specific public health and safety vision that articulates actionable steps to mitigate vulnerabilities to future and chronic stressors and conditions.

1D-3.	CoC Coordination to Distribute ESG Cares Act (ESG-CV) Funds.	
	NOFO Section VII.B.1.q	

Describe in the field below how your CoC coordinated with ESG-CV recipients to distribute funds to address:

1.	safety measures;	
2.	housing assistance;	
3.	eviction prevention;	
4.	healthcare supplies; and	
5.	sanitary supplies.	

**(limit 2,000 characters)**

The availability of two different rounds of ESG-CV funding was widely advertised at the time of availability and both focus groups and surveys were conducted by the City’s OHCD to ensure robust public participation. As the OHCD serves as both recipient of ESG-CV funding and lead agency/collaborative applicant for the CoC, collaboration was a natural fit in both outreach, program development and oversight of execution. Specifically:

- 1.Safety: Arising from the CoC’s collective understanding of critical safety issues developing as the pandemic began, funding was awarded to the Women’s Center for DV services and measures were taken to ensure protection of shelter staff including the use of ESG-CV funding for hazard pay + PPEs.
- 2.Housing: Projects were funded with ESG-CV dollars whose purpose was to prevent homelessness and/or rapidly re-house those experiencing homelessness esp. those affected by COVID-19. These projects include wrap-around resources to tenants to prevent eviction and homelessness in the wake of the end of the state and federal eviction moratoria. Financial assistance in order to ensure continued tenancies was similarly funded along with legal services in support of tenancy preservation.
- 3.Eviction Prevention: ESG-CV funding was used in support of South Coastal Counties Legal Services’ (SCCLS) efforts at staving off evictions. The SCCLS, an active member of the CoC and part of the Exec Board, partnered with a lead agency receiving ESG-CV funding for HP and RRH efforts.
- 4.Healthcare Supplies: ESG-CV funding enabled shelters to ensure adequate healthcare supplies for those being served in their facilities; such needs were first articulated in daily COVID calls amongst a CoC led response effort.
- 5.Sanitary Supplies: Funding from ESG-CV specifically provided much needed supplies to the CoC’s congregate shelters without which they would be unable to provide the ongoing cleaning and decontamination needed to ensure safety for clients and staff alike.

1D-4.	CoC Coordination with Mainstream Health.	
	NOFO Section VII.B.1.q.	

Describe in the field below how your CoC coordinated with mainstream health (e.g., local and state health agencies, hospitals) during the COVID-19 pandemic to:

1.	decrease the spread of COVID-19; and
2.	ensure safety measures were implemented (e.g., social distancing, hand washing/sanitizing, masks).

**(limit 2,000 characters)**

1.The Southcoast Response Corps (SCRC), a group of CoC agency providers formed during, and in response to, COVID-19, continues to meet daily since March of 2020 to share materials, resources and strategies for decreasing the spread of COVID-19. Among its accomplishments has been: ensuring adequate/ongoing supplies of masks, sanitizer and other PPE; working with the health department to establish mobile clinics in underserved neighborhoods; securing grant funding from the State to provide Navigation for underserved populations such as homeless, SUD, MH affected individuals; providing outdoor and socially distanced support services such as food distribution at large sites throughout the community, providing home deliveries for people that were shut in or struggling with COVID disease and coordinating weekly clinics for testing and vaccinations with the GNB Community Health Center and Seven Hills who also provide ongoing support, guidance and testing to residents of local emergency shelters. 2.The SCRC created distribution networks among CoC members for various supplies that were at times scarce. Additionally, the

SCRC has provided training on best practice safety guidance and support services such as Help & Hope Campaign that provide mental health support to workers and clients, community rest areas were created for unsheltered/displaced residents who were in need of bathroom facilities during the shutdown; the SCRC worked closely with the Department of Health Director and staff to provide outreach/support to people living on streets during this time, coordinated with state entities to expand shelter options that maintained distancing and COVID protocols. Of not has been the phenomenal collaboration between agencies in the CoC whose collective effort was reflected in the excellence of the response.

1D-5.	Communicating Information to Homeless Service Providers.	
	NOFO Section VII.B.1.q.	

Describe in the field below how your CoC communicated information to homeless service providers during the COVID-19 pandemic on:	
1.	safety measures;
2.	changing local restrictions; and
3.	vaccine implementation.

**(limit 2,000 characters)**

1.Safety Measures - The SCRC hosted a daily call where updates on restrictions and safety measures were covered. A daily notification alert email detailing updates and resources was also sent to our network of more than 200 human services providers. These communications included updates on everything from food insecurity to COVID response to mental health resources and all basic needs. The calls were also used as an opportunity to address special needs for emergent challenges such as fire response, mobile testing/vaccination sites and new food distribution sites. 2.Changing Restrictions – The daily call provided regular opportunity to make adjustments and address changing local restrictions and updates to quarantine policy. Similarly the call facilitated sharing of the latest updates on the rate and clusters of infection and was able to mobilize outreach and resources to hard hit areas. The CoC, itself, actively communicated with its entire listserve on a weekly basis providing regular updates, COVID-based resources, local opportunities for agencies/staff and clients, guidance and HUD notifications. 3.Vaccine Implementation: Members of the COC and SCRC collaborated to outreach to underserved communities such as Spanish speaking immigrants, BIPOC and people suffering from mental health, substance use disorder and those experiencing homelessness. The network brought together key partners that specialize in connecting these hard-to-reach populations with vaccination assistance navigators (24 trained individuals). The Navigators’ primary role was/continues to be to engage these identified populations with access to vaccine, the latest information, protocols and any other support they need to remain safe. The teams have been on the streets throughout the pandemic hosting weekly outreach events, going door-to-door and meeting people wherever they may be with a message of hope and resources to ensure safety.

1D-6.	Identifying Eligible Persons Experiencing Homelessness for COVID-19 Vaccination.	
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NOFO Section VII.B.1.q.

Describe in the field below how your CoC identified eligible individuals and families experiencing homelessness for COVID-19 vaccination based on local protocol.

**(limit 2,000 characters)**

CoC Identification Protocol: The leadership of the CoC met regularly (at least weekly) with community medical leaders such as the Department of Health and Local Hospitals to discuss rates of infections, community strategy to testing and mass vaccinations. All the COVID response work of the CoC has been directed in concert with Health Department leadership and guidance. From the outset of the pandemic there has consistently been a great deal of attention given to the operation of congregate emergency shelters to ensure their safety. As a result, there was a very low COVID transmission rate in these facilities. Testing clinics were of key importance early in the pandemic so testing sites were developed in key underserved areas of the community with CoC/SCRC member assistance. There were upwards of 300 plus tests administered per day at the high point of the pandemic.

As vaccines came online, the focus has shifted from testing to mass vaccination sites which have been very successful. However it is important to note that it has been the establishment of targeted, smaller neighborhood based sites and mobile outreach implemented to reach disenfranchised populations is largely credited with the reason vaccination rates are as high as they are in this CoC. For example, CoC member Seven Hills' presence at the main (SRTA) bus terminal each week ensures the most vulnerable are given easy access to the vaccine in a non-threatening manner. Pop-up vaccination clinics were held outdoors throughout the community and at outreach events such as NB Connect Resource Event in September 2020 and 2021. Sister Rose (individual congregate shelter) conducted several vaccine clinics on site bringing the vaccines directly to the shelter through a partnership with CoC member Greater New Bedford Community Health Center. Ongoing mobile clinics and outreach continue to this day affording access is operated throughout the city by Seven Hills and the Vaccination Connect network.

1D-7.	Addressing Possible Increases in Domestic Violence.	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC addressed possible increases in domestic violence calls for assistance due to requirements to stay at home, increased unemployment, etc. during the COVID-19 pandemic.

**(limit 2,000 characters)**

During the pandemic the MA-505 CoC did see an increase in domestic violence calls. In response, the CoC took four major steps:  
 (a) ESG-funded victim service provider (VSP) (the New Bedford Women's Center) kept all three of its shelters open/fully operational throughout the pandemic. Funding for hotel rooms was also made available to serve victims of violence who were awaiting shelter placement. During the height of the pandemic, additional shelter families were housed in Safespace. Housing was supplemented with community-based services and individual/group

counseling was provided virtually and in-person. By instituting careful infection prevention protocols, including requiring vaccines, weekly testing and mask-wearing for staff, this housing and supports were consistently available within the CoC. (b)Outreach efforts including ongoing radio ads and widely placed in four languages advertising resources assured that local victims/survivors were aware that help was available to them. (c)In March of 2020, a board member of the VSP, a doctor at the local community health center, visited all three DV shelters to talk to staff and residents about COVID-19. Her sobering presentation of the number of victims of the virus that could be expected within the CoC and the reality of the limited number of hospital beds available to serve them caused staff and residents alike to limit their own activities in the community to emergency medical appointments, only, for many months. During the worst months, DV shelter staff traveled from home to work & work to home with no stops to avoid the spread of the virus both to the shelters and into their homes (d)The SouthCoast Response Corps-a collaborative group from the HSPN—met/continues to meet virtually every morning to facilitate referrals between partners. Such collaboration and ongoing work on each of these fronts will continue until the crisis is past.

<b>1D-8.</b>	<b>Adjusting Centralized or Coordinated Entry System.</b>	
	NOFO Section VII.B.1.n.	

Describe in the field below how your CoC adjusted its coordinated entry system to account for rapid changes related to the onset and continuation of the COVID-19 pandemic.

**(limit 2,000 characters)**

During the COVID-19 pandemic, the NBCES remained open and active to respond to households in the area experiencing a housing crisis. Utilizing HUD guidance provided at the onset of the pandemic, the CoC evaluated its policies and procedures to ensure that vulnerable subpopulations at the highest risk for contracting and spreading COVID-19 (including both sheltered and unsheltered homeless) were prioritized for placement during the declared public health crisis. CoC leadership attending weekly HUD virtual office hours to keep current with CDC and HUD guidance, protocols, and emerging best practices to keep homeless households, as well as those working in the field as safe as possible. Weekly updates were then provided to all CoC providers to disseminate any new or changing CDC and HUD guidance. As the NB CoC is located in an area still identified as moderate to high risk of COVID transmission, CoC leadership continues to monitor and adapt the NBCES to reflect current HUD and CDC guidance regarding COVID-19 and households experiencing a housing crisis.

## 1E. Project Capacity, Review, and Ranking–Local Competition

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:  
 - Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition  
 - FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload  
 - 24 CFR part 578

1E-1.	Announcement of 30-Day Local Competition Deadline–Advance Public Notice of How Your CoC Would Review, Rank, and Select Projects. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.2.a. and 2.g.	

1.	Enter the date your CoC published the 30-day submission deadline for project applications for your CoC's local competition.	09/10/2021
2.	Enter the date your CoC publicly posted its local scoring and rating criteria, including point values, in advance of the local review and ranking process.	09/10/2021

1E-2.	Project Review and Ranking Process Your CoC Used in Its Local Competition. You Must Upload an Attachment to the 4B. Attachments Screen. We use the response to this question as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria listed below.	
	NOFO Section VII.B.2.a., 2.b., 2.c., and 2.d.	

Select yes or no in the chart below to indicate how your CoC ranked and selected project applications during your local competition:

1.	Established total points available for each project application type.	Yes
2.	At least 33 percent of the total points were based on objective criteria for the project application (e.g., cost effectiveness, timely draws, utilization rate, match, leverage), performance data, type of population served (e.g., DV, youth, Veterans, chronic homelessness), or type of housing proposed (e.g., PSH, RRH).	Yes
3.	At least 20 percent of the total points were based on system performance criteria for the project application (e.g., exits to permanent housing destinations, retention of permanent housing, length of time homeless, returns to homelessness).	Yes
4.	Used data from a comparable database to score projects submitted by victim service providers.	Yes
5.	Used objective criteria to evaluate how projects submitted by victim service providers improved safety for the population they serve.	Yes
6.	Used a specific method for evaluating projects based on the CoC's analysis of rapid returns to permanent housing.	Yes

1E-2a.	Project Review and Ranking Process–Addressing Severity of Needs and Vulnerabilities.	
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NOFO Section VII.B.2.d.
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Describe in the field below how your CoC reviewed, scored, and selected projects based on:
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|----|--|
| 1. | the specific severity of needs and vulnerabilities your CoC considered when ranking and selecting projects; and  |
| 2. | considerations your CoC gave to projects that provide housing and services to the hardest to serve populations that could result in lower performance levels but are projects your CoC needs in its geographic area. |

**(limit 2,000 characters)**

1. The CoC's evaluation and scoring criteria for permanent housing projects includes consideration of severity of needs and vulnerabilities. Specifically, the CoC prioritizes projects that serve individuals and families who are chronically homeless with the longest histories of homelessness, disabilities and most severe service needs. Of these, survivors of domestic violence/sexual assault/trafficking and/or stalking, along with veterans, families and unaccompanied youth have the highest priority. Individuals and families with higher barriers to housing and higher service needs who are waiting to obtain another permanent housing subsidy are prioritized over others in considering rapid rehousing projects for those at risk of homelessness. Given these priorities, such aspects always factor into the selection and ranking of projects.

2. The CoC's Performance Review Committee (PRC) reviews and scores all applications and ranks the projects, new and renewals alike, then provides its recommended ranking to the full CoC membership. The PRC does not simply meet on an annual basis to carry out these responsibilities but instead meets quarterly to review ESG and CoC quarterly reporting and data reports. In this way, the PRC has cultivated a working understanding of the rigors and challenges faced by each project and project type within the CoC. It is because of this that the PRC is able to appropriately consider how those populations hardest to serve fare within the CoC and within different program types. These individual and collective understanding/s are appropriated during all scoring criteria reviews, monitoring discussions and considerations of competitive review.

1E-3.	Promoting Racial Equity in the Local Review and Ranking Process.	
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NOFO Section VII.B.2.e.
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Describe in the field below how your CoC:
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|----|--|
| 1. | obtained input and included persons of different races, particularly those over-represented in the local homelessness population, when determining the rating factors used to review project applications;   |
| 2. | included persons of different races, particularly those over-represented in the local homelessness population, in the review, selection, and ranking process;  |
| 3. | rated and ranked projects based on the degree to which their program participants mirror the homeless population demographics (e.g., considers how a project promotes racial equity where individuals and families of different races are over-represented). |

**(limit 2,000 characters)**

1. In establishing rating factors, the CoC solicited input from diverse individuals within the CoC, doing so thru the year as it established performance evaluation standards for projects against which the CoC's Performance Review Committee measures ongoing achievement. The CoC mbrshp. voting to adopt these standards/ corresponding rating factors included a significant number of individuals self-identifying as Black and others as Latinx. These two cohorts

account for those experiencing a disparate number of incidences of homelessness and were well-represented in both discussions preceding the establishment of rating factors as well as the vote that established them/perform stds. 2. Persons over-represented in the CoC's population experiencing or threatened with homelessness within the CoC were significant contributors in the review/selection/ranking process. In particular, the Performance Review Committee (PRC) of 5 who reviews applications and produces a draft slate of ranked projects included the Chair of the HSPN Racial Equity Committee who self identifies as Latina is directly involved with the scoring, ranking and selection of projects. The complete membership of the HSPN responsible for the final vote of the selection and ranking of projects reflects the population diversity experiencing homelessness. 3. Scoring of both new and renewal applications includes points specific to the degree to which racial equity was made a part of their programming. All Project Applications asked if the agency, specific to the proposed new project, intentionally/ effectively instituted racial equity initiatives and/or equity initiatives including efforts to obtain input/include historically marginalized pops when identifying barriers to participation faced by such persons. Follow up questions dependent on initial responses further sought information to better understand barriers, specific plans, etc.

1E-4.	<b>Reallocation—Reviewing Performance of Existing Projects. We use the response to this question as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criterion below.</b>	
	NOFO Section VII.B.2.f.	

Describe in the field below:	
1.	your CoC's reallocation process, including how your CoC determined which projects are candidates for reallocation because they are low performing or less needed;
2.	whether your CoC identified any projects through this process during your local competition this year;
3.	whether your CoC reallocated any low performing or less needed projects during its local competition this year;
4.	why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable; and
5.	how your CoC communicated the reallocation process to project applicants.

**(limit 2,000 characters)**

1. The CoC has a written reallocation process to determine whether an existing project has performed well and if it should be considered for reallocation. The HSPN develops annual performance standards for all programs and the review of performance through quarterly and annual performance reports is integral to the evaluation process. The OHCD staff monitors all programs and assists the HSPN Performance Review Committee (PRC) comprehensively assess agency capacity and ability to implement performance measure goals and objectives. Those demonstrating poor performance against these standards are considered for reallocation. 2. The CoC identified one project this year that experienced persistent poor performance, both through quarterly reporting and annual reporting. 3. There was one project identified in 2021 for reallocation in its entirety. 4. Not applicable as a project was identified for reallocation to higher performing projects. 5. The Reallocation process and the CoC's Reallocation Plan.2021 is a printed document posted on the continuum's website and discussed with the continuum membership. The subrecipient whose project was being reallocated had been working with the Office of Housing & Community Development (OHCD) staff for over a year because of continued programmatic

challenges they had been experiencing. Despite significant technical assistance, the program could not perform at an acceptable level and the project sponsor agency conceded that the project should be reallocated to a higher performing project in order to strengthen and better serve the continuum.

1E-4a.	Reallocation Between FY 2016 and FY 2021. We use the response to this question as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criterion below.	
	NOFO Section VII.B.2.f.	

Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2016 and FY 2021?	No
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1E-5.	Projects Rejected/Reduced–Public Posting. You Must Upload an Attachment to the 4B. Attachments Screen if You Select Yes.	
	NOFO Section VII.B.2.g.	

1.	Did your CoC reject or reduce any project application(s)?	No
2.	If you selected yes, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps.	

1E-5a.	Projects Accepted–Public Posting. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.2.g.	

Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps.	10/21/2021
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1E-6.	Web Posting of CoC-Approved Consolidated Application. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.2.g.	

Enter the date your CoC's Consolidated Application was posted on the CoC's website or affiliate's website—which included: 1. the CoC Application; 2. Priority Listings; and 3. all projects accepted, ranked where required, or rejected.	11/05/2021
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## 2A. Homeless Management Information System (HMIS) Implementation

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:  
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 - 24 CFR part 578

<b>2A-1.</b>	<b>HMIS Vendor.</b>	
	Not Scored—For Information Only	

Enter the name of the HMIS Vendor your CoC is currently using.	CASEWORTHY
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<b>2A-2.</b>	<b>HMIS Implementation Coverage Area.</b>	
	Not Scored—For Information Only	

Select from dropdown menu your CoC's HMIS coverage area.	Single CoC
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<b>2A-3.</b>	<b>HIC Data Submission in HDX.</b>	
	NOFO Section VII.B.3.a.	

Enter the date your CoC submitted its 2021 HIC data into HDX.	05/10/2021
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<b>2A-4.</b>	<b>HMIS Implementation—Comparable Database for DV.</b>	
	NOFO Section VII.B.3.b.	

Describe in the field below actions your CoC and HMIS Lead have taken to ensure DV housing and service providers in your CoC:

- |    |   |
|----|---|
| 1. | have a comparable database that collects the same data elements required in the HUD-published 2020 HMIS Data Standards; and             |
| 2. | submit de-identified aggregated system performance measures data for each project in the comparable database to your CoC and HMIS lead. |

**(limit 2,000 characters)**

The New Bedford Women's Center is the city's only domestic violence housing and service provider within the CoC and operates two shelters for survivors. As an Emergency Shelter Grant subrecipient and Victims Service Provider, the agency is required to report program performance using a HUD Approved HMIS-comparable database reflecting the latest HMIS data elements or standards and able to produce a CSV file for reporting purposes. All clients served at the two domestic violence shelters are entered into a secure HMIS-comparable system that is only used by the two DV shelters in order to maintain client confidentiality. The agency is able to enter client data into the HMIS system on a real-time basis and provide a HUD-required CSV excel file that is used for aggregated annual reporting, system performance and other required HUD reporting purposes without personally identifying information (PII). The SAGE CAPER report submitted by the agency meets all the required HMIS data elements including a de-identified aggregate report for SAGE. Currently, the agency is in the process of selecting a new HMIS data vendor who will satisfy all HUD requirements. The existing HMIS vendor has agreed to continue maintaining the system according to the most recently released 2020 data element or standards until a new vendor is selected.

<b>2A-5.</b>	<b>Bed Coverage Rate—Using HIC, HMIS Data—CoC Merger Bonus Points.</b>	
	NOFO Section VII.B.3.c. and VII.B.7.	

Enter 2021 HIC and HMIS data in the chart below by project type:

Project Type	Total Beds 2021 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
1. Emergency Shelter (ES) beds	294	38	247	96.48%
2. Safe Haven (SH) beds	19	0	19	100.00%
3. Transitional Housing (TH) beds	89	17	72	100.00%
4. Rapid Re-Housing (RRH) beds	115	0	83	72.17%
5. Permanent Supportive Housing	297	0	242	81.48%
6. Other Permanent Housing (OPH)	0	0	0	

<b>2A-5a.</b>	<b>Partial Credit for Bed Coverage Rates at or Below 84.99 for Any Project Type in Question 2A-5.</b>	
	NOFO Section VII.B.3.c.	

For each project type with a bed coverage rate that is at or below 84.99 percent in question 2A-5, describe:

<b>1.</b>	steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent for that project type; and
<b>2.</b>	how your CoC will implement the steps described to increase bed coverage to at least 85 percent.

**(limit 2,000 characters)**

1. STEPS: RRH Beds. The CoC has recently discovered that HomeBase RRH units administered by the Commonwealth of Massachusetts but provided locally within the CoC have not been consistently entered into the local MA-505 CoC's HMIS (despite being entered into the state HMIS). This has caused the figure to be incorrect and fall below the 85% threshold in this category. A meeting has

been set up between the HMIS lead, administering subrecipient agency and state RRH project grantee to review existing protocols and correct data entry issues to ensure all RRH beds are entered into the local HMIS going forward. PSH Beds. Of the projects providing PSH beds within this CoC, only one PSH does not currently participate in HMIS: Providence VA's HUD VASH vouchers. The VA has advised that this is something they are working toward.

2.IMPLEMENTATION: RRH Beds. Going forward the CoC's HMIS lead will review RRH beds being entered into the local HMIS to ensure all RRH beds are being accounted for and reflected within HMIS. PSH Beds: The CoC is working with the VA to create a workable solution to its participation in the HMIS going forward. It's first step will be to orient and train VA staff on how the CoC's HMIS works and will benefit their operation The timeliness of doing so over the past year has been hindered by COVID.

2A-5b.	Bed Coverage Rate in Comparable Databases.	
	NOFO Section VII.B.3.c.	

Enter the percentage of beds covered in comparable databases in your CoC's geographic area.	100.00%
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2A-5b.1.	Partial Credit for Bed Coverage Rates at or Below 84.99 for Question 2A-5b.	
	NOFO Section VII.B.3.c.	

If the bed coverage rate entered in question 2A-5b. is 84.99 percent or less, describe in the field below:

- |    |  |
|----|--|
| 1. | steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent; and |
| 2. | how your CoC will implement the steps described to increase bed coverage to at least 85 percent.               |

**(limit 2,000 characters)**

2A-6.	Longitudinal System Analysis (LSA) Submission in HDX 2.0.	
	NOFO Section VII.B.3.d.	

Did your CoC submit LSA data to HUD in HDX 2.0 by January 15, 2021, 8 p.m. EST?	Yes
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## 2B. Continuum of Care (CoC) Point-in-Time (PIT) Count

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:

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- 24 CFR part 578

2B-1.	Sheltered and Unsheltered PIT Count—Commitment for Calendar Year 2022	
	NOFO Section VII.B.4.b.	

Does your CoC commit to conducting a sheltered and unsheltered PIT count in Calendar Year 2022?	Yes
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2B-2.	Unsheltered Youth PIT Count—Commitment for Calendar Year 2022.	
	NOFO Section VII.B.4.b.	

Does your CoC commit to implementing an unsheltered youth PIT count in Calendar Year 2022 that includes consultation and participation from youth serving organizations and youth with lived experience?	Yes
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## 2C. System Performance

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:

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- 24 CFR part 578

<b>2C-1.</b>	<b>Reduction in the Number of First Time Homeless—Risk Factors.</b>	
	NOFO Section VII.B.5.b.	

Describe in the field below:	
1.	how your CoC determined which risk factors your CoC uses to identify persons becoming homeless for the first time;
2.	how your CoC addresses individuals and families at risk of becoming homeless; and
3.	provide the name of the organization or position title that is responsible for overseeing your CoC’s strategy to reduce the number of individuals and families experiencing homelessness for the first time or to end homelessness for individuals and families.

**(limit 2,000 characters)**

1. The CoC’s process in identifying risk factors begins with the CoC’s By-Name Committees and its Street Outreach team; each are charged with reviewing actual circumstances these differing cohorts are experiencing prior to and when becoming homeless for the first time. The process includes evaluating PIT risk factors that have historically revealed a prevalence of mental health and/or substance use disorders among those becoming homeless for the first time. The CoC also uses ongoing monitoring of ESG/CoC projects by the City’s OHCD for important insight into personal challenges (mental health, sub. abuse, etc.) and broader issues like those resulting from barriers to housing (landlords not allowing those with poor credit, etc). The CoC’s HMIS has improved the ability to gather better data including demographics and vulnerability information from the CoC’s CES. This reveals greater detail as to what folks are experiencing, the nature of their crisis and what they need to avoid homelessness. Additionally, if someone has experienced homelessness elsewhere in the county, data from one of two other CoC’s sharing the HMIS database with this CoC can provide important information about how and why people are becoming homeless locally. 2. The CoC’s strategy begins with dynamic targeting of prevention efforts. Other strategies include a Homeless Emergency Assistance Response (HEART) providing immediate response/innovation in addressing encampments, a community hospital Account Care Org (ACO) team of health workers engaging/supporting “high utilizers” of hospital ER services, most often those at risk of homelessness, active participation in the Community Crisis Intervention Team and the CoC’s annual NB Connect resource event, providing housing, services, etc. 3. The OHCD/collaborative applicant is responsible for overseeing the CoC’s strategy to reduce numbers of those becoming homeless for the first time.



<b>2C-2.</b>	<b>Length of Time Homeless–Strategy to Reduce.</b>	
	NOFO Section VII.B.5.c.	

Describe in the field below:

1.	your CoC’s strategy to reduce the length of time individuals and persons in families remain homeless;
2.	how your CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and
3.	provide the name of the organization or position title that is responsible for overseeing your CoC’s strategy to reduce the length of time individuals and families remain homeless.

**(limit 2,000 characters)**

1. The CoC’s strategy to reduce the length of time individuals/persons in families remain homeless continues to be rooted in the understanding that barriers presented by a stagnant shelter/housing pipeline result in longer experiences in homelessness. Given this, (a)EHVs have been prioritized to those in RRH/PSH ready to move on; (b)prevention is seen as critical so efforts to prevent homelessness (HP) are offered via several ESG, CDBG-CV and ESG-CV projects and diversion through the CoC’s Coordinated Entry System (CES); (c)CoC RRH and ESG RRH projects both exist within the CoC and help to move folks interested in moving and requiring less supports to get quickly into PH-something supported by the CoC’s Move On Strategy; (d)the CoC continues to pursue strategies like increasing the #units in private housing dedicated to persons transitioning from homelessness; (e)agencies w/PSH projects are actively working with private landlords and looking at development of a property owner engagement initiative and a possible property owner mitigation fund; (f)ongoing guidance and training to ensure program efficiencies continue. 2. The CoC relies on its CES to identify those experiencing homelessness for the longest lengths of time. Use of the SPDAT and careful assessment of chronic homelessness are two ways the CoC ensures those with the longest periods in crisis are prioritized for housing as quickly as possible. The lack of readily available housing stock and longer tenancies for those who are in PSH programs have challenged the CoC in keeping pace with increasing demand. 3. The OHCD is responsible for overseeing the CoC’s strategy to reduce the length of time homeless for all.

<b>2C-3.</b>	<b>Exits to Permanent Housing Destinations/Retention of Permanent Housing.</b>	
	NOFO Section VII.B.5.d.	

Describe in the field below how your CoC will increase the rate that individuals and persons in families residing in:

1.	emergency shelter, safe havens, transitional housing, and rapid rehousing exit to permanent housing destinations; and
2.	permanent housing projects retain their permanent housing or exit to permanent housing destinations.

**(limit 2,000 characters)**

1. The NB CoC strategy to increase the rate at which individuals/families in ES/SH/TH/RRH exit to PH destinations is fourfold: (a) Effective use of the CoC’s coordinated entry system—the CoC will continue to ensure all ES/SH/TH/RRH have staff fully trained on completing the SPDAT and referring participants to coordinated entry to gain entry to permanent supportive housing

programs. (b)Leveraging mainstream supportive services for those exiting to independent permanent housing. (c)Technical support to review data and examine trends/patterns including quarterly reporting to detect issues as they come about. (d)Active partnership with the local PHA in ensuring move-on opportunities and use of Emergency Housing Vouchers. 2.Permanent supportive housing projects are monitored by the OHCD and CoC to ensure services being provided focus on stability, retention and self-sufficiency in multiple ways. (a)The CoC partners with local educational/vocational resources providing participants with long term strategies for success in permanent housing. (b)Both formal and informal employment opportunities are cultivated to ensure sustainable earned income. (c)SOAR and similar trainings for staff are used to assist participants with increasing cash benefit income. (d)Partnerships with local agencies provide community case management services & recovery coaching to support participants exiting to permanent housing. (e)CoC Committee focusing on landlord relationships to enhance communication to increase retention in PH and prevent eviction.

<b>2C-4.</b>	<b>Returns to Homelessness–CoC’s Strategy to Reduce Rate.</b>	
	NOFO Section VII.B.5.e.	

Describe in the field below:	
<b>1.</b>	<b>how your CoC identifies individuals and families who return to homelessness;</b>
<b>2.</b>	<b>your CoC’s strategy to reduce the rate of additional returns to homelessness; and</b>
<b>3.</b>	<b>provide the name of the organization or position title that is responsible for overseeing your CoC’s strategy to reduce the rate individuals and persons in families return to homelessness.</b>

**(limit 2,000 characters)**

1.The CoC’s strategy to identify individuals/persons in families who return to homelessness begins first with the CoC’s historic emphasis on stability in permanent housing. Additionally, identifying who is returning and arises from its coordinated entry and homeless management information systems. Despite being a right-to-shelter state for families experiencing homelessness, families who have lived in permanent supportive housing within the CoC typically contact the CoC’s local coordinated entry for assistance thereby triggering their previous information within HMIS. For individuals experiencing homelessness, whether that person has been in permanent housing or sheltered within the CoC, their name/information similarly shows up on HMIS during that initial contact with coordinated entry. Those returning to homelessness are again assessed and placed in housing as rapidly as possible, ensuring that conditions that precipitated the return to homelessness are mitigated to the greatest extent possible to ensure long term, sustainable success in their permanent housing tenancy going forward. 2.As a proactive measure toward reducing the rate of additional returns to homelessness, the CoC strategically works to increase focus on prevention and enhances training opportunities around housing first best practices for case management and housing staff so that those they serve are better equipped to stay in their housing for the long term. Additionally, the CoC has found that the limited supply of affordable rental units has the unintended effect of program participants remaining in their PH units longer for fear of losing a housing option in the CoC, altogether. 3.With the ongoing administrative support of the city’s Office of Housing and Community Development (OHCD), the CoC’s Executive Committee has responsibility for overseeing the implementation of the CoC’s strategy for overseeing the way in

which the CoC reduces the rate of indivds/fams' returns to homelessness.

2C-5.	Increasing Employment Cash Income-Strategy.	
	NOFO Section VII.B.5.f.	

Describe in the field below:

1.	your CoC's strategy to increase employment income;
2.	how your CoC works with mainstream employment organizations to help individuals and families increase their cash income; and
3.	provide the organization name or position title that is responsible for overseeing your CoC's strategy to increase income from employment.

**(limit 2,000 characters)**

1. This year's metric of 23% of adults who increased their earned income is a favorable increase over the 18% reported in the previous year. The CoC's strategy to ensure this continued trend includes providing PSH/WIB connectivity, guidance to CoC programs that communicates the importance of increasing employment income in order to sustain housing over the long term, tech assist. to case managers to help them reinforce job skills, employment acumen and their program participant's value as an employee and providing clarity/connection to local educational/training resources—including disability/vocational assistance—to help improve worker skills. 2. The NB CoC recognizes the value of collaboration between itself and local workforce systems and maintains a well-established relationship with the local WIB (MassHire) whose Exec Dir was a mbr of the CoC's Executive Committee and who actively participates in the CoC including presentations to the CoC membership. The October 2021 meeting featured a MassHire staff presentation on employment in a post-pandemic environment. Such relationships are valued as an important aspect of the CoC's ability to connect those experiencing homelessness with the local employment network. In addition, New Bedford CoC's leadership is also directly connected with private employment including a bank president and chamber members. 3. The CoC's Supportive Services Committee has responsibility for ensuring the CoC's strategy for increasing jobs and income from employment and is developing a dashboard of key indicator that the CoC's data collection system has been enhanced.

2C-5a.	Increasing Employment Cash Income–Workforce Development–Education–Training.	
	NOFO Section VII.B.5.f.	

Describe in the field below how your CoC:

1.	promoted partnerships and access to employment opportunities with private employers and private employment organizations, such as holding job fairs, outreach to employers, and partnering with staffing agencies; and
2.	is working with public and private organizations to provide meaningful education and training, on-the-job training, internships, and employment opportunities for program participants.

**(limit 2,000 characters)**

1. Employment and self-sufficiency have been key values of the NB CoC since its inception in 1997. The CoC continues to coordinate with workforce and educational institutions as part of its continuum of services, maintaining close

working relationships and collaborative efforts. The MassHire Greater New Bedford Career Center (GNBCC)—an active CoC member—closely collaborates with the CoC and prioritizes referrals from NB CoC providers registered in their system. The GNBCC provides access to multiple job fairs throughout the year, drop-in access for job search and career development activities. A program funded by the Dept of Labor/SAMHSA is the Access to Recovery program which has provided numerous paid training and work experience opportunities for many of the CoC’s population experiencing homelessness. 2.The CoC is working with public and private organizations to provide meaningful outcomes for those in its PSH and RRH projects. Provider agencies within the Continuum have also partnered to create employment opportunities for those experiencing homelessness in RRH and PSH programs for over 20 years. One such example has been the creative partnerships between Step-Up (PSH) and the High Point Treatment Center to fill housekeeping, maintenance and transportation services. The positions provide entry-level work experience for people returning to the workforce from homelessness, often leading to advancement within the employment system as participant’s education and skill levels increase. This program has provided more than 1,500 opportunities for people since its inception in 2000. Another example would be raising funds and creating opportunities to connect people with securing their IDs through the MA Registry of Motor Vehicles-something critically important in securing cash-income based employment.

<b>2C-5b.</b>	<b>Increasing Non-employment Cash Income.</b>	
	NOFO Section VII.B.5.f.	

Describe in the field below:	
1.	your CoC’s strategy to increase non-employment cash income;
2.	your CoC’s strategy to increase access to non-employment cash sources; and
3.	provide the organization name or position title that is responsible for overseeing your CoC’s strategy to increase non-employment cash income.

**(limit 2,000 characters)**

1.This year’s metric of 33% of adults who increased their non-employment cash income is a favorable increase over the 25% of adults reported in the previous year. The CoC’s strategy stems from 3 primary barriers, consistent with HUD’s “Strategies for Improving Homeless People’s Access to Mainstream Benefits and Services” publication. (a)The CoC recognizes mainstream structural barriers like the absence of private transportation and lmtd public transit within the area and in response holds the “NB Connect” event each year. This is a large one-day resource-based event that connects sheltered/unsheltered persons directly with multiple mainstream resources all under one roof. (b) Capacity barriers arise as a result of inadequate local resources. To address this, the CoC actively works with local and state agencies (such as the MA Executive Office of Elder Affairs) to provide education and training about access to mainstream resources (eg MA Health). (c)Eligibility barriers in this CoC have given rise to a 3rd strategy example, that being challenges around many experiencing homelessness who have no ID. Securing IDs, working with the MA Registry of Motor Vehicles (RMV), raising funds to pay for the IDs and provide connective access to the RMV so that IDs can be secured has become an important strategy that paves the way for someone to successfully access/increase their non-employment cash income. 2.The CoC’s strategy to

increase access to non-employment cash sources is part of each PSH's onboarding process and woven into its strategies to increase income. Increasing access through the estab of events, education, communication, connection w/outside resources, fundraising for a broader reach and direct services on a client-by-client basis each play an important role in the overall CoC strategy to access such resources. 3.The CoC's CE-Case Conferencing Committee is responsible for ensuring the CoC's strategy for increasing non-employment cash-income.

## 3A. Coordination with Housing and Healthcare Bonus Points

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:  
 - Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition  
 - FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload  
 - 24 CFR part 578

<b>3A-1.</b>	<b>New PH-PSH/PH-RRH Project—Leveraging Housing Resources.</b>	
	NOFO Section VII.B.6.a.	

Is your CoC applying for a new PSH or RRH project(s) that uses housing subsidies or subsidized housing units which are not funded through the CoC or ESG Programs to help individuals and families experiencing homelessness?	No
---	----

<b>3A-1a.</b>	<b>New PH-PSH/PH-RRH Project—Leveraging Housing Commitment. You Must Upload an Attachment to the 4B. Attachments Screen.</b>	
	NOFO Section VII.B.6.a.	

Select yes or no in the chart below to indicate the organization(s) that provided the subsidies or subsidized housing units for the proposed new PH-PSH or PH-RRH project(s).

1.	Private organizations	No
2.	State or local government	No
3.	Public Housing Agencies, including use of a set aside or limited preference	No
4.	Faith-based organizations	No
5.	Federal programs other than the CoC or ESG Programs	No

<b>3A-2.</b>	<b>New PSH/RRH Project—Leveraging Healthcare Resources.</b>	
	NOFO Section VII.B.6.b.	

Is your CoC applying for a new PSH or RRH project that uses healthcare resources to help individuals and families experiencing homelessness?	Yes
--	-----

<b>3A-2a.</b>	<b>Formal Written Agreements–Value of Commitment–Project Restrictions. You Must Upload an Attachment to the 4B. Attachments Screen.</b>	
	NOFO Section VII.B.6.b.	

<b>1.</b>	Did your CoC obtain a formal written agreement that includes: (a) the project name; (b) value of the commitment; and (c) specific dates that healthcare resources will be provided (e.g., 1-year, term of grant, etc.)?	Yes
<b>2.</b>	Is project eligibility for program participants in the new PH-PSH or PH-RRH project based on CoC Program fair housing requirements and not restricted by the health care service provider?	Yes

<b>3A-3.</b>	<b>Leveraging Housing Resources–Leveraging Healthcare Resources–List of Projects.</b>	
	NOFO Sections VII.B.6.a. and VII.B.6.b.	

If you selected yes to question 3A-1. or 3A-2., use the list feature icon to enter information on each project you intend for HUD to evaluate to determine if they meet the bonus points criteria.

Project Name	Project Type	Rank Number	Leverage Type
Welcome Home (Exp...	PSH	8	Healthcare
Family Preservati...	PSH	9	Healthcare
Green Light	PSH	10	Healthcare

### 3A-3. List of Projects.

1. What is the name of the new project? Welcome Home (Expansion)

2. Select the new project type: PSH

3. Enter the rank number of the project on your CoC's Priority Listing: 8

4. Select the type of leverage: Healthcare

### 3A-3. List of Projects.

1. What is the name of the new project? Family Preservation Program (Expansion)

2. Select the new project type: PSH

3. Enter the rank number of the project on your CoC's Priority Listing: 9

4. Select the type of leverage: Healthcare

### 3A-3. List of Projects.

1. What is the name of the new project? Green Light

2. Select the new project type: PSH

3. Enter the rank number of the project on your CoC's Priority Listing: 10

4. Select the type of leverage: Healthcare



### 3B. New Projects With Rehabilitation/New Construction Costs

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

<b>3B-1.</b>	<b>Rehabilitation/New Construction Costs—New Projects.</b>	
	NOFO Section VII.B.1.r.	

Is your CoC requesting funding for any new project application requesting \$200,000 or more in funding for housing rehabilitation or new construction?	No
--	----

<b>3B-2.</b>	<b>Rehabilitation/New Construction Costs—New Projects.</b>	
	NOFO Section VII.B.1.s.	

If you answered yes to question 3B-1, describe in the field below actions CoC Program-funded project applicants will take to comply with:

- |    |   |
|----|---|
| 1. | Section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u); and   |
| 2. | HUD’s implementing rules at 24 CFR part 75 to provide employment and training opportunities for low- and very-low-income persons, as well as contracting and other economic opportunities for businesses that provide economic opportunities to low- and very-low-income persons. |

**(limit 2,000 characters)**

### 3C. Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:  
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition  
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload  
- 24 CFR part 578

<b>3C-1.</b>	<b>Designating SSO/TH/Joint TH and PH-RRH Component Projects to Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.</b>	
	NOFO Section VII.C.	

Is your CoC requesting to designate one or more of its SSO, TH, or Joint TH and PH-RRH component projects to serve families with children or youth experiencing homelessness as defined by other Federal statutes?	No
--	----

<b>3C-2.</b>	<b>Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes. You Must Upload an Attachment to the 4B. Attachments Screen.</b>	
	NOFO Section VII.C.	

If you answered yes to question 3C-1, describe in the field below:

- |    |   |
|----|---|
| 1. | how serving this population is of equal or greater priority, which means that it is equally or more cost effective in meeting the overall goals and objectives of the plan submitted under Section 427(b)(1)(B) of the Act, especially with respect to children and unaccompanied youth than serving the homeless as defined in paragraphs (1), (2), and (4) of the definition of homeless in 24 CFR 578.3; and |
| 2. | how your CoC will meet requirements described in Section 427(b)(1)(F) of the Act.   |

**(limit 2,000 characters)**

## 4A. DV Bonus Application

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

4A-1.	New DV Bonus Project Applications.	
	NOFO Section II.B.11.e.	

Did your CoC submit one or more new project applications for DV Bonus Funding?	No
<b>Applicant Name</b>	
This list contains no items	

## 4B. Attachments Screen For All Application Questions

We prefer that you use PDF files, though other file types are supported. Please only use zip files if necessary.

Attachments must match the questions they are associated with.

Only upload documents responsive to the questions posed—including other material slows down the review process, which ultimately slows down the funding process.

We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).

Document Type	Required?	Document Description	Date Attached
1C-7. PHA Homeless Preference	No	1C-7 PHA HOMELESS...	11/01/2021
1C-7. PHA Moving On Preference	No	1C-7 PHA MOVING O...	11/01/2021
1C-14. CE Assessment Tool	Yes	1C-14 CE ASSESSME...	11/01/2021
1E-1. Local Competition Announcement	Yes	1E-1 LOCAL COMPET...	11/09/2021
1E-2. Project Review and Selection Process	Yes	1E-2 PROJECT REVI...	11/09/2021
1E-5. Public Posting–Projects Rejected-Reduced	Yes	1E-5 PUBLIC POSTI...	11/09/2021
1E-5a. Public Posting–Projects Accepted	Yes	1E-5a PUBLIC POST...	11/01/2021
1E-6. Web Posting–CoC-Approved Consolidated Application	Yes	1E-6 WEB POSTING-...	11/05/2021
3A-1a. Housing Leveraging Commitments	No	3A-1a HOUSING LEV...	11/01/2021
3A-2a. Healthcare Formal Agreements	No	3A-2a HEALTHCARE ...	11/01/2021
3C-2. Project List for Other Federal Statutes	No	3C-2 PROJECT LIST...	11/01/2021

## **Attachment Details**

**Document Description:** 1C-7 PHA HOMELESS PREFERENCE

## **Attachment Details**

**Document Description:** 1C-7 PHA MOVING ON PREFERENCE

## **Attachment Details**

**Document Description:** 1C-14 CE ASSESSMENT TOOL

## **Attachment Details**

**Document Description:** 1E-1 LOCAL COMPETITION ANNOUNCEMENT

## **Attachment Details**

**Document Description:** 1E-2 PROJECT REVIEW AND SELECTION  
PROCESS

## **Attachment Details**

**Document Description:** 1E-5 PUBLIC POSTING-PROJECTS  
REJECTED-REDUCED

## **Attachment Details**

**Document Description:** 1E-5a PUBLIC POSTING-PROJECTS  
ACCEPTED

## **Attachment Details**

**Document Description:** 1E-6 WEB POSTING-CoC APPROVED  
CONSOLIDATED APPLICATION

## **Attachment Details**

**Document Description:** 3A-1a HOUSING LEVERAGING  
COMMITMENTS

## **Attachment Details**

**Document Description:** 3A-2a HEALTHCARE FORMAL AGREEMENTS

## **Attachment Details**

**Document Description:** 3C-2 PROJECT LIST FOR OTHER FEDERAL  
STATUTES

## Submission Summary

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

Page	Last Updated
1A. CoC Identification	10/21/2021
1B. Inclusive Structure	11/09/2021
1C. Coordination	10/22/2021
1C. Coordination continued	11/09/2021
1D. Addressing COVID-19	11/09/2021
1E. Project Review/Ranking	11/09/2021
2A. HMIS Implementation	11/09/2021
2B. Point-in-Time (PIT) Count	10/21/2021
2C. System Performance	11/09/2021
3A. Housing/Healthcare Bonus Points	11/09/2021
3B. Rehabilitation/New Construction Costs	10/22/2021

FY2021 CoC Application	Page 54	11/10/2021
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<b>3C. Serving Homeless Under Other Federal Statutes</b>	10/22/2021
<b>4A. DV Bonus Application</b>	10/22/2021
<b>4B. Attachments Screen</b>	11/09/2021
<b>Submission Summary</b>	No Input Required



# Attachment 1C-7

New Bedford Continuum of Care  
MA-505

PHA Homeless Preference

# NEW BEDFORD HOUSING AUTHORITY

Post Office Box 2081  
New Bedford, Massachusetts 02741

Steven A. Beauregard  
Executive Director

CENTRAL OFFICE:  
128 UNION STREET  
SUITE 400  
TEL: :508-997-4829  
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TDD: 508-997-4874

October 26, 2021

Jennifer Clarke AICP  
Deputy Director, Community Development  
City of New Bedford  
133 William St.  
New Bedford, MA 02740

Re: Continuum of Care

Dear Ms. Clarke,

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

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

\*Family Preferences for the Section 8 Voucher Choice Program vouchers:

- Priority 1 = (a) Displacement due to disaster such as flood, fire or natural disaster.
- (b) Court ordered no-fault eviction
- (c) Displacement by Domestic Violence
- (d) Avoidance of reprisal/witness protection
- (e) Victim of hate crime
- (f) Condemnation of Home
- (g) Inaccessibility of dwelling unit (Disabled ONLY)
- (h) Homelessness

These preferences were changed to try to help those most in need. What the Housing Authority has discovered is that the people that are most in need are either unwilling or unable to comply with the verification requirements to determine their eligibility for these priorities or that their circumstances changed and no longer qualify for these priorities when their name came up on the list. In addition, many of the applicants are unable to pass the CORI check and screening requirements of the program, which then disqualifies them. During the past year only 66 vouchers were utilized by homeless individuals or families, which was 100% of the those leased were in one of the Priority 1 categories.

Recently, due to the low number of people able to prove their priority to receive a Section 8 Voucher, we added back the priority of paying over 50% of income for rent and utilities. Another reason for this is due to the ever-increasing rental prices in the city which is literally pricing out those on a fixed income such as elderly and disabled individuals and families, where the increased rents are more than what the family receives in income. To avoid homelessness for these clients, this priority has now been reinstated effective immediately. The NBHA currently has 3,822 applicants waiting for a Section 8 Housing Choice Voucher.

For State-aided public housing the following Priorities and preferences have remained the same:

- 1) Homeless and displaced by Natural forces such as fire, flood, hurricane.
- 2) Homeless and displaced by Public Action, such as urban renewal or eminent domain.
- 3) Homeless and displaced by enforcement of Minimum Housing Standards
- 4) Emergency Case plan which includes domestic violence, medical emergencies and those without housing due to no fault of their own.
  - a) Local Preference
  - b) Veteran Preference

The NBHA is required to place resident using the state's CHAMP system. Due to the pandemic, the waitlist has grown from 5,551 applicants in 2019 to almost 20,000 applicants today from all over the state and some across the country. Out of the 77 State housing placements the NBHA made from 8-1-20 to 8-1-21, 92.3% were for those that were homeless due to one of the above conditions, including 5 homeless veterans. These priorities and preferences help those in greatest need first.

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

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

Sincerely,

Cheryl Souza  
Policy Administrator  
New Bedford Housing Authority

# Attachment 1C-7

New Bedford Continuum of Care  
MA-505

## PHA Moving On Preference

**NOTE:**

*The New Bedford CoC has memorialized those elements of its own Moving On Strategy germane to its work and strategic vision. The resulting document, approved by a vote of the CoC membership in 2019 remains in effect and is provided here.*

*Separate from this Moving On document is the priority list developed in concert with the roll out of Emergency Housing Vouchers. The resulting prioritization list for EHV's further reinforces the CoC's coordinated work with the local Housing Authority in moving people on. That document is similarly included within this attachment.*



## Homeless Service Provider Network :: HSPN New Bedford Continuum of Care **Moving On Strategy**

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The New Bedford Continuum of Care (CoC), acting through the Homeless Service Provider Network (HSPN), hereby establishes and memorializes its Moving On Strategy.

### **Purpose.**

Affordability, availability of suitable housing and a combination thereof have been identified by the CoC as a primary issue preventing current supportive housing tenants who are no longer in need of intensive services from moving out of their permanent supportive housing units (PSH) and into either a public housing authority (PHA) unit or other affordable housing unit independent of supportive services.

This strategy exists for the purpose of providing guidance as to how CoC projects can move current CoC Program participants who no longer require intensive services, from CoC Program funded-PSH beds to other housing assistance programs (including, but not limited to, Housing Choice Vouchers and Public Housing) in order to free up CoC Program funded-PSH beds to be used for persons experiencing homelessness.

### **Public Housing Authorities**

As described by the Corporation for Supportive Housing's CSH Moving On Toolkit, "Under PIH Notice 2013-15 (HA), PHAs may create set-asides of units and/or vouchers for either people exiting homelessness or people referred by providers as being ready to move on from supportive housing. Through this mechanism, the CoC and its supportive housing providers may partner with the New Bedford Public Housing Authority (NBHA) to make public housing units and tenant-based Housing Choice Vouchers (HCV, or Section 8) available through the use of preferences in their local administrative plans for people who have achieved stability in supportive housing and no longer require the same level of support.

### **Affordable Housing Owners**

In addition to the NBHA, "HUD also funds a variety of deeply subsidized units through the Multi-family division, which can be owned and operated by either PHAs or private owners. These include primarily the Project Based Section 8 (general population), Section 202 (elderly—such as the Coastline project, "Carriage House at Acushnet Heights"), and Section 811 (persons with disabilities) programs and combinations of Sections 202/811 projects (as is the case with Melville Towers). Such units frequently offer some level of services and are experienced in dealing with special needs tenants. Multifamily owners can create set-asides of units for either people exiting homelessness or people referred by providers as being ready to move on from supportive housing. As vouchers and public housing units are usually a scarce resource, programs may also look to the largest current production program for new affordable units - Low Income Housing Tax Credits (LIHTC) – to create Moving On units. LIHTC developments must typically meet stringent quality and location requirements to obtain competitive funding, so they may be appealing from a tenant choice perspective. Prioritization of LIHTC resources is accomplished through the state Qualified Allocation plan, which accepts public comment on a regular basis.

In order to ensure that those individuals and families who previously experienced homelessness and who have successfully lived in CoC PSH projects but no longer require intensive supportive services have viable

alternatives to where they can move on from PSH into permanent housing, the HSPN seeks to actively collaborate with housing providers so noted here.

### **Strategic Steps**

In its efforts to enact its CoC-wide Move On Strategy, the CoC will, to the best of its ability through its PSH programs:

- △ Identify households in permanent supportive housing (PSH) that no longer require intensive supportive services and demonstrate the ability to live stably and maintain housing.
- △ Ask such households if they are willing to move on (the household must retain choice and must be willing to move on; this is voluntary).
- △ Confirm that willing households meet any housing screening criteria in order to move on.
- △ Ensure that willing households in need rental subsidies move into housing with a rental subsidy available to them.
- △ Continue supporting the New Bedford Housing Authority's homeless preference for households to increase the possibility of willing households receiving a rental subsidy through housing choice vouchers;
- △ Work collaboratively with mainstream affordable housing resources including those financed with LIHTC.
- △ Provide flexible financial assistance to cover costs related to moving expenses, security deposits, first/last month's rent, etc. as may be needed to ensure tenancy.
- △ Work to develop a source of landlord mitigation funds (by individual agency and/or collaboratively as a CoC) to offset potential problems including excessive damage to units or unpaid rent.
- △ Provide case management to assist clients who have moved on with income re-certifications and/or application paperwork to support continued housing stability.
- △ Offer home-based case management for three months to help ensure a successful transition out of PSH into permanent housing.

This strategy may be amended or revised at any time by a vote of the HSPN Executive Committee. This document was reviewed and accepted by a vote of the HSPN Executive Committee on September 19, 2019.

# New Bedford Emergency Housing Voucher Prioritization Plan

July 26, 2021

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The New Bedford Continuum of Care (MA-505) is a U.S. Department of Housing & Urban Development (HUD) recognized Continuum of Care (CoC) that wholly encompasses the City of New Bedford, Massachusetts. Within this CoC exists 7 Emergency Solutions Grant projects as well as multiple CoC-funded programs that include five permanent supportive housing projects, one rapid re-housing project and coordinated entry. Combined, these programs provide critical housing and supportive services for New Bedford families and individuals experiencing homelessness or who are at risk of homelessness.

Although these programs continued operations throughout the duration of the COVID-19 pandemic, the need for housing and support for the most vulnerable of New Bedford's population, whether for rental subsidies alone or combined with supportive services, continued to increase, not unlike the increasing demand seen across the nation. Concurrent with this has been a renewed recognition of the persistent disparities that exist across the country in providing such resources to marginalized people including black, indigenous, people of color (BIPOC) populations, those who are of Hispanic descent and those within the LGBTQ+ community. As a result of the confluence of these factors, the federal American Rescue Plan of 2021 included funding and provisions for an Emergency Housing Voucher (EHV) program that necessitates the collaborative efforts and operation of the local housing authorities and continuums of care.

An allocation of 25 EHV's was made to the New Bedford Housing Authority as part of this action and an additional 34 vouchers has been awarded through the MA Department of Housing & Community Development (MA DHCD) for a total of 59 EHV's in New Bedford. Having received vouchers through both a local and state housing authority, the New Bedford CoC is positioned to prioritize both sets of vouchers in order to reflect the unique needs of the New Bedford community, specifically.

Prior to developing its prioritization strategy, New Bedford first considered factors explicitly affecting the movement of persons in crisis through its continuum and beyond. Although its permanent supportive housing (PSH) units provide 231 units of housing for individuals and families, the continuum recognized that the high

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utilization rate of 104%<sup>1</sup>--one which reveals a system exceeding its capacity--means that there is little to no opportunity to move others in crisis into permanent stable housing. Moreover the continuum acknowledged that in moving increasingly stable persons out of PSH program units and into other subsidized housing, the CoC potentially increases its supply of available PSH units for others with heightened vulnerabilities and needs.

Because PSH units are intended to serve those most vulnerable, it is considered beneficial to the CoC system to assist in creating opportunities for clients to move on to less "supportive" housing as they are willing and able. Likewise, as it was anecdotally understood that many of those in PSH programs struggle with stable income to sustain a market rate unit they effectively remain in PSH only for the benefit of the rental subsidy, the availability of a housing voucher could provide the impetus needed to "unclog" the CoC housing pipeline and free up additional units for occupancy.

Given this, the continuum acknowledged that whenever the opportunity presents itself for a PSH household to "move on" to other stable permanent housing thereby freeing up the unit for a new household coming out of crisis, this opportunity should be acted upon as appropriate and possible. In so doing, the household moving out of PSH can benefit from a rental subsidy and a more vulnerable household with higher needs can benefit from the PSH unit. EHVs have been embraced as an important tool toward this end.

Adjacent to the need for increased housing and rental assistance and arising from a national reawakening as to disparities experienced by historically marginalized populations, the New Bedford CoC examined its own data to better understand the presence of racial disparities in its homeless housing and support system.

Using the CoC Racial Equity Analysis Tool<sup>2</sup> it becomes clear that there may be an unconscious bias in serving Black, Indigenous and people of color (BIPOC) households experiencing homelessness as well and those identifying as LGBTQ+. By way of example, although just 6% of those in the general New Bedford population identify as Black, those identifying as Black experience homelessness at a rate of 27% (individuals) and 35% (families). Similarly, while just 20% of the general population in the city is represented by those who are Hispanic, 40% of families

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<sup>1</sup> The 104% utilization rate was measured during the 2021 Point In Time Count in January 2021 at which time 241 persons were counted in housing that typically provides 231 beds.

<sup>2</sup> Version 2.1 downloadable spreadsheet for MA-505 (New Bedford CoC) at: <https://www.hudexchange.info/resource/5787/coc-analysis-tool-race-and-ethnicity/>.



experiencing homelessness in the city are Hispanic. These simple statistics immediately reveal a significant and disproportionate ratio between general population and those experiencing homelessness by race and ethnicity in New Bedford.<sup>3</sup>

From this data, the CoC is concerned with the extent to which it is disproportionately housing those who identify as white over those who identify as BIPOC and/or Hispanic as well as those identifying as LGBTQ+. While this is not seen as intentional it necessitates action to ensure the disparity is diminished and eliminated.

In light of its finding as to the need for additional housing and mitigation of any systemic or institutionalized barriers in serving marginalized populations, and given the availability of new Emergency Housing Vouchers (EHVs), the New Bedford CoC will prioritize the following households (providing they otherwise meet qualifying eligibility) for use of the EHVs:

Priority	Cohort
1	Those New Bedford residents identifying as part of a BIPOC and/or LGBTQ+ community who are ready/willing/able to successfully move on from PSH or HomeBASE (exiting the program) but who continue to need a housing subsidy to remain stably housed.
2	Those New Bedford residents who are ready/willing/able to successfully move on from PSH or HomeBASE (by exiting the program) but who continue to need a housing subsidy to remain stably housed.
3	Those New Bedford residents identifying as part of a BIPOC and/or LGBTQ+ community and currently receiving Rapid Rehousing funds (either through ESG or CoC sources) and can show they need a voucher to maintain housing.
4	Those New Bedford residents who are receiving Rapid Rehousing funds (either through ESG or CoC sources) and can show they need a voucher to maintain housing.
5	Those New Bedford residents who identify as BIPOC and/or LGBTQ+ in the community, are currently in a housing crisis and can show they need a voucher to maintain housing.

*Priority list continues on the following page.*

“

...the CoC is concerned with the extent to which it is disproportionately housing those who identify as white over those who identify as BIPOC and/or Hispanic as well as those identifying as LGBTQ+...

”

<sup>3</sup> While national statistics show that over 5% of the population identifies as LGBTQ+ and .6% of the population identifies as transgender, the CoC has not asked this question throughout any measurable intake either in outreach or placement. Both of these populations are underserved throughout the continuum and are significantly more affected by housing crisis, which, during the recent pandemic, has been magnified as these households are at greater risk and therefore at a heightened risk of COVID-19.

Priority	Cohort
6	Those either recently released from a correctional institution or who have a history of incarceration and only need a voucher to maintain housing.
7	Those New Bedford residents on the existing Coordinated Entry waiting list.
8	All other qualifying and eligible households.



Prepared by the Office of Housing & Community Development,  
Patrick J. Sullivan, Director  
on behalf of the  
City of New Bedford's Continuum of Care,  
Homeless Service Provider Network (HSPN)

# Attachment 1C-14

New Bedford Continuum of Care  
MA-505

CE Assessment Tool

**NOTE:**

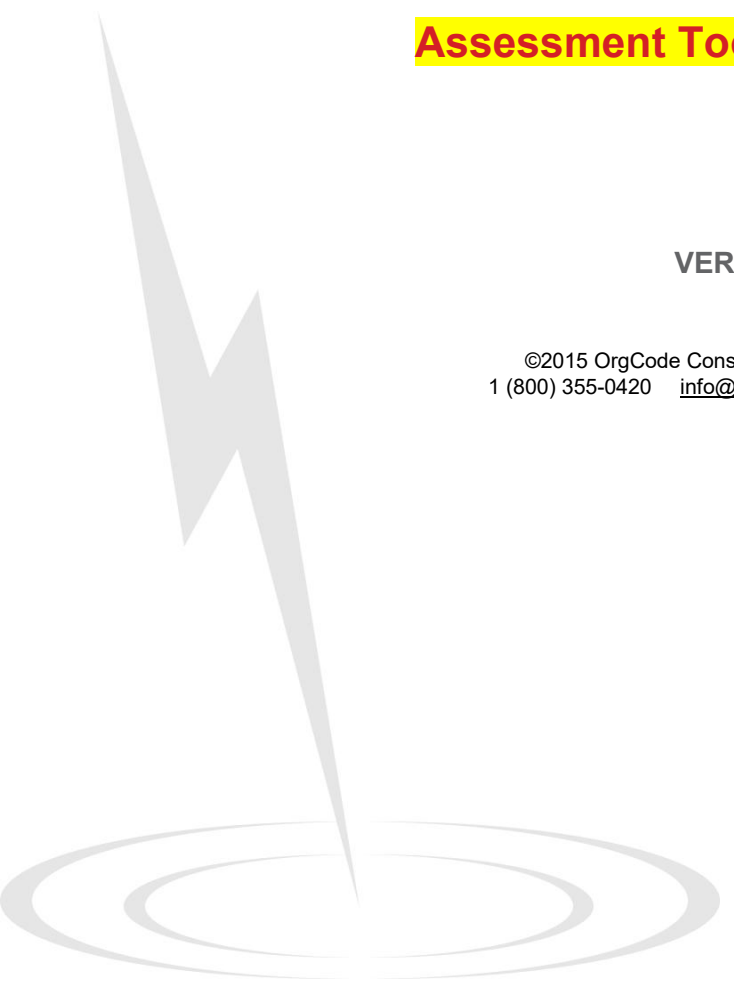
*The New Bedford CoC uses two standard assessment tools, one for single adults and one for families.  
The Assessment Tool for Single Adults appears first in the attachment followed by the Assessment Tool for Families.*

# Service Prioritization Decision Assistance Tool (SPDAT)

**Assessment Tool for Single Adults**

VERSION 4.01

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1 (800) 355-0420 [info@orgcode.com](mailto:info@orgcode.com) [www.orgcode.com](http://www.orgcode.com)



## Welcome to the SPDAT Line of Products

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

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

### VI-SPDAT Series

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

#### **Current versions available:**

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

All versions are available online at

[www.orgcode.com/products/vi-spdatt/](http://www.orgcode.com/products/vi-spdatt/)

### SPDAT Series

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

#### **Current versions available:**

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

Information about all versions is available online at

[www.orgcode.com/products/spdat/](http://www.orgcode.com/products/spdat/)

## SPDAT Training Series

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

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

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

### ***Current SPDAT training available:***

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

### ***Other related training available:***

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

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

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

## Terms and Conditions Governing the Use of the SPDAT

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

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

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

### Ownership

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

### Training

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

### Restrictions on Use

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

### Restrictions on Alteration

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

### Disclaimer

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

**A. Mental Health & Wellness & Cognitive Functioning**

<b>PROMPTS</b>	<b>CLIENT SCORE:</b> <input style="width: 100px;" type="text"/>
<ul style="list-style-type: none"> <li>• <i>Have you ever received any help with your mental wellness?</i></li> <li>• <i>Do you feel you are getting all the help you need for your mental health or stress?</i></li> <li>• <i>Has a doctor ever prescribed you pills for nerves, anxiety, depression or anything like that?</i></li> <li>• <i>Have you ever gone to an emergency room or stayed in a hospital because you weren't feeling 100% emotionally?</i></li> <li>• <i>Do you have trouble learning or paying attention?</i></li> <li>• <i>Have you ever had testing done to identify learning disabilities?</i></li> <li>• <i>Do you know if, when pregnant with you, your mother did anything that we now know can have negative effects on the baby?</i></li> <li>• <i>Have you ever hurt your brain or head?</i></li> <li>• <i>Do you have any documents or papers about your mental health or brain functioning?</i></li> <li>• <i>Are there other professionals we could speak with that have knowledge of your mental health?</i></li> </ul>	<b>NOTES</b>

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



SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (SPDAT)

SINGLE ADULTS

VERSION 4.01

**B. Physical Health & Wellness**

<b>PROMPTS</b>	<b>CLIENT SCORE:</b> <input style="width: 100px; height: 20px;" type="text"/>
<ul style="list-style-type: none"> <li>• <i>How is your health?</i></li> <li>• <i>Are you getting any help with your health? How often?</i></li> <li>• <i>Do you feel you are getting all the care you need for your health?</i></li> <li>• <i>Any illness like diabetes, HIV, Hep C or anything like that going on?</i></li> <li>• <i>Ever had a doctor tell you that you have problems with blood pressure or heart or lungs or anything like that?</i></li> <li>• <i>When was the last time you saw a doctor? What was that for?</i></li> <li>• <i>Do you have a clinic or doctor that you usually go to?</i></li> <li>• <i>Anything going on right now with your health that you think would prevent you from living a full, healthy, happy life?</i></li> <li>• <i>Are there other professionals we could speak with that have knowledge of your health?</i></li> <li>• <i>Do you have any documents or papers about your health or past stays in hospital because of your health?</i></li> </ul>	<b>NOTES</b>

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

**C. Medication**

<b>PROMPTS</b>	<b>CLIENT SCORE:</b> <input style="width: 100px;" type="text"/>
<ul style="list-style-type: none"> <li>• <i>Have you recently been prescribed any medications by a health care professional?</i></li> <li>• <i>Do you take any medications prescribed to you by a doctor?</i></li> <li>• <i>Have you ever sold some or all of your prescription?</i></li> <li>• <i>Have you ever had a doctor prescribe you medication that you didn't have filled at a pharmacy or didn't take?</i></li> <li>• <i>Were any of your medications changed in the last month? If yes: How did that make you feel?</i></li> <li>• <i>Do other people ever steal your medications?</i></li> <li>• <i>Do you ever share your medications with other people?</i></li> <li>• <i>How do you store your medications and make sure you take the right medication at the right time each day?</i></li> <li>• <i>What do you do if you realize you've forgotten to take your medications?</i></li> <li>• <i>Do you have any papers or documents about the medications you take?</i></li> </ul>	<b>NOTES</b>

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

**D. Substance Use**

PROMPTS	CLIENT SCORE: <input style="width: 100px; height: 20px;" type="text"/>
<ul style="list-style-type: none"> <li>• <i>When was the last time you had a drink or used drugs?</i></li> <li>• <i>Is there anything we should keep in mind related to drugs or alcohol?</i></li> <li>• <i>[If they disclose use of drugs and/or alcohol] How frequently would you say you use [specific substance] in a week?</i></li> <li>• <i>Ever have a doctor tell you that your health may be at risk because you drink or use drugs?</i></li> <li>• <i>Have you engaged with anyone professionally related to your substance use that we could speak with?</i></li> <li>• <i>Ever get into fights, fall down and bang your head, or pass out when drinking or using other drugs?</i></li> <li>• <i>Have you ever used alcohol or other drugs in a way that may be considered less than safe?</i></li> <li>• <i>Do you ever end up doing things you later regret after you have gotten really hammered?</i></li> <li>• <i>Do you ever drink mouthwash or cooking wine or hand sanitizer or anything like that?</i></li> </ul>	<div style="background-color: #e91e63; color: white; padding: 5px; text-align: center; font-weight: bold;">NOTES</div> <div style="border: 1px solid #e91e63; height: 200px; margin-top: 5px;"></div>

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

SCORING

<input type="checkbox"/> In a life-threatening health situation as a direct result of substance use, <b>or</b> , In the past 30 days, <b>any</b> of the following are true... <ul style="list-style-type: none"> <li><input type="checkbox"/> Substance use is almost daily (21+ times) <b>and</b> often to the point of complete inebriation,</li> <li><input type="checkbox"/> Binge drinking, non-beverage alcohol use, or inhalant use 4+ times</li> </ul>
<input type="checkbox"/> Substance use resulting in passing out 2+ times <ul style="list-style-type: none"> <li><input type="checkbox"/> Experiencing serious health impacts as a direct result of substance use, though not (yet) in a life-threatening position as a result, <b>or</b>, In the past 30 days, <b>any</b> of the following are true...                         <ul style="list-style-type: none"> <li><input type="checkbox"/> Drug use reached the point of complete inebriation 12+ times</li> <li><input type="checkbox"/> Alcohol use usually exceeded the consumption thresholds (at least 5+ times), but usually not to the point of complete inebriation</li> <li><input type="checkbox"/> Binge drinking, non-beverage alcohol use, or inhalant use occurred 1-3 times</li> </ul> </li> </ul>
In the past 30 days, <b>any</b> of the following are true... <ul style="list-style-type: none"> <li><input type="checkbox"/> Drug use reached the point of complete inebriation fewer than 12 times</li> <li><input type="checkbox"/> Alcohol use exceeded the consumption thresholds fewer than 5 times</li> </ul>
<input type="checkbox"/> In the past 365 days, no alcohol use beyond consumption thresholds, <b>or</b> , <input type="checkbox"/> If making claims to sobriety, no substance use in the past 30 days
<input type="checkbox"/> In the past 365 days, no substance use

**E. Experience of Abuse & Trauma**

PROMPTS	CLIENT SCORE: <input style="width: 100px;" type="text"/>
NOTES	
NOTES	

**\*To avoid re-traumatizing the individual, ask selected approved questions as written. Do not probe for details of the trauma/abuse. This section is entirely self-reported.**

- “I don’t need you to go into any details, but has there been any point in your life where you experienced emotional, physical, sexual or psychological abuse?”
- “Are you currently or have you ever received professional assistance to address that abuse?”
- “Does the experience of abuse or trauma impact your day to day living in any way?”
- “Does the experience of abuse or trauma impact your ability to hold down a job, maintain housing or engage in meaningful relationships with friends or family?”
- “Have you ever found yourself feeling or acting in a certain way that you think is caused by a history of abuse or trauma?”
- “Have you ever become homeless as a direct result of experiencing abuse or trauma?”

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

**F. Risk of Harm to Self or Others**

PROMPTS	CLIENT SCORE: <input style="width: 100px;" type="text"/>
<ul style="list-style-type: none"> <li>• <i>Do you have thoughts about hurting yourself or anyone else? Have you ever acted on these thoughts? When was the last time?</i></li> <li>• <i>What was occurring when you had these feelings or took these actions?</i></li> <li>• <i>Have you ever received professional help – including maybe a stay at hospital – as a result of thinking about or attempting to hurt yourself or others? How long ago was that? Does that happen often?</i></li> <li>• <i>Have you recently left a situation you felt was abusive or unsafe? How long ago was that?</i></li> <li>• <i>Have you been in any fights recently - whether you started it or someone else did? How long ago was that? How often do you get into fights?</i></li> </ul>	<div style="background-color: #e91e63; color: white; padding: 5px; text-align: center; font-weight: bold;">NOTES</div> <div style="border: 1px solid #e91e63; height: 200px; margin-top: 5px;"></div>

SCORING

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

**G. Involvement in Higher Risk and/or Exploitive Situations**

<b>PROMPTS</b>	<b>CLIENT SCORE:</b> <input style="width: 100px;" type="text"/>
<ul style="list-style-type: none"> <li>• <i>[Observe, don't ask] Any abscesses or track marks from injection substance use?</i></li> <li>• <i>Does anybody force or trick you to do something that you don't want to do?</i></li> <li>• <i>Do you ever do stuff that could be considered dangerous like drinking until you pass out outside, or delivering drugs for someone, having sex without a condom with a casual partner, or anything like that?</i></li> <li>• <i>Do you ever find yourself in situations that may be considered at a high risk for violence?</i></li> <li>• <i>Do you ever sleep outside? How do you dress and prepare for that? Where do you tend to sleep?</i></li> </ul>	<b>NOTES</b>

<b>SCORING</b>	
<b>4</b>	<p><b>Any of the following:</b></p> <p><input type="checkbox"/> In the past 180 days, engaged in 10+ higher risk and/or exploitive events    <input type="checkbox"/> In the past 90 days, left an abusive situation</p>
<b>3</b>	<p><b>Any of the following:</b></p> <p><input type="checkbox"/> In the past 180 days, engaged in 4-9 higher risk and/or exploitive events    <input type="checkbox"/> In the past 180 days, left an abusive situation, but not in the past 90 days</p>
<b>2</b>	<p><b>Any of the following:</b></p> <p><input type="checkbox"/> In the past 180 days, engaged in 1-3 higher risk and/or exploitive events    <input type="checkbox"/> 181+ days ago, left an abusive situation</p>
<b>1</b>	<p><input type="checkbox"/> Any involvement in higher risk and/or exploitive situations occurred more than 180 days ago but less than 365 days ago</p>
<b>0</b>	<p><input type="checkbox"/> In the past 365 days, no involvement in higher risk and/or exploitive events</p>

**H. Interaction with Emergency Services**

PROMPTS	CLIENT SCORE: <input style="width: 100px;" type="text"/>
<ul style="list-style-type: none"> <li>• How often do you go to emergency rooms?</li> <li>• How many times have you had the police speak to you over the past 180 days?</li> <li>• Have you used an ambulance or needed the fire department at any time in the past 180 days?</li> <li>• How many times have you called or visited a crisis team or a crisis counselor in the last 180 days?</li> <li>• How many times have you been admitted to hospital in the last 180 days? How long did you stay?</li> </ul>	<div style="background-color: #e91e63; color: white; padding: 5px; text-align: center;">NOTES</div> <div style="border: 1px solid #e91e63; height: 150px; margin-top: 5px;"></div>

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

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



# SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (SPDAT)

SINGLE ADULTS

VERSION 4.01

## I. Legal

PROMPTS	CLIENT SCORE: <input style="width: 100px;" type="text"/>
<ul style="list-style-type: none"> <li>• Do you have any "legal stuff" going on?</li> <li>• Have you had a lawyer assigned to you by a court?</li> <li>• Do you have any upcoming court dates? Do you think there's a chance you will do time?</li> <li>• Any involvement with family court or child custody matters?</li> <li>• Any outstanding fines?</li> <li>• Have you paid any fines in the last 12 months for anything?</li> <li>• Have you done any community service in the last 12 months?</li> <li>• Is anybody expecting you to do community service for anything right now?</li> <li>• Did you have any legal stuff in the last year that got dismissed?</li> <li>• Is your housing at risk in any way right now because of legal issues?</li> </ul>	<div style="background-color: #e91e63; color: white; padding: 5px; text-align: center;">NOTES</div> <div style="border: 1px solid #e91e63; height: 150px; margin-top: 5px;"></div>

SCORING

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



**J. Managing Tenancy**

PROMPTS	CLIENT SCORE: <input style="width: 100px;" type="text"/>
<ul style="list-style-type: none"> <li>• Are you currently homeless?</li> <li>• [If the person is housed] Do you have an eviction notice?</li> <li>• [If the person is housed] Do you think that your housing is at risk?</li> <li>• How is your relationship with your neighbors?</li> <li>• How do you normally get along with landlords?</li> <li>• How have you been doing with taking care of your place?</li> </ul>	<p style="text-align: center; background-color: #e91e63; color: white; margin: 0;">NOTES</p> <div style="border: 1px solid #e91e63; height: 150px; width: 100%;"></div>

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

SCORING	
<b>4</b>	<p><b>Any of the following:</b></p> <p><input type="checkbox"/> Currently homeless</p> <p><input type="checkbox"/> In the next 30 days, will be re-housed or return to homelessness    <input type="checkbox"/> In the past 365 days, was re-housed 6+ times</p> <p><input type="checkbox"/> In the past 90 days, support worker(s) have been cumulatively involved 10+ times with housing matters</p>
<b>3</b>	<p><b>Any of the following:</b></p> <p><input type="checkbox"/> In the next 60 days, will be re-housed or return to homelessness, but not in next 30 days</p> <p><input type="checkbox"/> In the past 365 days, was re-housed 3-5 times</p> <p><input type="checkbox"/> In the past 90 days, support worker(s) have been cumulatively involved 4-9 times with housing matters</p>
<b>2</b>	<p><b>Any of the following:</b></p> <p><input type="checkbox"/> In the past 365 days, was re-housed 2 times</p> <p><input type="checkbox"/> In the past 180 days, was re-housed 1+ times, but not in the past 60 days    <input type="checkbox"/> Continuously housed for at least 90 days but not more than 180 days</p> <p><input type="checkbox"/> In the past 90 days, support worker(s) have been cumulatively involved 1-3 times with housing matters</p>
<b>1</b>	<p><b>Any of the following:</b></p> <p><input type="checkbox"/> In the past 365 days, was re-housed 1 time</p> <p><input type="checkbox"/> Continuously housed, with no assistance on housing matters, for at least 180 days but not more than 365 days</p>
<b>0</b>	<p><input type="checkbox"/> Continuously housed, with no assistance on housing matters, for at least 365 days</p>

**K. Personal Administration & Money Management**

<b>PROMPTS</b>	<b>CLIENT SCORE:</b> <input style="width: 100px;" type="text"/>
<ul style="list-style-type: none"> <li>• How are you with taking care of money?</li> <li>• How are you with paying bills on time and taking care of other financial stuff?</li> <li>• Do you have any street debts?</li> <li>• Do you have any drug or gambling debts?</li> <li>• Is there anybody that thinks you owe them money?</li> <li>• Do you budget every single month for every single thing you need? Including cigarettes? Booze? Drugs?</li> <li>• Do you try to pay your rent before paying for anything else?</li> <li>• Are you behind in any payments like child support or student loans or anything like that?</li> </ul>	<b>NOTES</b>

<b>SCORING</b>	
<b>4</b>	<p><b>Any of the following:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Cannot create or follow a budget, regardless of supports provided</li> <li><input type="checkbox"/> Does not comprehend financial obligations</li> <li><input type="checkbox"/> Does not have an income (including formal and informal sources)</li> <li><input type="checkbox"/> Not aware of the full amount spent on substances, if they use substances</li> <li><input type="checkbox"/> Substantial real or perceived debts of \$1,000+, past due or requiring monthly payments</li> </ul>
<b>3</b>	<p><b>Any of the following:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Requires intensive assistance to create and manage a budget (including any legally mandated guardian/trustee that provides assistance or manages access to money)</li> <li><input type="checkbox"/> Only understands their financial obligations with the assistance of a 3rd party</li> <li><input type="checkbox"/> Not budgeting for substance use, if they are a substance user</li> <li><input type="checkbox"/> Real or perceived debts of \$999 or less, past due or requiring monthly payments</li> </ul>
<b>2</b>	<p><b>Any of the following:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> In the past 365 days, source of income has changed 2+ times</li> <li><input type="checkbox"/> Budgeting to the best of ability (including formal and informal sources), but still short of money every month for essential needs</li> <li><input type="checkbox"/> Voluntarily receives assistance creating and managing a budget or restricts access to their own money (e.g. guardian/trusteeship)</li> <li><input type="checkbox"/> Has been self-managing financial resources and taking care of associated administrative tasks for less than 90 days</li> </ul>
<b>1</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Has been self-managing financial resources and taking care of associated administrative tasks for at least 90 days, but for less than 180 days</li> </ul>
<b>0</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Has been self-managing financial resources and taking care of associated administrative tasks for at least 180 days</li> </ul>

**L. Social Relationships & Networks**

PROMPTS	CLIENT SCORE: <input style="width: 100px;" type="text"/>
<ul style="list-style-type: none"> <li>• Tell me about your friends, family or other people in your life.</li> <li>• How often do you get together or chat?</li> <li>• When you go to doctor's appointments or meet with other professionals like that, what is that like?</li> <li>• Are there any people in your life that you feel are just using you?</li> <li>• Are there any of your closer friends that you feel are always asking you for money, smokes, drugs, food or anything like that?</li> <li>• Have you ever had people crash at your place that you did not want staying there?</li> <li>• Have you ever been threatened with an eviction or lost a place because of something that friends or family did in your apartment?</li> <li>• Have you ever been concerned about not following your lease agreement because of your friends or family?</li> </ul>	<p style="text-align: center; background-color: #e91e63; color: white; padding: 5px;">NOTES</p> <div style="border: 1px solid #e91e63; height: 200px; width: 100%;"></div>

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

## SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (SPDAT)

SINGLE ADULTS

VERSION 4.01

### M. Self Care & Daily Living Skills

PROMPTS	CLIENT SCORE: <input style="width: 80%;" type="text"/>
<ul style="list-style-type: none"> <li>• Do you have any worries about taking care of yourself?</li> <li>• Do you have any concerns about cooking, cleaning, laundry or anything like that?</li> <li>• Do you ever need reminders to do things like shower or clean up?</li> <li>• Describe your last apartment.</li> <li>• Do you know how to shop for nutritious food on a budget?</li> <li>• Do you know how to make low cost meals that can result in leftovers to freeze or save for another day?</li> <li>• Do you tend to keep all of your clothes clean?</li> <li>• Have you ever had a problem with mice or other bugs like cockroaches as a result of a dirty apartment?</li> <li>• When you have had a place where you have made a meal, do you tend to clean up dishes and the like before they get crusty?</li> </ul>	<div style="background-color: #e91e63; color: white; padding: 5px; text-align: center; font-weight: bold;">NOTES</div> <div style="border: 1px solid #e91e63; height: 150px; margin-top: 5px;"></div>

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

**N. Meaningful Daily Activity**

<b>PROMPTS</b>	<b>CLIENT SCORE:</b> <input style="width: 100px;" type="text"/>
<ul style="list-style-type: none"> <li>• <i>How do you spend your day?</i></li> <li>• <i>How do you spend your free time?</i></li> <li>• <i>Does that make you feel happy/fulfilled?</i></li> <li>• <i>How many days a week would you say you have things to do that make you feel happy/fulfilled?</i></li> <li>• <i>How much time in a week would you say you are totally bored?</i></li> <li>• <i>When you wake up in the morning, do you tend to have an idea of what you plan to do that day?</i></li> <li>• <i>How much time in a week would you say you spend doing stuff to fill up the time rather than doing things that you love?</i></li> <li>• <i>Are there any things that get in the way of you doing the sorts of activities you would like to be doing?</i></li> </ul>	<b>NOTES</b>

<b>SCORING</b>	
<b>4</b>	<input type="checkbox"/> No planned, legal activities described as providing fulfillment or happiness
<b>3</b>	<input type="checkbox"/> Discussing, exploring, signing up for and/or preparing for new activities or to re-engage with <input type="checkbox"/> planned, legal activities that used to provide fulfillment or happiness
<b>2</b>	<input type="checkbox"/> Attempting new or re-engaging with planned, legal activities that used to provide fulfillment or happiness, but uncertain that activities selected are currently providing fulfillment or happiness, <b>or</b> the individual is not fully committed to continuing the activities.
<b>1</b>	<input type="checkbox"/> Has planned, legal activities described as providing fulfillment or happiness 1-3 days per week
<b>0</b>	<input type="checkbox"/> Has planned, legal activities described as providing fulfillment or happiness 4+ days per week

**O. History of Homelessness & Housing**

PROMPTS	CLIENT SCORE: <input style="width: 100px;" type="text"/>
<ul style="list-style-type: none"> <li>• <i>How long have you been homeless?</i></li> <li>• <i>How many times have you been homeless in your life other than this most recent time?</i></li> <li>• <i>Have you spent any time sleeping on a friend's couch or floor? And if so, during those times did you consider that to be your permanent address?</i></li> <li>• <i>Have you ever spent time sleeping in a car or alleyway or garage or barn or bus shelter or anything like that?</i></li> <li>• <i>Have you ever spent time sleeping in an abandoned building?</i></li> <li>• <i>Were you ever in hospital or jail for a period of time when you didn't have a permanent address to go to when you got out?</i></li> </ul>	<div style="background-color: #e91e63; color: white; padding: 5px; text-align: center;">NOTES</div> <div style="border: 1px solid #e91e63; height: 200px; margin-top: 5px;"></div>

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



**SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (SPDAT)**

ADULTS

VERSION  
4.01

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

**SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (SPDAT)**

VERSION  
4.01

3 ADULTS

<b>Client:</b>	<b>Worker:</b>	<b>Version:</b>	<b>Date:</b>
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COMPONENT	SCORE	COMMENTS
LEGAL INVOLVEMENT	0	
MANAGING TENANCY	0	
PERSONAL ADMINISTRATION MONEY MANAGEMENT	0	
SOCIAL RELATIONSHIPS & NETWORKS	0	
SELF-CARE & DAILY LIVING SKILLS	0	
MEANINGFUL DAILY ACTIVITIES	0	
HISTORY OF HOUSING & HOMELESSNESS	0	
<b>TOTAL</b>		<b>No housing intervention</b>



## Appendix A: About the SPDAT

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

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

### SPDAT Design

The SPDAT is designed to:

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

The SPDAT is NOT designed to:

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

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

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

## Version 4

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

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

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

Version 4 builds upon the success of Version 3 of the SPDAT with some refinements. Starting in August 2014, a survey was launched of existing SPDAT users to get their input on what should be amended, improved, or maintained in the tool. Analysis was completed across all of these responses. Further research was conducted. Questions were tested and refined over several months, again including the direct voice of persons with lived experience and frontline practitioners. Input was also gathered from senior government officials that create policy and programs to help ensure alignment with guidelines and funding requirements.

The major differences from Version 3 to Version 4 include:

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

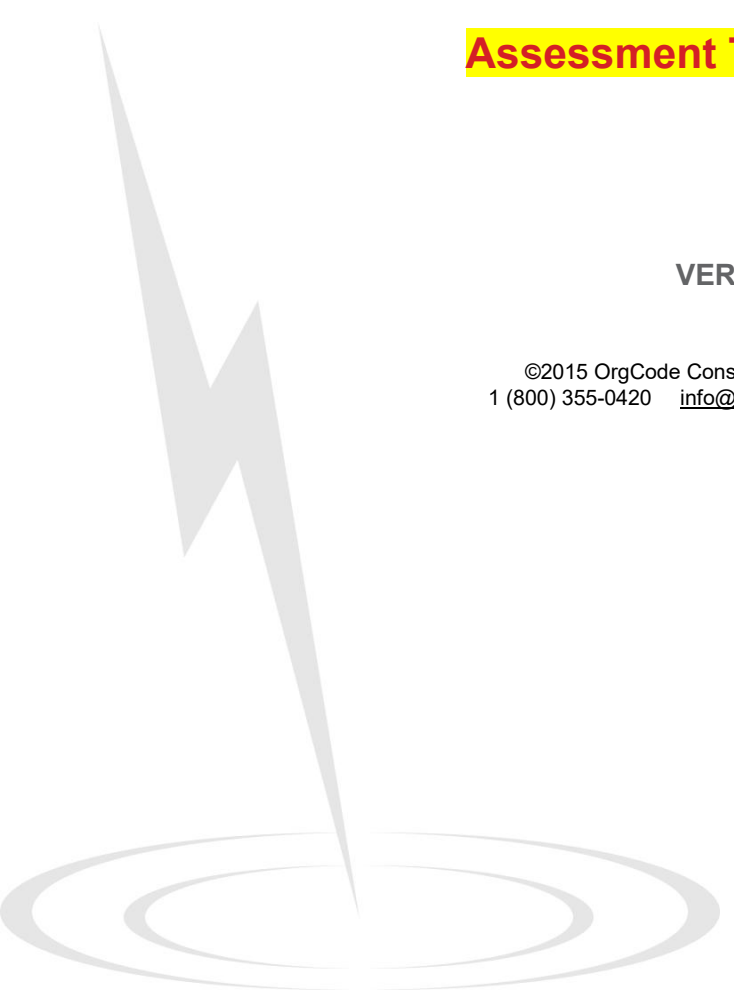


# Family Service Prioritization Decision Assistance Tool (F-SPDAT)

**Assessment Tool for Families**

VERSION 2.01

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## Welcome to the SPDAT Line of Products

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

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

### VI-SPDAT Series

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

#### **Current versions available:**

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

All versions are available online at

[www.orgcode.com/products/vi-spdatt/](http://www.orgcode.com/products/vi-spdatt/)

### SPDAT Series

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

#### **Current versions available:**

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

Information about all versions is available online at

[www.orgcode.com/products/spdat/](http://www.orgcode.com/products/spdat/)

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## SPDAT Training Series

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

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

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

### ***Current SPDAT training available:***

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

### ***Other related training available:***

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

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

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

## Terms and Conditions Governing the Use of the SPDAT

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

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

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

### Ownership

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

### Training

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

### Restrictions on Use

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

### Restrictions on Alteration

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

### Disclaimer

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

## A. Mental Health & Wellness & Cognitive Functioning

PROMPTS	CLIENT SCORE: <input style="width: 100px;" type="text"/>
<ul style="list-style-type: none"> <li>• Has anyone in your family ever received any help with their mental wellness?</li> <li>• Do you feel that every member in your family is getting all the help they need for their mental health or stress?</li> <li>• Has a doctor ever prescribed anyone in your family pills for nerves, anxiety, depression or anything like that?</li> <li>• Has anyone in your family ever gone to an emergency room or stayed in a hospital because they weren't feeling 100% emotionally?</li> <li>• Does anyone in your family have trouble learning or paying attention, or been tested for learning disabilities?</li> <li>• Do you know if, when pregnant with you, your mother did anything that we now know can have negative effects on the baby? What about when you were pregnant?</li> <li>• Has anyone in your family ever hurt their brain or head?</li> <li>• Do you have any documents or papers about your family's mental health or brain functioning?</li> <li>• Are there other professionals we could speak with that have knowledge of your family's mental health?</li> </ul>	<p><b>NOTES</b></p> <div style="border: 1px solid #e91e63; height: 150px; width: 100%;"></div>

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

## B. Physical Health & Wellness

PROMPTS	CLIENT SCORE: <input style="width: 100px;" type="text"/>
<ul style="list-style-type: none"> <li>- How is your family's health?</li> <li>- Are you getting any help with your health? How often?</li> <li>- Do you feel you are getting all the care you need for your family's health?</li> <li>- Any illnesses like diabetes, HIV, Hep C or anything like that going on in any member of your family?</li> <li>- Ever had a doctor tell anyone in your family that they have problems with blood pressure or heart or lungs or anything like that?</li> <li>- When was the last time anyone in your family saw a doctor? What was that for?</li> <li>- Do you have a clinic or doctor that you usually go to?</li> <li>- Anything going on right now with your family's health that you think would prevent them from living a full, healthy, happy life?</li> <li>- Are there other professionals we could speak with that have knowledge of your family's health?</li> <li>- Do you have any documents or papers about your family's health or past stays in hospital because of your health?</li> </ul>	<p><b>NOTES</b></p> <div style="border: 1px solid black; height: 200px; width: 100%;"></div>

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



### C. Medication

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

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

### D. Substance Use

PROMPTS	CLIENT SCORE: <input style="width: 100px;" type="text"/>
<ul style="list-style-type: none"> <li>• <i>When was the last time you had a drink or used drugs? What about the other members of your family?</i></li> <li>• <i>Anything we should keep in mind related to drugs/alcohol?</i></li> <li>• <i>How often would you say you use [substance] in a week?</i></li> <li>• <i>Ever have a doctor tell you that your health may be at risk because you drink or use drugs?</i></li> <li>• <i>Have you engaged with anyone professionally related to your substance use that we could speak with?</i></li> <li>• <i>Ever get into fights, fall down and bang your head, do things you regret later, or pass out when drinking or using other drugs?</i></li> <li>• <i>Have you ever used alcohol or other drugs in a way that may be considered less than safe?</i></li> <li>• <i>Do you ever drink mouthwash or cooking wine or hand sanitizer or anything like that?</i></li> </ul>	<p style="text-align: center; background-color: #e91e63; color: white; padding: 5px;"><b>NOTES</b></p> <div style="border: 1px solid #e91e63; height: 150px; width: 100%;"></div>

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

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

### E. Experience of Abuse & Trauma of Parents

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

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

**F. Risk of Harm to Self or Others**

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

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

### G. Involvement in Higher Risk and/or Exploitive Situations

PROMPTS	CLIENT SCORE: <input style="width: 100px;" type="text"/>
<ul style="list-style-type: none"> <li>• <i>[Observe, don't ask] Any abscesses or track marks from injection substance use?</i></li> <li>• <i>Does anybody force or trick people in your family to do things that they don't want to do?</i></li> <li>• <i>Do you or anyone in your family ever do stuff that could be considered dangerous like drinking until they pass out outside, or delivering drugs for someone, having sex without a condom with a casual partner, or anything like that?</i></li> <li>• <i>Does anyone in your family ever find themselves in situations that may be considered at a high risk for violence?</i></li> <li>• <i>Does your family ever sleep outside? How do you dress and prepare for that? Where do you tend to sleep?</i></li> </ul>	<div style="background-color: #c00000; color: white; text-align: center; padding: 5px;"><b>NOTES</b></div> <div style="border: 1px solid #c00000; height: 150px; margin-top: 5px;"></div>

**SCORING**

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

## H. Interaction with Emergency Services

PROMPTS	CLIENT SCORE: <input style="width: 100px;" type="text"/>
<ul style="list-style-type: none"> <li>- How often does your family go to emergency rooms?</li> <li>- How many times have you had the police speak to members of your family over the past 180 days?</li> <li>- Has anyone in your family used an ambulance or needed the fire department at any time in the past 180 days?</li> <li>- How many times have members of your family called or visited a crisis team or a crisis counselor in the last 180 days?</li> <li>- How many times have you or anyone in your family been admitted to hospital in the last 180 days? How long did they stay?</li> </ul>	<div style="background-color: #c00000; color: white; padding: 5px; text-align: center; font-weight: bold;">NOTES</div> <div style="border: 1px solid #c00000; height: 150px; margin-top: 5px;"></div>

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

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

## I. Legal

PROMPTS	CLIENT SCORE: <input style="width: 100px;" type="text"/>
<ul style="list-style-type: none"> <li>- Does your family have any "legal stuff" going on?</li> <li>- Has anyone in your family had a lawyer assigned to them by a court?</li> <li>- Does anyone in your family have any upcoming court dates? Do you think there's a chance someone in your family will do time?</li> <li>- Any outstanding fines?</li> <li>- Has anyone in your family paid any fines in the last 12 months for anything?</li> <li>- Has anyone in your family done any community service in the last 12 months?</li> <li>- Is anybody expecting someone in your family to do community service for anything right now?</li> <li>- Did your family have any legal stuff in the last year that got dismissed?</li> <li>- Is your family's housing at risk in any way right now because of legal issues?</li> </ul>	<b>NOTES</b>  <div style="border: 1px solid #800000; height: 150px;"></div>

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

## J. Managing Tenancy

PROMPTS	CLIENT SCORE: <input style="width: 100px;" type="text"/>
<ul style="list-style-type: none"> <li>- <i>Is your family currently homeless?</i></li> <li>- <i>(If the family is housed) Does your family have an eviction notice?</i></li> <li>- <i>(If the family is housed) Do you think that your family's housing is at risk?</i></li> <li>- <i>How is your family's relationship with your neighbors?</i></li> <li>- <i>How does your family normally get along with landlords?</i></li> <li>- <i>How has your family been doing with taking care of your place?</i></li> </ul>	<b>NOTES</b>  <div style="border: 1px solid #e91e63; height: 150px; width: 100%;"></div>

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

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



## K Personal Administration & Money Management

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

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

## L Social Relationships & Networks

PROMPTS	CLIENT SCORE: <input style="width: 100px;" type="text"/>
<ul style="list-style-type: none"> <li>- Tell me about your family's friends, extended family or other people in your life.</li> <li>- How often do you get together or chat with family friends?</li> <li>- When your family goes to doctor's appointments or meet with other professionals like that, what is that like?</li> <li>- Are there any people in your life that you feel are just using you, or someone else in your family?</li> <li>- Are there any of your family's closer friends that you feel are always asking you for money, smokes, drugs, food or anything like that?</li> <li>- Have you ever had people crash at your place that you did not want staying there?</li> <li>- Have you ever been threatened with an eviction or lost a place because of something that friends or extended family did in your apartment?</li> <li>- Have you ever been concerned about not following your lease agreement because of friends or extended family?</li> </ul>	<p><b>NOTES</b></p> <div style="border: 1px solid #c00000; height: 200px; width: 100%;"></div>

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

### M. Self Care & Daily Living Skills of Family Head

PROMPTS	CLIENT SCORE: <input style="width: 100px;" type="text"/>
<ul style="list-style-type: none"> <li><i>- Do you have any worries about taking care of yourself or your family?</i></li> <li><i>- Do you have any concerns about cooking, cleaning, laundry or anything like that?</i></li> <li><i>- Does anyone in your family ever need reminders to do things like shower or clean up?</i></li> <li><i>- Describe your family's last apartment.</i></li> <li><i>- Do you know how to shop for nutritious food on a budget?</i></li> <li><i>- Do you know how to make low cost meals that can result in leftovers to freeze or save for another day?</i></li> <li><i>- Do you tend to keep all of your family's clothes clean?</i></li> <li><i>- Have you ever had a problem with mice or other bugs like cockroaches as a result of a dirty apartment?</i></li> <li><i>- When you have had a place where you have made a meal, do you tend to clean up dishes and the like before they get crusty?</i></li> </ul>	<p><b>NOTES</b></p> <div style="border: 1px solid #e91e63; height: 150px; width: 100%;"></div>

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

## N. Meaningful Daily Activity

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

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

## 0. History of Homelessness & Housing

PROMPTS	CLIENT SCORE: <input style="width: 50px;" type="text"/>
<ul style="list-style-type: none"> <li>- How long has your family been homeless?</li> <li>- How many times has your family experienced homelessness other than this most recent time?</li> <li>- Has your family spent any time sleeping on a friend's couch or floor? And if so, during those times did you consider that to be your family's permanent address?</li> <li>- Has your family ever spent time sleeping in a car, alleyway, garage, barn, bus shelter, or anything like that?</li> <li>- Has your family ever spent time sleeping in an abandoned building?</li> <li>- Was anyone in your family ever been in hospital or jail for a period of time when they didn't have a permanent address to go to when they got out?</li> </ul>	<div style="background-color: #e91e63; color: white; padding: 5px; text-align: center;"><b>NOTES</b></div> <div style="border: 1px solid #e91e63; height: 150px; margin-top: 5px;"></div>

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

## P. Parental Engagement

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

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

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

**Q. Stability/Resiliency of the Family Unit**

<b>PROMPTS</b>	<b>CLIENT SCORE:</b> <input type="text"/>
<p><i>- Over the past year have there been any different adults staying with the family like a family friend, grandparent, aunt or that sort of thing? If so, can you tell me when and for how long and the changes that have occurred?</i></p> <p><i>- Other than kids being taken into care, have there been any instances where any child has gone to stay with another family member or family friend for any length of time? Can you tell me how many times, when and for how long that happened?</i></p>	<b>NOTES</b>

<b>SCORING</b>	
<b>4</b>	<p>In the past 365 days, <b>any</b> of the following have occurred:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Parental arrangements and/or other adult relative within the family have changed 4+ times</li> <li><input type="checkbox"/> Children have left or returned to the family 4+ times</li> </ul>
<b>3</b>	<p>In the past 365 days, <b>any</b> of the following have occurred:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Parental arrangements and/or other adult relatives within the family have changed 3 times</li> <li><input type="checkbox"/> Children have left or returned to the family 3 times</li> </ul>
<b>2</b>	<p>In the past 365 days, <b>any</b> of the following have occurred:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Parental arrangements and/or other adult relatives within the family have changed 2 times</li> <li><input type="checkbox"/> Children have left or returned to the family 2 times</li> </ul>
<b>1</b>	<p>In the past 365 days, <b>any</b> of the following have occurred:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Parental arrangements and/or other adult relatives within the family have changed 1 time</li> <li><input type="checkbox"/> Children have left or returned to the family 1 time</li> </ul>
<b>0</b>	<p>In the past 365 days, <b>any</b> of the following have occurred:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> No change in parental arrangements and/or other adult relatives within the family</li> <li><input type="checkbox"/> Children have not left or returned to the family</li> </ul>

## R. Needs of Children

PROMPTS	CLIENT SCORE: <input style="width: 100px;" type="text"/>
<ul style="list-style-type: none"> <li>- Please tell me about the attendance at school of your school-aged children.</li> <li>- Any health issues with your children?</li> <li>- Any times of separation between your children and parents?</li> <li>- Without going into detail, have any of your children experienced or witnessed emotional, physical, sexual or psychological abuse?</li> <li>- Have your children ever accessed professional assistance to address that abuse?</li> </ul>	<div style="background-color: #e91e63; color: white; padding: 5px; text-align: center; font-weight: bold;">NOTES</div> <div style="border: 1px solid #e91e63; height: 150px; margin-top: 5px;"></div>

SCORING

4	<p><b>Any</b> of the following:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> In the last 90 days, children needed to live with friends or family for 15+ days in any month</li> <li><input type="checkbox"/> School-aged children are not currently enrolled in school</li> <li><input type="checkbox"/> Any member of the family, including children, is currently escaping an abusive situation</li> <li><input type="checkbox"/> The family is homeless</li> </ul>
3	<p><b>Any</b> of the following:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> In the last 90 days, children needed to live with friends or family for 7-14 days in any month</li> <li><input type="checkbox"/> School-aged children typically miss 3+ days of school per week for reasons other than illness</li> <li><input type="checkbox"/> In the last 180 days, any child(ren) in the family has experienced an abusive situation that has since ended</li> </ul>
2	<p><b>Any</b> of the following:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> In the last 90 days, children needed to live with friends or family for 1-6 days in any month</li> <li><input type="checkbox"/> School-aged children typically miss 2 days of school per week for reasons other than illness</li> <li><input type="checkbox"/> In the past 365 days, any child(ren) in the family has experienced an abusive situation that has ended more than 180 days ago</li> </ul>
1	<p><b>Any</b> of the following:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> In the last 365 days, children needed to live with friends or family for 7+ days in any month, but not in the last 90 days</li> <li><input type="checkbox"/> School-aged children typically miss 1 day of school per week for reasons other than illness</li> </ul>
0	<p><b>All</b> of the following:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> In the last 365 days, children needed to live with friends or family for fewer than 7 days in every month</li> <li><input type="checkbox"/> School-aged children maintain consistent attendance at school</li> <li><input type="checkbox"/> There is no evidence of children in the home having experienced or witnessed abuse</li> <li><input type="checkbox"/> The family is housed</li> </ul>



### S. Size of Family Unit

PROMPTS	CLIENT SCORE: <input style="width: 100px;" type="text"/>
<ul style="list-style-type: none"> <li>• <i>I just want to make sure I understand how many kids there are, the gender of each and their age. Can you take me through that again?</i></li> <li>• <i>Is anyone in the family currently pregnant?</i></li> </ul>	<b>NOTES</b> <div style="border: 1px solid #c00000; height: 150px; width: 100%;"></div>

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

## T Interaction with Child Protective Services and/or Family Court

PROMPTS	CLIENT SCORE: <input style="width: 100px;" type="text"/>
<ul style="list-style-type: none"> <li>- Any matters being considered by a judge right now as it pertains to any member of your family?</li> <li>- Have any of your children spent time in care? When was that? For how long were they in care? When did you get them back?</li> <li>- Has there ever been an investigation by someone in child welfare into the matters of your family?</li> </ul>	<div style="background-color: #e91e63; color: white; padding: 5px; text-align: center; font-weight: bold;">NOTES</div> <div style="border: 1px solid #e91e63; height: 150px; margin-top: 5px;"></div>

SCORING

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

FAMILY SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (F-SPDAT)

VERSION 2.01

FAMILIES

<b>Client:</b>	<b>Worker:</b>	<b>Version:</b>	<b>Date:</b>
----------------	----------------	-----------------	--------------

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

FAMILY SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (F-SPDAT)

VERSION 2.01

FAMILIES

<b>Client:</b>	<b>Worker:</b>	<b>Version:</b>	<b>Date:</b>
----------------	----------------	-----------------	--------------

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

FAMILY SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (F-SPDAT)

VERSION 2.01

FAMILIES

<b>Client:</b>	<b>Worker:</b>	<b>Version:</b>	<b>Date:</b>
----------------	----------------	-----------------	--------------

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

## Appendix A: About the SPDAT

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

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

### SPDAT Design

The SPDAT is designed to:

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

The SPDAT is NOT designed to:

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

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

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

## Family SPDAT

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

## SPDAT Version 4/Family SPDAT Version 2

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

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

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

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

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

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

# Attachment 1E-1

New Bedford Continuum of Care  
MA-505

## Local Competition Announcement

### **NOTE:**

*The New Bedford CoC publicly announced the local competition through an RFP whose availability was advertised through the CoC's website, its Facebook page and its twitter account.*

*Additionally, the RFP issued September 10, 2021 included information advising potential applicants of the ranking criteria that would be used in project evaluation.*

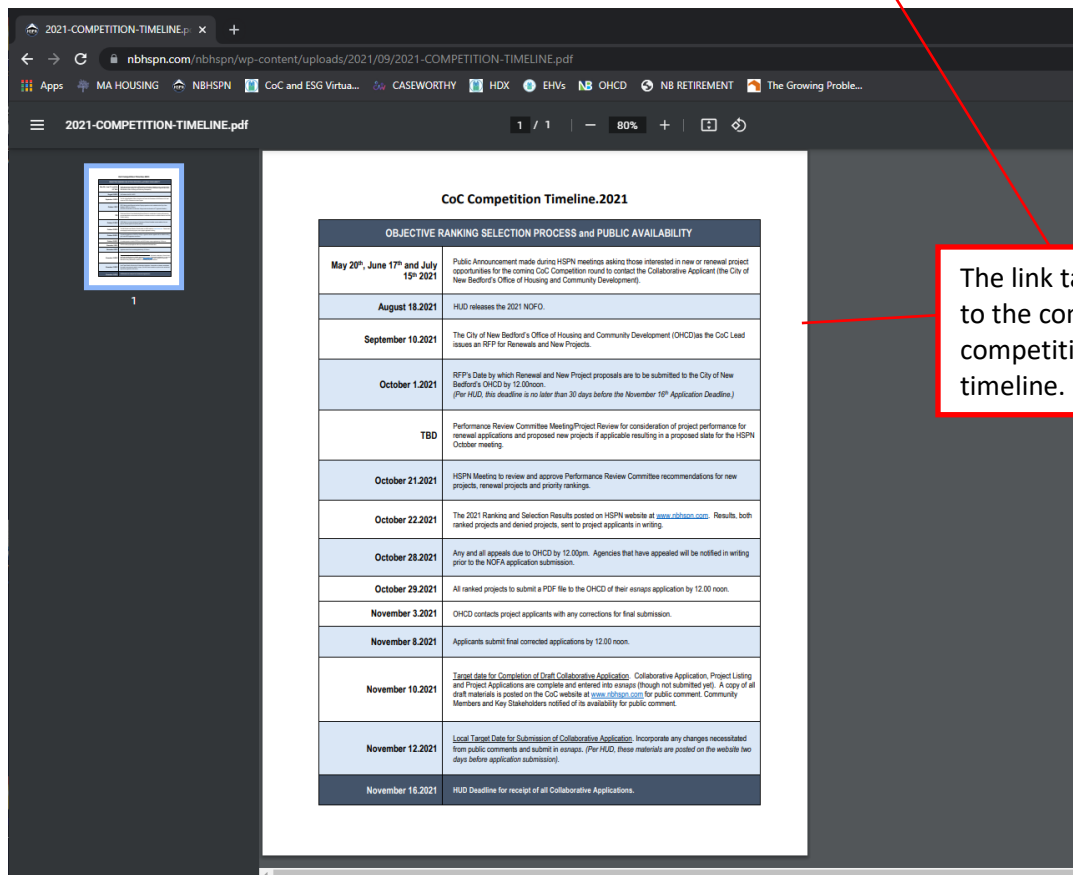
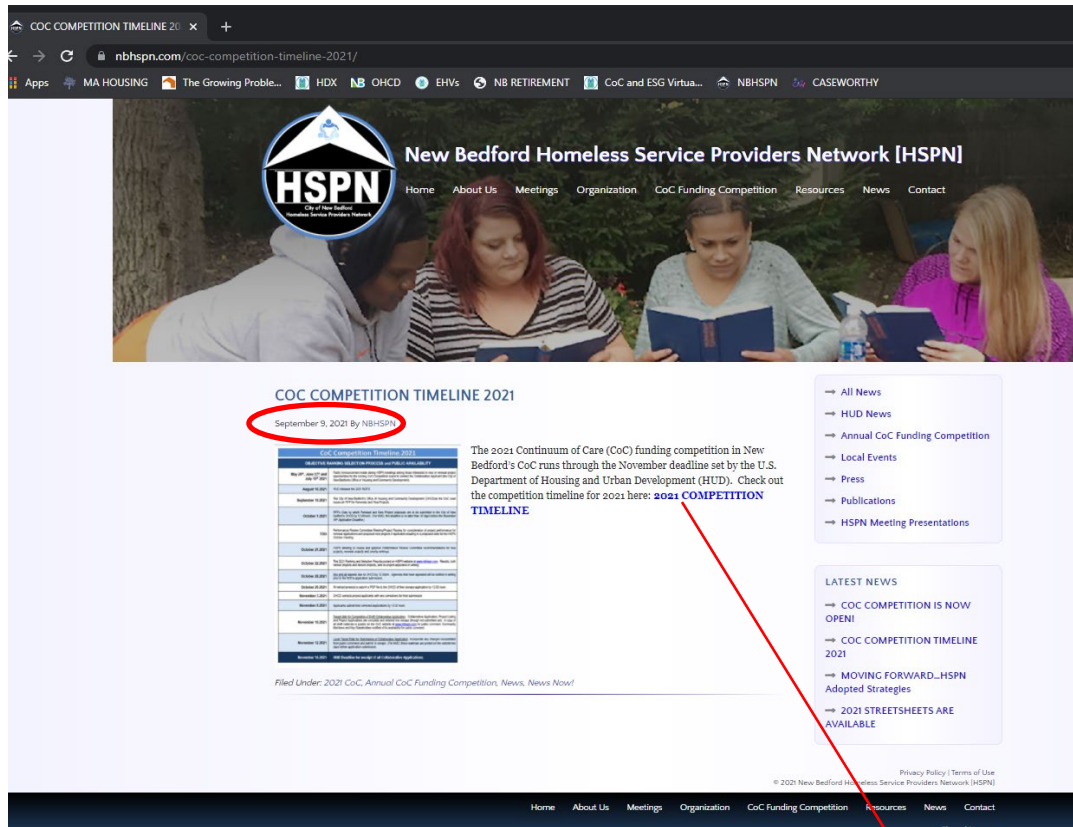
*This attachment includes both (1) evidence of publicly posting the RFP through those three sources and (2) includes the RFP, itself. Although the RFP has a significant amount of information, one may wish to note in particular--the CoC Application Selection Process, Scoring and Ranking (criteria) in the RFP's Appendix B beginning on page 19 of this attachment.*



# 1. Evidence of Posting

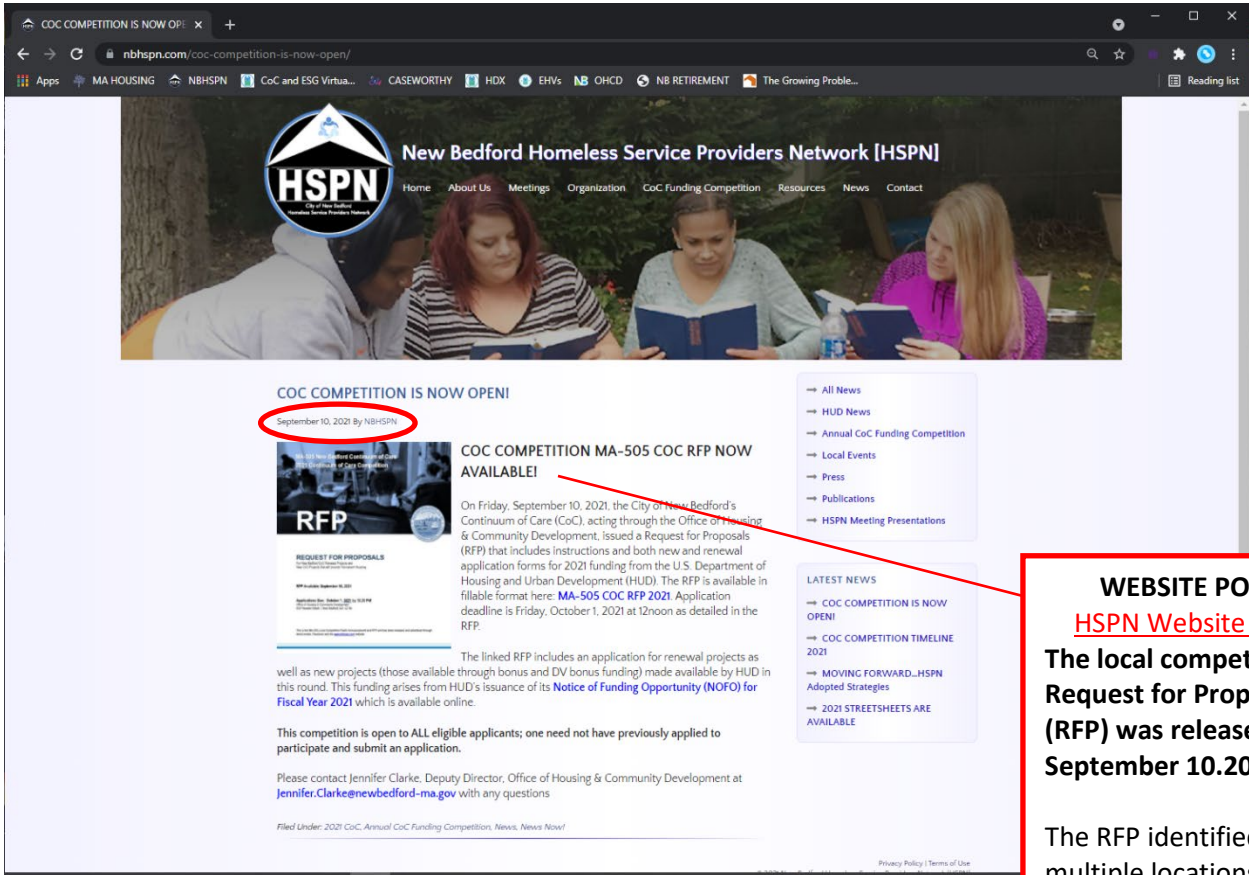
## Website posting showing local competition timeframe

Posted September 9, 2021 at <https://www.nbhspn.com/coc-competition-timeline-2021/>



**Website posting showing release of local competition material (RFP)**

Posted September 10, 2021 at <https://www.nbhspn.com/coc-competition-is-now-open/>



**WEBSITE POST**  
**HSPN Website Post**  
**The local competition Request for Proposals (RFP) was released on September 10, 2021.**

The RFP identified in multiple locations (including on the cover of the document) that the local competition deadline was October 1, 2021 at 12.00PM.

Facebook posting showing September 10, 2021 release of local competition material (RFP)



September 10 · 🌐

COC COMPETITION NOW UNDERWAY!  
<https://www.nbhspn.com/open-competition-2021-coc-competition-is-open/>

OVERVIEW

The City of New Bedford's Continuum of Care (MA-505 CoC), its, "Homeless Service Provider's Network" (HSPN), acting through the City's Office of Housing & Community Development (OHCD) has released its 2021 Request for Proposals (RFP) that includes both instructions and an application for funding from the U.S. Department of Housing & Urban Development (HUD). The link to the RFP is provided here and can be accessed through the HSPN website at [www.nbhspn.com](http://www.nbhspn.com). Deadline is October 1, 2021 at noon.

This is an OPEN competition; this unding is available to both new (eligible) applicants who have not previously received CoC funding and those seeking to renew a project.

FUNDING

The New Bedford CoC expects to be awarded an estimated \$1,889,575 in this funding round in addition to funding for new "bonus" projects. Available funding anticipated consists of renewal projects, new projects through a permanent housing bonus and/or reallocation, and new projects through a Domestic Violence bonus. Additional funds may also be available through the reallocation process as determined by the CoC's Performance Review Committee/HSPN. The CoC Bonus is \$118,994 and DV Bonus is \$356,983 for this competition. The RFP is available online at <https://www.nbhspn.com/open-competition-2021-coc-competition-is-open/>. Questions concerning this notice may be directed to Jennifer Clarke, AICP Deputy Director, OHCD via email at [Jennifer.Clarke@newbedford-ma.gov](mailto:Jennifer.Clarke@newbedford-ma.gov).

**FACEBOOK POST**  
[HSPN Facebook Page](#)  
**The local competition Request for Proposals (RFP) was released on September 10, 2021.**  
  
The RFP cover included the October 1, 2021 deadline information.



Twitter posting September 11, 2021 showing the release of local competition material (RFP)



**TWITTER POST**  
[HSPN Twitter Account](#)  
**The local competition Request for Proposals (RFP) was posted on the HSPN Twitter Account on September 11, 2021.**

The tweet referenced the RFP, provided a link and identified the October 1, 2021 deadline information.



# MA-505 New Bedford Continuum of Care 2021 Continuum of Care Competition

# RFP



## REQUEST FOR PROPOSALS

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

**RFP Available: September 10, 2021**

**Applications Due: October 1, 2021 by 12.00 PM**

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

This is the MA-505 Local Competition Public Announcement and RFP and has been released and advertised through direct emails, Facebook and the [www.nbhspn.com](http://www.nbhspn.com) website.

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# Request for Proposals

## New Bedford Continuum of Care Renewal Projects *and* New Projects that will provide Permanent Housing

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### Introduction

The U.S. Department of Housing and Urban Development (HUD) annually releases a Notice of Funding Opportunity (NOFO) for the Continuum of Care Homeless Assistance Program. Following that release, the City of New Bedford's Office of Housing and Community Development (OHCD), acting on behalf of the Homeless Service Provider Network (HSPN) Continuum of Care, is now issuing this Request for Proposals (RFP) to allow adequate time for the local review and decision-making process and will be accepting proposals for Continuum of Care funding for both renewal and new projects.

A single, consolidated submission of all selected projects in New Bedford Continuum of Care will be submitted to HUD by the OHCD as the Collaborative Applicant representing the HSPN. Funding will be derived from a Federal Fiscal Year 2021 allocation of HUD funding and is subject to funding availability under the NOFO. The OHCD reserves the right to request that applicant organizations submit adjusted project budgets based on the amount of funding made available by HUD.

The NOFO was published on August 18, 2021 including:

HUD 2021 NOFO:

[https://www.hud.gov/sites/dfiles/SPM/documents/FY21\\_Continuum\\_of\\_Care\\_Competition.pdf](https://www.hud.gov/sites/dfiles/SPM/documents/FY21_Continuum_of_Care_Competition.pdf)

HUD *esnaps* CoC Program Applications and Grants Management System:

<https://www.hudexchange.info/programs/e-snaps/>

The OHCD reserves the right to publish additional information subject to NOFO guidelines and additional HUD guidance and further reserves the right to modify, correct or amend this RFP in order to ensure consistency with HUD regulations.

The HUD NOFO sets up the procedure by which a CoC, through its Collaborative Applicant, submits a single collaborative application to fund the CoC and eligible projects that advance the CoC's goals. The Collaborative Applicant for the New Bedford CoC (HSPN) is the City of New Bedford through its Office of Housing & Community Development (OHCD). The OHCD serves as grantee and administers the CoC and all grants awarded to the CoC.

The consolidated application that will be submitted by the OHCD for the FY2021 CoC Program Competition will include eligible new projects and renewal projects from prior competitions. The CoC is specifically seeking proposals from New Bedford providers of services and housing for renewal projects, new Permanent Housing-Supportive Housing (PH-PSH) projects and new Permanent Housing-Rapid Rehousing projects (PH-RRH) as well as the following projects under the DV Bonus specifically dedicated to serving survivors of domestic violence, dating violence, sexual assault or stalking who are defined as homeless (24 CFR 578.3): new PH-RRH, new Joint Transitional Housing (TH) and PH-RRH projects and new Supportive Service-Only (SSO) Coordinated Entry projects. The highest need is for new permanent housing.

Please review the HUD website materials for technical assistance. If questions remain after doing so, please contact the Office of Housing & Community Development at 508.979.1500.

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

The New Bedford CoC's Performance Review Committee (PRC) will recommend new projects to be put forward with the New Bedford CoC FY21 Collaborative Application to HUD. Any new projects, together with renewal projects, will go through the PRC ranking process (Appendix B) and be subject to the final approval by the governing board of the CoC, its Homeless Service Provider Network (HSPN).

That final ranking, along with final project applications to be submitted through HUD's *esnaps* system, will, along with the project priority listing, be paired with the CoC's collaborative application and will constitute the CoC's 2021 Consolidated Application to HUD. HUD will make final decisions regarding awards via a national competition.

**The deadline for submission of the application is Friday, October 1, 2021 by 12.00 PM.**

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## Eligible Applicants

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

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

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

## Funding Availability

The New Bedford Continuum of Care expects to be awarded an estimated \$1,889,575 this funding round and may receive additional funding for bonus projects. Available funding anticipated consists of:

- ❑ **Renewal Projects.** The total amount of funding estimated to be available for Renewal Projects (see Eligible Projects) from HUD is \$1,889,575; this amount is based on the amount of currently funded projects eligible for renewal funding; this is also referred to as the Annual Renewal Demand (ARD) as determined by HUD. Annual grant amounts for existing permanent housing programs range from approximately \$123,296 to \$672,667; the average permanent housing grant size is roughly \$294,175.
- ❑ **New Projects** can be funded through reallocation from existing projects or through a bonus funding process, as described in this RFP. New project activities are limited by HUD to permanent supportive housing, rapid re-housing, joint transitional/rapid re-housing and coordinated entry SSO projects specifically related to domestic violence as detailed in the NOFO. HUD strictly limits the type of projects for which reallocated or bonus funds may be used.
  - **New Project through a CoC Bonus.** It is anticipated that the total amount of funding to be available through the CoC bonus will be \$118,994.
  - **New Project through a DV Bonus.** It is anticipated that the total amount of funding which the New Bedford CoC may apply for under this bonus will be \$356,983.

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

Tier 1 will be equal to 100% of the CoC's Annual Renewal Demand (ARD) or \$1,889,575; Tier 2 is the difference between Tier 1 and the maximum amount of renewal, reallocation and CoC Bonus funds that the CoC can apply for (exclusive of CoC planning projects or projects selected with DV Bonus funds). For New Bedford's CoC, it is estimated that Tier 2 will be roughly \$118,994.

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

## Eligible Projects

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

### ☒ **Renewal Projects**

Projects currently funded as CoC Permanent Supportive Housing (PSH) or Permanent Housing Rapid ReHousing (PH-RRH) are eligible for renewal for FY 2021 funds if they have a subrecipient agreement that expires in Calendar Year 2022. Projects may renew as is, or they may be part of transition, expansion or consolidated projects as further described in this section:

- **“Transition Grants:”** This year, HUD is permitting HUD transition grants that will allow renewal projects to “transition” from one CoC program component to another during the CoC Program Competition. Transition Grants are *not* an additional source of funding but rather, would be part of the existing Annual Renewal Demand (ARD) amount for the CoC. No more than 50% of each transition grant may be used for costs of eligible activities of the program component originally funded, transition grants in this competition are eligible for renewal in subsequent fiscal years for eligible activities of the new program component and eligibility to receive a transition grant requires renewal project applicants to have the consent of the CoC and meet all other criteria and standards in the NOFO. See *Section III.B.2.z. of the HUD NOFO for further details.*
- **“Expansion Projects:”** Projects currently funded under the CoC Supportive Housing Program (SHP) may apply to expand an existing renewal project in accordance with the NOFO. See *Section V.4.a.(6) of the HUD NOFO for further details.*
- **“Consolidated Projects:”** Eligible renewal project applicants can consolidate two or more eligible renewal projects into one project application during the application process. This means that a CoC Program subrecipient no longer must wait for a grant agreement amendment to be executed to consolidate two or more grants before it can apply for a single consolidated project in the CoC Competition. Consultation with the OHCD prior to undertaking this opportunity is required as HUD must confirm eligibility to consolidate projects. See *Sections II.B.6 and V.4.a.(7) of the HUD NOFO for further details.*

### ☒ **New Projects**

Projects not currently funded in the MA-505 and that propose to provide new CoC Permanent Supportive Housing (PSH) are eligible for FY2021 funds provided they meet all requirements of the NOFO and this RFP including aspects further described in this section:

- **Permanent Supportive Housing (PSH) for Chronically Homeless Individuals or Families (CoC Bonus Projects)** New permanent supportive housing projects that will serve 100% chronically homeless individuals or families, or, persons who meet the definition of DedicatedPLUS (See *Section III.B.2.g of the HUD NOFO for further details* ) are eligible to apply in this competition in accordance with the NOFO. Permanent housing is community-based housing, the purpose of which is to provide housing without a designated length of stay. Grant funds may be used for leasing, rental assistance, operating costs and supportive services; definitions and guidance for each of these items is at 24 CFR 578.49 - 24 CFR 578.63. “Chronically homeless” is defined in Appendix A of this RFP.
- a. **New PH-RRH, Joint TH and PH-RRH and SSO Coordinated Entry Projects providing eligible activities that the Secretary of HUD determines are critical in order to assist persons fleeing/attempting to flee domestic violence (DV Bonus Projects)** New projects that are dedicated to survivors of domestic violence, dating violence, sexual assault, or stalking as defined at 24 CFR 578.3 Definition for Homeless, paragraph (4) are eligible to apply for funding in this competition. The following project types are permitted to apply for a DV Bonus consistent with, and further defined within, the NOFO:
  - **Permanent Housing Rapid Re-housing (PH-RRH) projects** dedicated to serving survivors of domestic violence, dating violence, sexual assault or stalking that are defined as homeless (24 CFR 578.3) and that follow a housing first approach.
  - **Joint TH and PH-RRH component projects** defined in Section III.B.2.q. of this NOFO dedicated to serving survivors of domestic violence, dating violence, sexual assault or stalking that are defined as homeless (24 CFR 578.3) and that follow a housing first approach.
  - **SSO Projects for Coordinated Entry (SSO-CE)** to implement policies, procedures, and practices that equip the CoC’s coordinated entry to better meet the needs of survivors of domestic violence, dating violence, sexual assault, or stalking (e.g., to implement policies and procedures that are trauma-informed, client-centered or to better coordinate referrals



between the CoC's coordinated entry and the victim service providers coordinated entry system where they are different).

Additional information germane to these projects:

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

## Eligible Populations

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

### 1. Permanent Supportive Housing (PSH)

- ❑ All PSH projects must dedicate 100% of the units to chronically homeless individuals and/or chronically homeless families as defined by HUD. (See Appendix A).

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

## 2. PH Rapid Re-Housing (PH-RRH)

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

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

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

## 4. SSO Projects for Coordinated Entry (SSO-CE) Component Projects

- ❑ Individuals and families who are survivors of domestic violence, dating violence, sexual assault or stalking.

## Eligible Costs

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

### Rental Assistance

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

### Leasing

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

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

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

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

### Supportive Services

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

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

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

*Eligible supportive services costs:*

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

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

#### **Operating Costs**

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

*Eligible operating costs:*

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

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

#### **Project Administration**

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

## Matching Funds

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

## Homeless Management Information System

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

## Coordinated Entry/Assessment System

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

## Grant Term

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

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

## HUD Requirements & Resources

While this document summarizes key components of the CoC Program, more information is available from the NOFO, itself and HUD.

Continuum of Care Program information is available at the HUD exchange website here:	<a href="https://www.hudexchange.info/programs/coc/">https://www.hudexchange.info/programs/coc/</a>
A copy of the NOFO 2021 is available here:	<a href="https://www.hud.gov/sites/dfiles/SPM/documents/FY21_Continuum_of_Care_Compensation.pdf">https://www.hud.gov/sites/dfiles/SPM/documents/FY21_Continuum_of_Care_Compensation.pdf</a>
HUD Resource page on the Continuum of Care Program Competition 2021	<a href="https://www.hud.gov/program_offices/comm_planning/coc/competition">https://www.hud.gov/program_offices/comm_planning/coc/competition</a>
If selected, it is recommended that all renewal applicants under this RFP also review information from HUD published here:	<a href="https://www.hud.gov/sites/dfiles/CPD/documents/FY-2021-Renewal-Project-Application-Detailed-Instructions.pdf">https://www.hud.gov/sites/dfiles/CPD/documents/FY-2021-Renewal-Project-Application-Detailed-Instructions.pdf</a>
If selected, it is recommended that all new applicants under this RFP also review information from HUD published here:	<a href="https://www.hud.gov/sites/dfiles/CPD/documents/FY-2021-New-Project-Application-Navigational-Guide.pdf">https://www.hud.gov/sites/dfiles/CPD/documents/FY-2021-New-Project-Application-Navigational-Guide.pdf</a>
HUD e-snaps Training and Resources Page,	<a href="http://www.hudhre.info/esnaps/">http://www.hudhre.info/esnaps/</a>

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

All parties intending to apply for funding are strongly encouraged to review the program regulations, both new and renewal applicants.

*The RFP Continues on the following page.*

## Timeline

CoC Competition Timeline.2021	
OBJECTIVE RANKING SELECTION PROCESS and PUBLIC AVAILABILITY	
<b>May 20<sup>th</sup>, June 17<sup>th</sup> and July 15<sup>th</sup> 2021</b>	Public Announcement made during HSPN meetings asking those interested in new or renewal project opportunities for the coming CoC Competition round to contact the Collaborative Applicant (the City of New Bedford's Office of Housing and Community Development).
<b>August 18.2021</b>	HUD releases the 2021 NOFO.
<b>September 10.2021</b>	The City of New Bedford's Office of Housing and Community Development (OHCD) as the CoC Lead issues an RFP for Renewals and New Projects.
<b>October 1.2021</b>	RFP's Date by which Renewal and New Project proposals are to be submitted to the City of New Bedford's OHCD by 12.00noon. <i>(Per HUD, this deadline is no later than 30 days before the November 16<sup>th</sup> Application Deadline.)</i>
<b>TBD</b>	Performance Review Committee Meeting/Project Review for consideration of project performance for renewal applications and proposed new projects if applicable resulting in a proposed slate for the HSPN October meeting.
<b>October 21.2021</b>	HSPN Meeting to review and approve Performance Review Committee recommendations for new projects, renewal projects and priority rankings.
<b>October 22.2021</b>	The 2021 Ranking and Selection Results posted on HSPN website at <a href="http://www.nbhspn.com">www.nbhspn.com</a> . Results, both ranked projects and denied projects, sent to project applicants in writing.
<b>October 28.2021</b>	Any and all appeals due to OHCD by 12.00pm. Agencies that have appealed will be notified in writing prior to the NOFA application submission.
<b>October 29.2021</b>	All ranked projects to submit a PDF file to the OHCD of their <i>esnaps</i> application by 12.00 noon.
<b>November 3.2021</b>	OHCD contacts project applicants with any corrections for final submission.
<b>November 8.2021</b>	Applicants submit final corrected applications by 12.00 noon.
<b>November 10.2021</b>	<u>Target date for Completion of Draft Collaborative Application.</u> Collaborative Application, Project Listing and Project Applications are complete and entered into <i>esnaps</i> (though not submitted yet). A copy of all draft materials is posted on the CoC website at <a href="http://www.nbhspn.com">www.nbhspn.com</a> for public comment. Community Members and Key Stakeholders notified of its availability for public comment.
<b>November 12.2021</b>	<u>Local Target Date for Submission of Collaborative Application.</u> Incorporate any changes necessitated from public comments and submit in <i>esnaps</i> . <i>(Per HUD, these materials are posted on the website two days before application submission).</i>
<b>November 16.2021</b>	<b>HUD Deadline for receipt of all Collaborative Applications.</b>

# Threshold Requirements & Competitive Review

## Threshold Requirements.

To be eligible for consideration as an applicant for funding described in the NOFO and this RFP, all projects must first successfully pass a review of threshold requirements. The OHCD will perform a threshold review of all submitted projects. Each project must meet the eligibility requirements for applicants of HUD grant programs stipulated in the NOFO (*See Section 5.B.1 of the NOFO for details*) as well as the project eligibility threshold requirements and project quality threshold requirements stipulated in the NOFO (*See Section V.C.3.b and c. of the NOFO for details*) and the following minimum standards in order to be considered for scoring; those projects not meeting the threshold criteria as determined by the OHCD will not be scored or considered for funding:

<b>Threshold Criteria</b>
<b>new projects:</b>
<ul style="list-style-type: none"> <li>▪ Evidence that the project will improve the CoC's system performance.</li> </ul>
<ul style="list-style-type: none"> <li>▪ Demonstrated financial and management capacity and experience to carry out the project including documentation of having served HUD-eligible individuals/families experiencing homelessness during the previous calendar year.</li> </ul>
<ul style="list-style-type: none"> <li>▪ Proposal for an eligible activity for eligible homeless population pursuant to HUD requirements</li> </ul>
<ul style="list-style-type: none"> <li>▪ Eligibility as contractor for federal funds per <a href="https://www.sam.gov/">https://www.sam.gov/</a>, current tax-exempt status as verified by IRS 501(c)3 designation letter and must not owe overdue tax debts as documented on IRS 990 submission to the IRS.</li> </ul>
<ul style="list-style-type: none"> <li>▪ Must not propose to use HUD funds to supplant current funding</li> </ul>
<ul style="list-style-type: none"> <li>▪ Must identify matching funds prior to application submission</li> </ul>
<ul style="list-style-type: none"> <li>▪ Must agree to participate in the CoCs HMIS (or comparable data base if DV project) and coordinated entry</li> </ul>
<ul style="list-style-type: none"> <li>▪ Must provide copy of Code of Conduct</li> </ul>
<ul style="list-style-type: none"> <li>▪ Must provide a complete application by the deadline including submission of all required certifications specified</li> </ul>
<b>renewal projects:</b>
<ul style="list-style-type: none"> <li>▪ Must be meeting plans and goals established in the initial application,</li> </ul>
<ul style="list-style-type: none"> <li>▪ Must demonstrate all timeliness standards, including standards for the expenditure of grant funds,</li> </ul>
<ul style="list-style-type: none"> <li>▪ Demonstration of positive performance in assisting program participants to achieve and maintain independent living and records of success.</li> </ul>
<ul style="list-style-type: none"> <li>▪ Must be a current and active participant in the CoC's HMIS and its coordinated entry system</li> </ul>
<ul style="list-style-type: none"> <li>▪ Must provide a complete application by the deadline including submission of all required certifications specified</li> </ul>
<b>all projects:</b>
<ul style="list-style-type: none"> <li>▪ If for housing, project proposes to serve 100% Chronically Homeless individuals and families;</li> </ul>
<ul style="list-style-type: none"> <li>▪ Application demonstrates a plan for rapid implementation/seamless continuation of the program.</li> </ul>
<ul style="list-style-type: none"> <li>▪ Evidence of coordination with housing and healthcare consistent with the NOFO (<i>see VII B.6 in NOFO for details</i>)</li> </ul>
<ul style="list-style-type: none"> <li>▪ Evidence of racial equity and the promotion of meaningful involvement of those with lived experience in program administration.</li> </ul>

## Competitive Review

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

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

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

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

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

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

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

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

## Application Requirements

This RFP was released on August 18, 2021 and is subject to change. A one-page application for RENEWAL projects as well as a multi-page application for NEW projects are both located within Appendix D.

### Deadline

Agencies desiring to submit renewal and/or new projects must submit a completed application packet including required attachments to the City by 12:00pm on Friday, October 1, 2021. **Late applications will not be accepted.**

### Submission

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

### Project Requirements & Priorities

All applications must propose eligible activities/projects and serve eligible populations as further described within this RFP and within the published NOFO. All CoC Program funded projects must comply in full with New Bedford's Written Standards as well as all HUD regulations and NOFO requirements. HUD regulations that govern the CoC Program may be found at:

<https://www.hudexchange.info/resources/documents/CoCProgramInterimRule.pdf>

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

## Additional Resources & Information

HUD Homelessness Resource Exchange, <http://www.hudhre.info/>

HUD Supportive Housing Program Desk Guide, <http://www.hudhre.info/index.cfm?do=viewShpDeskguide>



# Appendices

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## Appendix A

### Definition of Homeless and Chronically Homeless

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#### **“Homeless” is defined as:**

1. An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:
  - (1) An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground;
  - (2) An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low- income individuals); or
  - (3) An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.
2. An individual or family who will imminently lose their primary nighttime residence, provided that:
  - (1) The primary nighttime resident will be lost within 14 days of the date of application for homeless assistance;
  - (2) No subsequent residence has been identified and
  - (3) The individual or family lacks the resources or support networks (e.g. family, friends, faith-based or other social networks) needed to obtain other permanent housing;
3. (not applicable)
4. Any individual or family who:
  - (1) Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual’s or family’s primary nighttime resident or has made the individual or family afraid to return to their primary nighttime residence;
  - (2) Has no other residence and
  - (3) Lacks the resources or support networks (e.g. family, friends, faith-based or other social networks) needed to obtain other permanent housing.

#### **“Chronically homeless” is defined as:**

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

## Appendix B

### CoC Application Selection Process, Scoring, Ranking, and Reallocation Process 2021

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#### Selection Process

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

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

Agencies that do not meet the threshold score or who are not recommended for funding may appeal and address the members of the COC PRC based only on the guidelines within this Appendix B (agencies recommended or only partially funded are not eligible to request an appeal).

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

In the case of renewal applications, the scoring rubric evaluates past performance. In the case of new applications and renewal applications, the scoring rubric evaluates practices that will improve the New Bedford CoC's system response to homelessness and align this response with national policies and best practices. These include, but are not limited to:

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

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

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

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

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

#### Scoring

##### New Projects

Consideration for funding of new projects funded out of the CoC Bonus and/or including those created as a result of reallocation, will be based on the following performance objectives:

- ❑ Agency Experience and Capacity (20 point maximum)
- ❑ Project Quality (40 point maximum)

- ☒ Match Resources (20 point maximum)
- ☒ Fiscal Management (20 point maximum)

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

<b>Scoring Criteria :: New Projects</b>	
STANDARDS AND SCORING	MAX POINTS
<p><b>Agency Experience and Capacity.</b> Applicants demonstrating extensive experience in administering HUD or other federal funds and providing the proposed service and/or serving the proposed population will receive 20 points.</p>	<b>20</b>
<p><b>Project Quality.</b> Each application will be scored on the overall quality of the project, and the extent to which the applicant can clearly demonstrate the following:</p> <ul style="list-style-type: none"> <li>▪ <u>Housing First (10 points)</u>: Applicants may receive up to 10 points based on the extent to which the new Bonus project will follow a Housing First model/low barrier approach.</li> <li>▪ <u>Chronic Homeless (8 points)</u> Projects serving at least 100% of beds dedicated to chronic homeless will receive 10 points.</li> <li>▪ <u>Severity of Barriers (3 points)</u>: For those projects where at least 70% of its participants are identified as having substance use disorders and/or mental health issues will receive 3 points.</li> <li>▪ <u>Mainstream Services (4 points)</u>: Applicants may receive up to 4 points based on the extent to which the project is fully leveraging mainstream resources for supportive services.</li> <li>▪ <u>Low Barrier (5 points)</u>: Projects demonstrating low barriers to program admission and flexible participation policies designed to retain program participants will receive 5 points.</li> <li>▪ <u>Homeless Lived Experience (5 points)</u>: Applicants may receive up to 5 points based on the extent to which the agency authentically incorporates those currently experiencing homelessness or with lived experience into decision-making.</li> <li>▪ <u>Racial Equity (5 points)</u>: Projects demonstrating initiatives consistent with racial equity and the equity of those historically marginalized may receive up to 5 points.</li> </ul>	<b>40</b>
<p><b>Match Resources.</b> Projects demonstrating ability to match the required HUD 25% match will receive 20 points.</p>	<b>20</b>
<p><b>Fiscal Management.</b> To receive maximum points, applicants must demonstrate history of financial stability, including prompt expenditure of program funds, and no outstanding audit or HUD monitoring findings.</p>	<b>20</b>
<b>TOTAL POSSIBLE POINTS <i>for</i> NEW PROJECTS</b>	
<b>100</b>	

### Renewal Projects

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

- ☒ Performance (70 point maximum)
- ☒ Data Quality (10 point maximum)
- ☒ Fiscal Management (10 point maximum)
- ☒ Narrative Responses #3-6 (10 point maximum)

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

Scoring Criteria :: Renewal Projects			
GOALS	PERFORMANCE STANDARD	SCORING	MAX POINTS
<b>1. Housing Stability</b> <i>Persons residing in permanent housing exited to another form of a permanent housing destination.</i> <b>Goal 85%</b>	<u>Based on APR Q1 &amp; Q23c</u> <i>The % of persons who exited to permanent housing destinations as of the end of the operating year.</i>	≥85%=20 80%-84%= 15 65%-79%= 10 55%-64%= 5 ≤54%= 0	<b>10</b>
<b>2. Returns to Homelessness</b> <i>Persons exiting permanent housing will not return to homelessness (Including Transitional Housing)</i> <b>Goal &lt;10%</b>	<u>Based on APR Q1 &amp; Q23c</u> <i>The % of persons in the PSH program returning to homelessness shall be less than 10%.</i>	<0% - <2%= 10 <3% - <5% = 7 <6% - <8% = 4 <9% =2 <10%= 0	<b>10</b>
<b>3. Earned Income – Stayers</b> <i>Adult stayers will increase earned income (employment income).</i> <b>Goal 10%</b>	<u>Based on APR Q19a1 – Adults with Earned Income</u> <i>The % of persons ages 18 or older staying in the program who increased their income (employment income) as of the latest annual assessment.</i>	≥10%= 5 9%-7%= 4 6%-4%= 3 3%-2%= 2 ≤1%= 0	<b>5</b>
<b>4. Non-Employment Cash Income – Stayers</b> <i>Adult stayers will increase non-employment cash income (mainstream resources).</i> <b>Goal 40%</b>	<u>Based on APR Q19a1 – Adults with Other Income</u> <i>The % of persons ages 18 or older staying in the program who increased their non-employment cash income (mainstream resources) as of the latest annual assessment</i>	≥40%= 5 39%-30%= 4 29%-20%= 3 19%-10%= 2 ≤9%= 0	<b>5</b>
<b>5. Earned Income – Leavers</b> <i>Adult leavers will increase earned income (employment income).</i> <b>Goal 20%</b>	<u>Based on APR Q19a2 – Adults with Earned Income</u> <i>The % of persons ages 18 or older leaving the program who increased their income (employment income) by program exit.</i>	≥20%= 5 14%-19%= 4 7%-13%= 3 2%-6%= 2 ≤1%= 0	<b>5</b>
<b>6. Non-Employment Cash Income – leavers</b> <i>Adult leavers will increase non-employment cash income (mainstream resources).</i> <b>Goal 50%</b>	<u>Based on APR Q19a2 – Adults with Other Income</u> <i>The % of persons ages 18 or older leaving the program who increased their non-employment cash income (mainstream resources) by program exit.</i>	≥50%= 5 49%-40%= 4 39%-30%= 3 30%-20%= 2 ≤19%= 0	<b>5</b>
<b>7. Utilization Rate - Beds</b> <i>Program operates at full capacity, with low vacancy rate, and quickly fill vacancies.</i> <b>Goal 90%</b>	<u>Based on APR Q8b</u> <i>Average quarterly utilization rate during the operating year.</i>	≥90%= 15 70%-89%= 10 51%-69%= 5 ≤50%= 0	<b>15</b>
<b>8. Date Quality</b> <i>Agency's thoroughness in ensuring all data is collected and entered into HMIS.</i> <b>Goal = No Omissions</b>	<u>Based on APR Q2, Q3, Q4, Q5</u>	0 oms= 10 1%-10%= 6 11%-20%= 4 21%>= 0	<b>10</b>
<b>9. Chronic Homeless - Persons</b> <i>Persons who are chronically homeless by household</i> <b>Goal 100%</b>	<u>Based on APR Q26b</u> <i>The # of chronically homeless persons divided by the total number of persons served.</i>	Prorated up to 15 points for 100% of CH Beds.	<b>15</b>
<b>10.Fiscal Management</b> <i>Complete and timely drawdown of funds.</i> <b>Goal = 100% Drawdown</b>	<u>Based on HUD LOCS</u>	0%=10 1%-5%= 8 6%-10%= 5 10%>= 0	<b>10</b>
<b>11.Narrative Responses.</b> <i>Applicant responses to narrative responses #3, #4, #5 and #6 will each be scored with a cumulative total of 10 points possible.</i>		Up to 2.5 points per question possible	<b>10</b>
<b>TOTAL POSSIBLE POINTS</b>			<b>100</b>

## Additional Evaluation Criteria

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

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

## Ranking

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

The CoC renewal application components and narratives serve to:

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

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

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

The final ranking for this competition will be posted online at [www.nbhspn.com](http://www.nbhspn.com) after the CoC ranking vote is taken at a date to be determined.

## Reallocation Process

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

The New Bedford CoC relies on this reallocation process in determining funding to ensure highest performing projects and those that can positively effect system performance throughout the continuum receive reallocated funding from lower-performing projects.

A copy of the New Bedford CoC's Reallocation Process is available online at [www.nbhspn.com](http://www.nbhspn.com).

## Appendix C

### Match for the Continuum of Care Program

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#### Match Guidance:

- ❑ Per the HEARTH Interim Rule (24 CFR 578.73), match must equal at least **25 percent of the total grant request including admin costs but excluding leasing costs** (i.e., any funds identified for Leased Units and Leased Structures). For example, if the 'total assistance requested' is \$100,000, and the project applicant did not request costs for Leased Units or Leased Structures, then the project applicant must secure commitments for match funds equal to no less than \$25,000. For example, if the 'total assistance requested' is \$100,000, of which \$50,000 is for Leased Units or Leased Structures, then the project applicant must secure commitments for match funds equal to no less than \$12,500 (i.e.,  $(\$100,000 \text{ Total Assistance} - \$50,000 \text{ Leasing}) \times .25$ ).
- ❑ HUD expects that the full match amount committed in the application is met and would monitor based on that amount. Match that exceeds the minimum requirement should be used to meet the leverage requirements described below.
- ❑ The total match requirement can be met through **cash, in-kind, or a combination** of the two.
- ❑ Match must be used for **eligible costs** for the program component you are applying for, as set forth in the HEARTH Interim Rule (Subpart D of 24 CFR part 578).
- ❑ **Cash sources.** A recipient or subrecipient may use funds from any source, including any other federal sources (excluding Continuum of Care program funds), as well as State, local, and private sources, provided that funds from the source are not statutorily prohibited to be used as a match. The recipient must ensure that any funds used to satisfy the matching requirements of this section are eligible under the laws governing the funds in order to be used as matching funds for a grant awarded under this program.
- ❑ The recipient may use the value of any real property, equipment, goods, or services contributed to the project as match, provided that if the recipient had to pay for them with grant funds, the costs would have been eligible. Any such value previously used as match, may not be used again.
- ❑ If match is provided through **in-kind sources** from a third party, it must be documented by an **MOU** between the recipient or subrecipient and the third party that will provide the services. Services provided by individuals must be **valued at rates consistent** with those ordinarily paid for similar work in the recipient's or subrecipient's organization. If the recipient or subrecipient does not have employees performing similar work, the rates must be consistent with those ordinarily paid by other employers for similar work in the same labor market. The MOU must establish the **unconditional commitment**, except for selection to receive a grant, by the third party to provide the services, the **specific service** to be provided, the **profession** of the persons providing the service, and the **hourly cost** of the service to be provided. Subrecipients using staff time as an in-kind match must provide job descriptions for each position.



- ❑ During the term of the grant, the recipient or subrecipient must keep and make available, for inspection, **records documenting the service hours provided.**
- ❑ **To qualify as match, funds must come to and be disbursed by the grantee.** If benefits are paid directly to program participants, the funding is not going through the agency's books and it cannot be counted as match.
- ❑ Tenant rent payments or public benefits participants receive **may not be used as match.** When the rents are paid directly to the sponsor agency, it is considered to be 'program income' and program income cannot be used as match. Similarly, rent paid directly to a private landlord does not come to the grantee and so cannot qualify as match. Benefits received by tenants such as SSI, do not go to the grantee and cannot be used as match.

## Appendix D

### Applications

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The 2021 CoC competition is open to renewal and eligible new projects, all of which will be scored competitively. The highest scoring projects will be included in the CoC Consolidated Application submitted to HUD. Each project requires its own complete application.

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

#### For RENEWAL project applications (only)...

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

- Completed CoC Renewal Application (*begins on the following page*)
- 2021 (or most recent) Form 990 for Applicant (Subrecipient)
- Most recent audited financial statement (Required only if \$750,000 in aggregate federal funds expended)
- A copy of the last "e-snaps" application for the project submitted to HUD (likely 2019). Applicant must review it and provide a marked-up copy with any changes to the city as part of complete application submission. (Please note that changes to the budget should be noted on the attached budget).
- A copy of the most recently completed Annual Performance Report (APR) for the most recent grant year. Please note: data for other time periods may be used by the city in developing performance scores for ranking of projects, subject to information in the HUD Notice of Funding Availability.

#### For NEW project applications (only)...

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

- Completed CoC New Project Application (*begins after the Renewal Application*)
- 2021 (or most recent) Form 990 for Applicant
- Most recent audited financial statement (Required only if \$750,000 in aggregate federal funds expended)
- Evidence of eligibility as contractor for federal funds per <https://www.sam.gov>,
- Current tax-exempt status verified by IRS 501(c)3 letter
- Copy of Code of Conduct for Applicant Agency

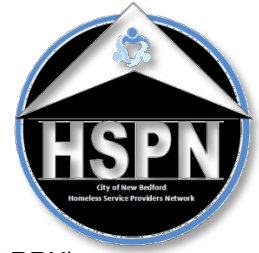
**IMPORTANT!**

Failure to include the materials noted for your application type means that your application is incomplete and will not meet the requirements of this RFP.

**The deadline for submission of this application is Friday, October 1, 2021 by 12.00 pm.**



# 2021 COC RENEWAL APPLICATION



For New Bedford CoC Renewal Projects that will provide Permanent Supportive Housing (PSH) or Permanent Housing Rapid Rehousing (PH-RRH)

The deadline for submission of this application is Friday, October 1, 2021 by 12.00 pm.

Applicants must submit a complete application including all additional materials referenced in the RFP to be considered.

## I. AGENCY AND PROJECT INFORMATION

<b>Name of Applicant Agency:</b>			
<b>Project Name:</b>			
<b>Project Location:</b> <i>(Physical address of the project; if project is scattered site, write "scattered site.")</i>			
<b>Check Only if Applicable:</b>	<input type="checkbox"/> Transition Grant	<input type="checkbox"/> Expansion Project	<input type="checkbox"/> Consolidated Project
<b>Check HUD Component Type:</b>	<input type="checkbox"/> Permanent Housing	<input type="checkbox"/> Rapid Re-Housing	
<b>Renewal Amount</b> <i>(Same as current budget total):</i>			
<b>Agency DUNS Number:</b>		<b>Tax ID or EIN</b> <i>(format: 12-3456789)</i>	

<b>Project Contact Person:</b>			
<b>Job Title of Contact Person:</b>			
<b>Agency Mailing Address:</b>			
<b>Contact Phone Number:</b>		<b>Fax number:</b>	
<b>Email Address:</b>			

<b># of Units Proposed:</b>	
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<b># of Beds Proposed:</b>	
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If you checked either Transition Grant, Expansion Project or Consolidated Project in the section above, please detail the exact nature of what is being proposed through the use of one of these options as relates to the renewal of your project. Please be sure that your understanding and application of these terms is consistent with the NOFO and this RFP. If none of these were checked, please mark this as Not Applicable and proceed to the narratives on the following page.

## II. PROJECT NARRATIVES

<b>1. Does the project have 100% dedicated beds for chronically homeless individuals and/or families?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>If YES:</b> Briefly demonstrate that the proposed renewal does and will continue to first serve the chronically homeless according to the order of priority established in the CoC Written Standards and in Section III.A. of Notice CPD-14-012. To receive full points, the applicant must clearly describe the system it currently uses to determine severity of need for the chronically homeless, its process for prioritizing persons with the most severe needs, and the outreach process used to engage chronically homeless persons living on the streets and in shelter.</p> <p><b>If NO:</b> Please describe what prioritization is followed and why chronic homelessness is not prioritized.</p>	
<b>2. If funded, does the applicant anticipate a seamless continuation of the program?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>If NO,</b> please briefly describe challenges or barriers you face in ensuring seamless continuation.</p>	
<b>3. Has the proposed renewal project maximized the use of mainstream and other community-based resources, specifically including this program's coordination with public and private healthcare organizations consistent with the NOFO?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>If YES:</b> Briefly identify with whom such coordination has been undertaken, how long it has existed or when it is anticipated to start and provide a description of the nature of the healthcare collaboration and the extent to which it benefits program participants.</p> <p><b>If NO:</b> Briefly describe what barriers may be faced in so doing and what future plans the program has for mitigating those barriers toward collaboration with a healthcare partner.</p>	
<b>4. Has the agency, specific to the proposed renewal project, intentionally and effectively instituted racial equity and/or equity initiatives including efforts to obtain input and include historically marginalized populations when identifying any barriers to participation faced by such persons?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>If YES:</b> Briefly describe what the agency has done, the breadth of its efforts and its relatedness to the proposed renewal project. Please discuss whether this is agency-wide, program-specific, related to staff and/or related to service delivery, barriers, etc..</p> <p><b>If NO:</b> Briefly describe what barriers may be faced in so doing and what future plans the program has for mitigating those barriers in order to ensure racial equity and equity for historically marginalized populations.</p>	

<b>5. Has the agency, specific to the proposed renewal project, intentionally and effectively engaged with those with current or recent-past lived experiences of homelessness?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>If YES:</b> Briefly identify the level of involvement those with lived experience have in shaping policy and program administration.</p> <p><b>If NO:</b> Briefly describe what barriers may be faced in so doing and what future plans the program has for mitigating those barriers toward empowering those with lived experience within the proposed renewal project and authentically listening and acting upon their suggestions.</p>	
<b>6. Does the proposed renewal project actively operate following the Housing First model?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>If YES:</b> Briefly identify if there are any circumstances which would lead to your tenant's removal from the program (<i>e.g. failure to participate in supportive services, failure to make progress on a service plan, loss of income or failure to improve income, being a victim of domestic violence or other activity not covered in a typical lease agreement</i>).</p> <p><b>If NO:</b> Briefly describe why the renewal program does not follow the Housing First model.</p>	
<b>7. Has your agency experienced any findings, unspent balances, inability to invoice for financial expenditures in a timely manner, or failure to consistently submit all required reporting to the OHCD/HUD including in SAGE, APRs, etc. over the past two years?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>If YES:</b> Briefly discuss what issues have existed, what circumstances arose that caused them, how the agency responded/is responding and what steps are being taken to ensure agency capacity and no issues going forward during the coming renewal year.</p>	
<b>8. In considering the results of the most recently submitted APR and the past two quarterly reports for this program, has this project met all/exceeded all of the metrics expected of it?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>If NO:</b> Briefly discuss what issues have existed that have precluded the program from achieving these performance metrics and what steps are being taken to ensure the agency addresses and mitigates such issues going forward during the coming renewal year.</p>	

### III. FISCAL INFORMATION

9. Do you anticipate you will have unexpended funds at the expiration date of your current contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Have you had unexpended funds at the expiration of grant terms in the past two years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>If YES:</b> Please identify how much money you anticipate leaving unexpended this year/have left in the past two years (dollar amounts by year) and briefly identify why funding was returned discussing how that will change in the coming grant cycle if the proposed renewal is funded.</p>	

### IV. MATCH

You are required to provide a SIGNED LETTER(s) on agency letterhead detailing the source and amount of the required 25% match. Match can include in-kind components that are exclusively and directly part of the project and may be cash or non-cash (in-kind) resources provided by the recipient toward the actual costs of operating the project. Cash can come from other grant funding, unrestricted general funds, fundraising activities, private donations, etc. Enter the Source, amount of your match and when the funds will be available for one year. All grant funds must be matched with an amount no less than 25% of the awarded grant amount (excluding the amount awarded to the leasing budget line item) with cash or in-kind resources. Cash and In-Kind Match entered into the budget must qualify as eligible program expenses under the CoC Program interim rule. Please note: final match letters are not due with this renewal application, however the applicant should be prepared to produce final letters upon request and dated in accordance with HUD requirements.

**Amount of Match Being Provided:**                      \$\_\_\_\_\_

### V. ASSURANCES

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

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

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

- Organization has staff vacancies that are of a duration that could affect the projected number of participants served or result in HUD funds not being fully expended;

- Changes to an existing project that are significantly different than what the funds were originally approved for, including any budget amendments/modifications submitted to HUD and agrees to bring these to the city's OHCD for approval prior to the final 30 days of the grant year;
- Any increase/decrease in match funding for the project that could affect the projected number of participants served, services provided, ability to meet matching requirements, etc. and
- Significant delays in the start-up or operation of a project.

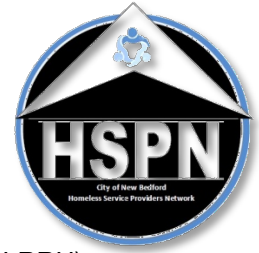
<b>Authorized Signer's Name:</b>	
<b>Title:</b>	
<b>Phone:</b>	
<b>Email:</b>	
Signature of Authorized Representative:	
<hr style="width: 30%; margin: 0 auto;"/> <input type="checkbox"/> "X" indicates electronic signature submitted	
<b>Date:</b>	

**IMPORTANT!**

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



# 2021 COC NEW PROJECT APPLICATION



For New Bedford New CoC Projects that will provide Permanent Supportive Housing (PH-PSH), Permanent Housing Rapid Rehousing (PH-RRH), Joint TH and PH-RRH projects and New DV Projects (RRH, Joint TH and PH-RRH and Coordinated Entry SSO)

The deadline for submission of this application is Friday, October 1, 2021 by 12.00 pm.

Applicants must submit a complete application including all additional materials referenced in the RFP to be considered.

## I. AGENCY AND PROJECT INFORMATION

<b>Name of Applicant Agency:</b>			
<b>Project Name:</b>			
<b>Project Location:</b> <i>(Physical address of the project; if project is scattered site, write "scattered site.")</i>			
<b>Check Applicable One Only:</b>	<input type="checkbox"/> Permanent Supportive Housing (PSH)	<input type="checkbox"/> DV Bonus Project	
<b>Check Applicable One Only if applying for a DV Bonus Project:</b>	<input type="checkbox"/> Permanent Housing Rapid ReHousing (PH-RRH) <input type="checkbox"/> Joint TH and Permanent Housing-Rapid Rehousing (Joint TH and PH-RRH) <input type="checkbox"/> SSO Project for Coordinated Entry (SSO-CE)		
<b>Proposed Total Budget Amount:</b>			
<b>Agency DUNS Number:</b>		<b>Tax ID or EIN</b> <i>(format: 12-3456789)</i>	

<b>Project Contact Person:</b>			
<b>Job Title of Contact Person:</b>			
<b>Agency Mailing Address:</b>			
<b>Contact Phone Number:</b>		<b>Fax number:</b>	
<b>Email Address:</b>			

<b># of Units Proposed:</b>	
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<b># of Beds Proposed:</b>	
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**NOTE:** Funding for new projects may come from either CoC Bonus funding, Reallocation, a combination of CoC Bonus funding and Reallocation or DV Bonus funding. Those new projects seeking funding through the DV Bonus must be dedicated to survivors of domestic violence, dating violence, sexual assault or stalking as defined at 24 CFR 578.3 Definition for Homeless, paragraph (4).

## II. PROJECT NARRATIVES

<b>1. Is there a need within the New Bedford CoC for the project you are proposing?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If YES:</b> Please provide a brief description of the proposed project and data/evidence that demonstrates both the need and how the proposed project will meet that need.	



<b>2. Will the proposed project have 100% dedicated beds for chronically homeless individuals and/or families?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>If YES:</b> Briefly demonstrate that the proposed new project will first serve the chronically homeless according to the order of priority established in the CoC Written Standards and in Section III.A. of Notice CPD-14-012. To receive full points, the applicant must clearly describe the system it will use to determine severity of need for the chronically homeless, its process for prioritizing persons with the most severe needs, and the outreach process used to engage chronically homeless persons living on the streets and in shelter.</p> <p><b>If NO:</b> Please describe what prioritization will be followed and why chronic homelessness is not prioritized.</p>	
<b>3. Will the proposed project actively operate following the Housing First model?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>If YES:</b> Briefly identify if there are any circumstances which would lead to your tenant's removal from the program (<i>e.g. failure to participate in supportive services, failure to make progress on a service plan, loss of income or failure to improve income, being a victim of domestic violence or other activity not covered in a typical lease agreement</i>).</p> <p><b>If NO:</b> Briefly describe why the proposed program does not follow the Housing First model.</p>	
<b>4. Has the proposed new project planned for the use of mainstream and other community-based resources, including this program's coordination with public and private healthcare organizations consistent with the NOFO?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>If YES:</b> Briefly identify with whom such coordination has been undertaken, how long it has existed or when it is anticipated to start and provide a description of the nature of the healthcare collaboration and the extent to which it is anticipated to benefit program participants.</p> <p><b>If NO:</b> Briefly describe what barriers may be faced in so doing and what future plans the program has for mitigating those barriers toward collaboration with a healthcare partner.</p>	
<b>5. Has the agency, specific to the proposed new project, intentionally and effectively instituted racial equity initiatives and/or equity initiatives including efforts to obtain input and include historically marginalized populations when identifying any barriers to participation faced by such persons?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>If YES:</b> Briefly describe what the agency has done or is planning to do, the breadth of its efforts and its relatedness to the proposed project. Please discuss whether this is agency-wide, program-specific, related to staff and/or related to service delivery.</p>	

<p><b>6. Has the agency, specific to the proposed new project, intentionally and effectively engaged with those with current or recent-past lived experiences of homelessness?</b></p>	<p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>
<p><b>If YES:</b> Briefly identify the level of involvement those with lived experience have in shaping policy and program administration.  <b>If NO:</b> Briefly describe what barriers may be faced in so doing and what future plans the program has for mitigating those barriers toward empowering those with lived experience within the proposed new project in an authentic way and acting upon their suggestions.</p>	
<p><b>7. Does the agency have experience and demonstrable capacity in undertaking the kind of project being proposed?</b></p>	<p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>
<p><b>If YES:</b> Briefly describe the agency's relevant experience with similar programming, working with those experiencing homelessness, working with the U.S. Department of Housing &amp; Urban Development and having the administrative and fiscal resources to undertake the proposed programming in a manner that ensures excellent performance.</p>	
<p><b>8. Has your agency experienced any findings, unspent balances, inability to invoice for financial expenditures in a timely manner, or failure to consistently submit any required reporting to state or federal funders for other grants over the past two years?</b></p>	<p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>
<p><b>If YES:</b> Briefly discuss what issues have existed, what circumstances arose that caused them, how the agency responded/is responding and what steps are being taken to ensure agency capacity and no issues going forward should this project be funded..</p>	

### III. PROJECT ELIGIBILITY TYPE

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

Check One	Project Type	Questions (check all applicable for the project type selected)
<input type="checkbox"/>	New Permanent Supportive Housing (PSH)	<input type="checkbox"/> Tenant-Based Rental Assistance [RA] <input type="checkbox"/> Sponsor-Based RA <input type="checkbox"/> Project-Based RA <input type="checkbox"/> Project-Based/Leasing [leases building/units] <input type="checkbox"/> Project-Based/Operations [owns building]
		Rental Assistance Administrator: <input type="checkbox"/> Local PHA <input type="checkbox"/> Unit of Local Government <input type="checkbox"/> State
		Population To Be Served: Check all applicable <input type="checkbox"/> Individuals <input type="checkbox"/> Families <input type="checkbox"/> Unaccompanied Youth (18-24) <input type="checkbox"/> Severe/Persistent Mental Health] <input type="checkbox"/> Chronic Substance Use Disorder <input type="checkbox"/> Other: _____
<input type="checkbox"/>	New Permanent Housing Rapid ReHousing (PH-RRH) dedicated to serving survivors of domestic violence, dating violence, sexual assault or stalking that are defined as homeless	Population To Be Served: Check all applicable <input type="checkbox"/> Individuals <input type="checkbox"/> Families <input type="checkbox"/> Unaccompanied Youth (18-24) <input type="checkbox"/> Fleeing Domestic Violence
<input type="checkbox"/>	New Joint TH and RRH dedicated to serving survivors of domestic violence, dating violence, sexual assault or stalking that are defined as homeless	Population To Be Served: Check all applicable <input type="checkbox"/> Individuals <input type="checkbox"/> Families <input type="checkbox"/> Unaccompanied Youth (18-24) <input type="checkbox"/> Fleeing Domestic Violence
		Rental Assistance Administrator: <input type="checkbox"/> Local PHA <input type="checkbox"/> Unit of Local Government <input type="checkbox"/> State
<input type="checkbox"/>	New SSO Project for Coordinated Entry (SSO-CE)	

**All projects:**

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

#### IV. FISCAL INFORMATION

Eligible Costs	Amount Assistance Requested for Grant Term (Applicant)
1a. Leased Units	\$
1b. Leased Structures	\$
2. Housing Relocation and Stabilization	\$
3. Short-term/Medium-term Assistance	\$
4. Long-term Rental Assistance	\$
5. Supportive Services	\$
6. Operating	\$
7. HMIS	\$
8. Sub-Total Costs Requested	\$
9. Admin (Up to 10%)	\$
10. Total Assistance plus Admin Requested	\$
11. Cash Match	\$
12. In-Kind Match	\$
13. Total Match	\$
14. Total Budget	\$

#### V. MATCH

You are required to provide a SIGNED LETTER(s) on agency letterhead detailing the source and amount of the required 25% match. Match can include in-kind components that are exclusively and directly part of the project and may be cash or non-cash (in-kind) resources provided by the recipient toward the actual costs of operating the project. Cash can come from other grant funding, unrestricted general funds, fundraising activities, private donations, etc. Enter the Source, amount of your match and when the funds will be available for one year. All grant funds must be matched with an amount no less than 25% of the awarded grant amount (excluding the amount awarded to the leasing budget line item) with cash or in-kind resources. Cash and In-Kind Match entered into the budget must qualify as eligible program expenses under the CoC Program interim rule. Please note: final match letters are not due with this renewal application, however the applicant should be prepared to produce final letters upon request and dated in accordance with HUD requirements.

Amount of Match Being Provided: \$ \_\_\_\_\_

## VI. AGENCY QUESTIONNAIRE

*Please check either yes or no to the questions below:*

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

## VII. ASSURANCES

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

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

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

- Organization has staff vacancies that are of a duration that could affect the projected number of participants served or result in HUD funds not being fully expended;
- Changes to an existing project that are significantly different than what the funds were originally approved for, including any budget amendments/modifications submitted to HUD and agrees to bring these to the city's OHCD for approval prior to the final 30 days of the grant year;
- Any increase/decrease in match funding for the project that could affect the projected number of participants served, services provided, ability to meet matching requirements, etc. and
- Significant delays in the start-up or operation of a project.

***Proceed to signature block on the following page.***

<b>Authorized Signer's Name:</b>	
<b>Title:</b>	
<b>Phone:</b>	
<b>Email:</b>	
Signature of Authorized Representative:	
<p style="text-align: center;">_____</p> <p style="text-align: center;"><input type="checkbox"/> "X" indicates electronic signature submitted</p>	
<b>Date:</b>	

**IMPORTANT!**

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

# Attachment 1E-2

New Bedford Continuum of Care  
MA-505

## Project Review and Selection Process

### **NOTE:**

*This Attachment includes the following material:*

- 1 One blank scoring form use to score renewal applications
- 2 One completed score form (renewal PSH – the Family Preservation Project)
- 3 A screenshot of the ranking results that were posted on the CoC’s website and the published ranking results sheet
- 4 A screenshot of the Consolidated Application, Attachments and Priority Listing posted on the CoC website and a screenshot of the email blasts sent out to the CoC’s extensive mailing list/public advising people of the availability of the material in both DRAFT and FINAL formats.

**1** One blank scoring form use to score renewal applications



## CoC FY21 RENEWAL PROJECT – SCORING SHEET

<b>AGENCY NAME:</b>	
<b>PROJECT NAME:</b>	

### BED / UNIT COMPOSITION

Program Year	Program Type	Beds	Units	Families	Individuals

### BUDGET SUMMARY

Total Fund Requested	Leasing	Supportive Services	Operations	Admin	Match

### CLIENTS SERVED PROFILE

Total Persons	Total Adults	Total Children	Total Households	Total Leavers	Total Stayers	Total Chronic Homeless

### Project Description

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1

One blank scoring form use to score renewal applications, *continued*

**GENERAL COMMENTS**

**Annual Performance Report Analysis**

**Financial Analysis**

**Comments**

**1** One blank scoring form use to score renewal applications, *continued*

<b>AGENCY NAME:</b>	
<b>PROJECT NAME:</b>	

**PERFORMANCE STANDARDS for PERMANENT SUPPORTIVE HOUSING**

<b>GOALS</b>	<b>PERFORMANCE STANDARD</b>	<b>% ACHIEVED</b>	<b>COMMENTS</b>	<b>POINTS AWARDED</b>
<b>1. Housing Stability</b> Persons residing in permanent housing exited to another form of a permanent housing destination. <b>Goal 85%</b>	<u>Based on Q1 &amp; Q23c</u> <i>The % of persons who exited to permanent housing destinations as of the end of the operating year.</i>			
<b>2. Returns to Homelessness</b> Persons exiting permanent housing will not return to homelessness (Including Transitional Housing) <b>Goal &lt;10%</b>	<u>Based on Q1 &amp; Q23c</u> <i>The % of persons in the PSH program returning to homelessness shall be less than 10%.</i>			
<b>3. Earned Income—Stayers</b> Adult stayers will increase earned income (employment income). <b>Goal 10%</b>	<u>Based on Q19a1</u> <i>The % of persons ages 18 or older staying in the program who increased their income (employment income) as of the latest annual assessment.</i>			
<b>4. Non-Employment Cash Income- Stayers</b> Adult stayers will increase non-employment cash income (mainstream resources). <b>Goal 40%</b>	<u>Based on Q19a1</u> <i>The % of persons ages 18 or older staying in the program who increased their non-employment cash income (mainstream resources) as of the latest annual assessment.</i>			
<b>5. Earned Income-Leavers-</b> Adult leavers will increase earned income (employment income). <b>Goal: 20%</b>	<u>Based on Q19a2</u> <i>The % of persons ages 18 or older leaving the program who increased their income (employment income) by program exit.</i>			

*Scoring analysis continues on the following page.*

1

One blank scoring form use to score renewal applications, *continued*

GOALS	PERFORMANCE STANDARD	% ACHIEVED	COMMENTS	POINTS AWARDED
<b>6. Non-Employment Cash Income-Leavers-</b> Adult leavers will increase non-employment cash income (mainstream resources). <b>Goal: 50%</b>	<u>Based on Q19a2</u> <i>The % of persons ages 18 or older leaving the program who increased their non-employment cash income (mainstream resources) by program exit.</i>			
<b>7. Utilization Rate - Beds</b> Program operates at full capacity, with low vacancy rate, and quickly fill vacancies. <b>Goal: 90%</b>	<u>Based on Q8b</u> <i>Average quarterly utilization rate during the operating year.</i>			
<b>8. Data Quality -</b> Agency's thoroughness in ensuring all data is collected and entered into HMIS. <b>Goal = No Omissions</b>	<u>Based on Data Quality Report</u> (Q2, 3, 4, 5)			
<b>9. Chronic Homeless Persons -</b> Persons who are chronically homeless by household <b>Goal = 100%</b>	<u>Based on APR Q26b</u> <i>The # of chronically homeless persons divided by the total number of persons served.</i>			
<b>10. Fiscal Management</b> - Complete and timely drawdown of funds. <b>Goal = 100% Drawdown</b>	<u>Based on HUD LOCS FY19 Allocation Amount</u>			
<b>11. Narrative Responses -</b> Applicant responses to narrative responses #3, #4, #5 and #6 will each be scored with a cumulative total of 10 points possible.				
<b>TOTAL POINTS AWARDED</b>				

**1****One blank scoring form use to score renewal applications, *continued***

ADDITIONAL EVALUATION CRITERIA QUESTIONS	COMMENTS
<p><b>Agency Experience and Capacity.</b>  <u>Administration:</u> Applicants demonstrating extensive experience in administering HUD or other federal funds and providing the proposed service and/or serving.</p>	
<p><b>Fiscal Management.</b>  Applicants must demonstrate history of financial stability, including prompt expenditure of program funds, and no outstanding audit or HUD monitoring findings.</p>	
<p><b>Project Quality.</b></p>	
<p><u>Housing First:</u> Applicants will be evaluated to the extent to which the Permanent Supportive Housing Bonus project will follow a Housing First model/low barrier approach.</p>	
<p><u>Mainstream Services:</u> Applicants will be evaluated to the extent to which the project is fully leveraging mainstream resources for supportive services.</p>	
<p><u>Low Barrier:</u> Projects must demonstrate low barriers to program admission and flexible participation policies designed to retain program participants.</p>	
<p><u>Consistency of Program:</u> Applicants will be evaluated to the extent to which the project's performance is consistent against plans and goals established in the application.</p>	

**2** One completed score form (renewal PSH – the Family Preservation Project)

**CoC FY21 RENEWAL PROJECT – SCORING SHEET**

<b>AGENCY NAME:</b>	SEMCOA, Inc.
<b>PROJECT NAME:</b>	Family Preservation Program

**BED / UNIT COMPOSITION**

Program Year	Program Type	Beds	Units	Families	Individuals
<i>September 1, 2022 – August 30, 2023</i>	PSH	46	16	X	

**BUDGET SUMMARY**

Total Fund Requested	Leasing	Supportive Services	Operations	Admin	Match
\$298,437	\$212,650	\$41,719	\$20,348	\$23,720	\$21,447

**CLIENTS SERVED PROFILE**

Total Persons	Total Adults	Total Children	Total Households	Total Leavers	Total Stayers	Total Chronic Homeless
51	25	26	17	3	48	39

**Project Description**

The Family Preservation Program is a scattered site Permanent Supportive Housing (PSH) program that serves families with children experiencing chronic homelessness with a least one member of the household having a disability and a substance use disorder. The program receives referrals through coordinated entry and all clients are scored using the SPDAT. The program does not have any barriers to entry and uses a Housing First Model. Each family receives supportive services through comprehensive case management. The case manager collaborates with the participant to develop an Individual Service Plan and sets goals and needs such as employment, education, life skills. Also, each family is connected to mainstream resource benefits and health insurance. 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. 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.

**2****One completed score form (renewal PSH – the Family Preservation Project), *continued*****GENERAL COMMENTS****Annual Performance Report Analysis**

- Program met anticipated outputs relative to numbers served.
- Submission: In FY19, the APR was submitted on time and within the 90-day HUD requirement.
- In FY20, all funds were drawn down in a timely manner and according to schedule.
- Of the 8 performance standards for PSH projects—the subrecipient achieved 7 of 8 goals. Only goal not achieved was Non-Cash Income - Leavers. No adults increased or gained earned income for leavers.

**Financial Analysis**

- All reimbursement requests were timely and submitted with proper backup documentation
- The subrecipient recently submitted an amendment request on 7/1/21. They moved \$9,298 from leasing to supportive services. Amendment has been approved.
- For FY2020, all funds have been successfully drawdown. No balance.

**Comments**

- Overall, the Program continues to perform well and is meeting all required goals and objectives.
- Similar to other CoC Programs, they are experiencing challenges with the COVID Pandemic.
- Program does not have any staffing or programmatic related issues.
- Only issue identified was related to the change of ownership at Ingraham Place. The uncertainty of the new ownership created some confusion.
- The subrecipient has experienced some HMIS challenges addressing data quality and merging / unmerging families. Both issues have been addressed. The subrecipient has asked for additional HMIS training.
- Similar to other PSH programs, they continue to have difficulty finding housing for new clients that meets HQS and FMR.

2

One completed score form (renewal PSH – the Family Preservation Project), *continued*

AGENCY NAME:	SEMCOA, Inc.
PROJECT NAME:	Family Preservation Program

PERFORMANCE STANDARDS for PERMANENT SUPPORTIVE HOUSING

GOALS	PERFORMANCE STANDARD	% ACHIEVED	COMMENTS	POINTS AWARDED
<b>5. Housing Stability</b> Persons residing in permanent housing exited to another form of a permanent housing destination. <b>Goal 85%</b>	<u>Based on Q1 &amp; Q23c</u> <i>The % of persons who exited to permanent housing destinations as of the end of the operating year.</i>	100%	Goal Achieved – 3 persons exited to permanent destinations.	<b>10</b>
<b>6. Returns to Homelessness</b> Persons exiting permanent housing will not return to homelessness (Including Transitional Housing) <b>Goal &lt;10%</b>	<u>Based on Q1 &amp; Q23c</u> <i>The % of persons in the PSH program returning to homelessness shall be less than 10%.</i>	0%	Goal Achieved – 0 persons exited to homelessness.	<b>10</b>
<b>7. Earned Income—Stayers</b> Adult stayers will increase earned income (employment income). <b>Goal 10%</b>	<u>Based on Q19a1</u> <i>The % of persons ages 18 or older staying in the program who increased their income (employment income) as of the latest annual assessment.</i>	33%	Goal Achieved – 6 out of 18 persons gained or increased earned income for adult stayers.	<b>5</b>
<b>8. Non-Employment Cash Income- Stayers</b> Adult stayers will increase non-employment cash income (mainstream resources). <b>Goal 40%</b>	<u>Based on Q19a1</u> <i>The % of persons ages 18 or older staying in the program who increased their non-employment cash income (mainstream resources) as of the latest annual assessment.</i>	50%	Goal Achieved – 9 out of 18 persons gained or increased non-employment cash income for adult stayers.	<b>5</b>
<b>5. Earned Income- Leavers-</b> Adult leavers will increase earned income (employment income). <b>Goal: 20%</b>	<u>Based on Q19a2</u> <i>The % of persons ages 18 or older leaving the program who increased their income (employment income) by program exit.</i>	100%	Goal Achieved – 1 out of 11 persons gained or increased earned income for adult leavers.	<b>5</b>

Scoring analysis continues on the following page.

2

One completed score form (renewal PSH – the Family Preservation Project), *continued*

GOALS	PERFORMANCE STANDARD	% ACHIEVED	COMMENTS	POINTS AWARDED
<b>6. Non-Employment Cash Income-Leavers-</b> Adult leavers will increase non-employment cash income (mainstream resources). <b>Goal: 50%</b>	<u>Based on Q19a2</u> <i>The % of persons ages 18 or older leaving the program who increased their non-employment cash income (mainstream resources) by program exit.</i>	0%	Goal Not Achieved – 0 persons gained or increased non-employment cash income for adult leavers.	<b>0</b>
<b>7. Utilization Rate - Beds</b> Program operates at full capacity, with low vacancy rate, and quickly fill vacancies. <b>Goal: 90%</b>	<u>Based on Q8b</u> <i>Average quarterly utilization rate during the operating year.</i>	90%	Goal Achieved – Program operates at full capacity with low vacancy rates.	<b>15</b>
<b>8. Data Quality -</b> Agency's thoroughness in ensuring all data is collected and entered into HMIS. <b>Goal = No Omissions</b>	<u>Based on Data Quality Report</u> (Q2, 3, 4, 5)	26%	Goal Not Achieved – Program had DQ errors associated with Date of Birth (5.88%) and Income & Sources at Start (20%).	<b>10</b>
<b>9. Chronic Homeless Persons -</b> Persons who are chronically homeless by household <b>Goal = 100%</b>	<u>Based on APR Q26b</u> The # of chronically homeless persons divided by the total number of persons served.	77%	Goal Not Achieved – Out of 51 persons, 39 were chronically homeless.	<b>12</b>
<b>10. Fiscal Management</b> - Complete and timely drawdown of funds. <b>Goal = 100% Drawdown</b>	<u>Based on HUD LOCS</u> <u>FY19 Allocation Amount</u>	99%	Goal Not Achieved – Allocation \$274,604. Program returned \$20 (\$20 (Operations))	<b>8</b>
<b>11. Narrative Responses -</b> Applicant responses to narrative responses #3, #4, #5 and #6 will each be scored with a cumulative total of 10 points possible.			Applicant provided details responses to each RFP question.	<b>10</b>
<b>TOTAL POINTS AWARDED</b>				<b>88</b>



**2****One completed score form (renewal PSH – the Family Preservation Project), *continued***

ADDITIONAL EVALUATION CRITERIA QUESTIONS	
<p><b>Agency Experience and Capacity.</b>  <u>Administration:</u> Applicants demonstrating extensive experience in administering HUD or other federal funds and providing the proposed service and/or serving.</p>	<p>Agency has extensive history administering HUD based programs.</p>
<p><b>Fiscal Management.</b>            Applicants must demonstrate history of financial stability, including prompt expenditure of program funds, and no outstanding audit or HUD monitoring findings.</p>	<p>Applicant has history of overall financial stability. No concerns noted in either audit or HUD monitoring.</p>
<p><b>Project Quality.</b></p>	
<p><u>Housing First:</u> Applicants will be evaluated to the extent to which the Permanent Supportive Housing Bonus project will follow a Housing First model/low barrier approach.</p>	<p>Applicant described how they would follow the Housing First model and how to address any barriers.</p>
<p><u>Mainstream Services:</u> Applicants will be evaluated to the extent to which the project is fully leveraging mainstream resources for supportive services.</p>	<p>Applicant demonstrated history and extent of obtaining mainstream resources to clients.</p>
<p><u>Low Barrier:</u> Projects must demonstrate low barriers to program admission and flexible participation policies designed to retain program participants.</p>	<p>All Applicants are required to follow HUD’s low barrier for entry requirement.</p>
<p><u>Consistency of Program:</u> Applicants will be evaluated to the extent to which the project’s performance is consistent against plans and goals established in the application.</p>	<p>Applicants project performance is consistent with plans and goals established in the previous renewal applications.</p>

3 A screenshot of the ranking results that were posted on the CoC's website and the published ranking results sheet

<https://www.nbhspn.com/2021-ranking-of-coc-proposals/>

**2021 RANKING OF COC PROPOSALS**

October 21, 2021 By NBHSPN

FY2021 COC RANK AND ORDER OF PROJECTS			
Project Name	Rank	Score	Priority
1. [Project Name]	1	95.00	High
2. [Project Name]	2	90.00	High
3. [Project Name]	3	85.00	High
4. [Project Name]	4	80.00	High
5. [Project Name]	5	75.00	High
6. [Project Name]	6	70.00	High
7. [Project Name]	7	65.00	High
8. [Project Name]	8	60.00	High
9. [Project Name]	9	55.00	High
10. [Project Name]	10	50.00	High
11. [Project Name]	11	45.00	High
12. [Project Name]	12	40.00	High
13. [Project Name]	13	35.00	High
14. [Project Name]	14	30.00	High
15. [Project Name]	15	25.00	High
16. [Project Name]	16	20.00	High
17. [Project Name]	17	15.00	High
18. [Project Name]	18	10.00	High
19. [Project Name]	19	5.00	High
20. [Project Name]	20	0.00	High

The City of New Bedford's HSPN has received, reviewed and voted on the 2021 Final CoC Rank and Order of Projects. The HSPN's Performance Review Committee (PRC) comprised of HSPN members with no relationship—financial or otherwise—to any of the applicants for funding in the FY2021 round received, reviewed, vetted, evaluated, scored and ranked all applications for this competition. There were three new applications received in this competition round, two of which were expansion projects. One project eligible for renewal in this round, Transition to Stability, was reallocated in its entirety to two higher performing programs that presented the expansion projects.

Seven renewal applications were reviewed, five of which were for permanent supportive housing (PSH) programs, one for the continuum's Homeless Management Information System (HMIS) and one of which was for the continuum's coordinated entry program.

On October 21, 2021, the HSPN membership carefully reviewed and heard the recommendation of the PRC following a PowerPoint presentation (a copy of which is available here: [LOOKING AT THE 2021 COC FUNDING ROUND](#)) overviewing this year's Notice of Funding Opportunity (NOFO) and considerations relative to the competition, HUD policy and program priorities, funding, the process undertaken locally and the ranking recommendation. In a unanimous vote, the HSPN membership accepted the report of the PRC and its recommendation for ranking in the 2021 CoC Competition.

The final CoC Rank and Order of Projects is available here: [FY2021 FINAL PROJECT RANKING](#).

Filed Under: 2021 CoC, News, News Now!

- All News
- HUD News
- Annual CoC Funding Competition
- Local Events
- Press
- Publications
- HSPN Meeting Presentations

LATEST NEWS

- 2021 CONSOLIDATED COC APPLICATION
- 2021 RANKING of COC PROPOSALS
- 2021 COC RANKING AND REVIEW PROCESS
- COC 2021 REALLOCATION PLAN

The 2021 Final Project Ranking Results were published on the CoC's website at the link noted above on **October 21, 2021**. The link result is shown on the following page of this attachment.

The 2021 Ranking of CoC Proposals was posted online at the CoC's website at the link noted above on **October 21, 2021** immediately following the vote of the CoC and notification to all parties.

3 A screenshot of the ranking results that were posted on the CoC's website and the published ranking results sheet, *continued*.

**RANKING RESULTS on COC WEBSITE**

Ranking results along with information about the competition were posted on the CoC's website as a link (as noted on the preceding page) on Thursday, October 21, 2021.

**FY2021 COC RANK AND ORDER OF PROJECTS**  
*Voted on and adopted by the New Bedford Continuum of Care (HSPN) at its October 21, 2021 membership meeting.*

RANK	PROJECT NAME	PROJECT TYPE	SCORE	FUNDING
1	HMIS NEW BEDFORD	HMIS	N/A	\$ 74,524
2	THE CALL (COORDINATED ENTRY)	SSO	N/A	\$ 50,000
3	FAMILY PRESERVATION PROG.	PSH	88	\$ 298,437
4	WELCOME HOME	PSH	85	\$ 200,352
5	PORTICO	PSH	82	\$ 672,667
6	STEP-UP	PSH	82	\$ 301,674
7	PRISM	PSH	79	\$ 123,296
8	WELCOME HOME (EXPANSION)	PSH (NEW)	99	\$ 84,312
9	FAMILY PRESERVATION PROG. (EXPANSION)	PSH (NEW)	95	\$ 84,313
<b>TOTAL TIER 1</b>				<b>\$1,889,575</b>
10	GREEN LIGHT	PSH (NEW)	93	\$ 96,309
<b>TOTAL TIER 2</b>				<b>\$ 96,309</b>
New Bedford Preliminary Pro Rata Need				\$ 2,379,885
New Bedford Annual Renewal Demand (ARD)				\$ 1,889,575
Amount Available for Tier 1				\$ 1,889,575
<b>Total Amount Being Requested for Tier 1</b>				<b>\$ 1,889,575</b>
Difference Between ARD and Tier 1				\$ 0
Amount Available for CoC Bonus				\$ 118,994
Amount Available for Tier 2				\$ 118,994
Amount Available for DV Bonus				\$ 356,983
Amount Available for Tier 2 plus DV Bonus				\$ 475,977
<b>Total Amount Being Requested for Tier 2 plus DV Bonus</b>				<b>\$ 96,309</b>
Unranked: Planning Grant				\$ 71,397

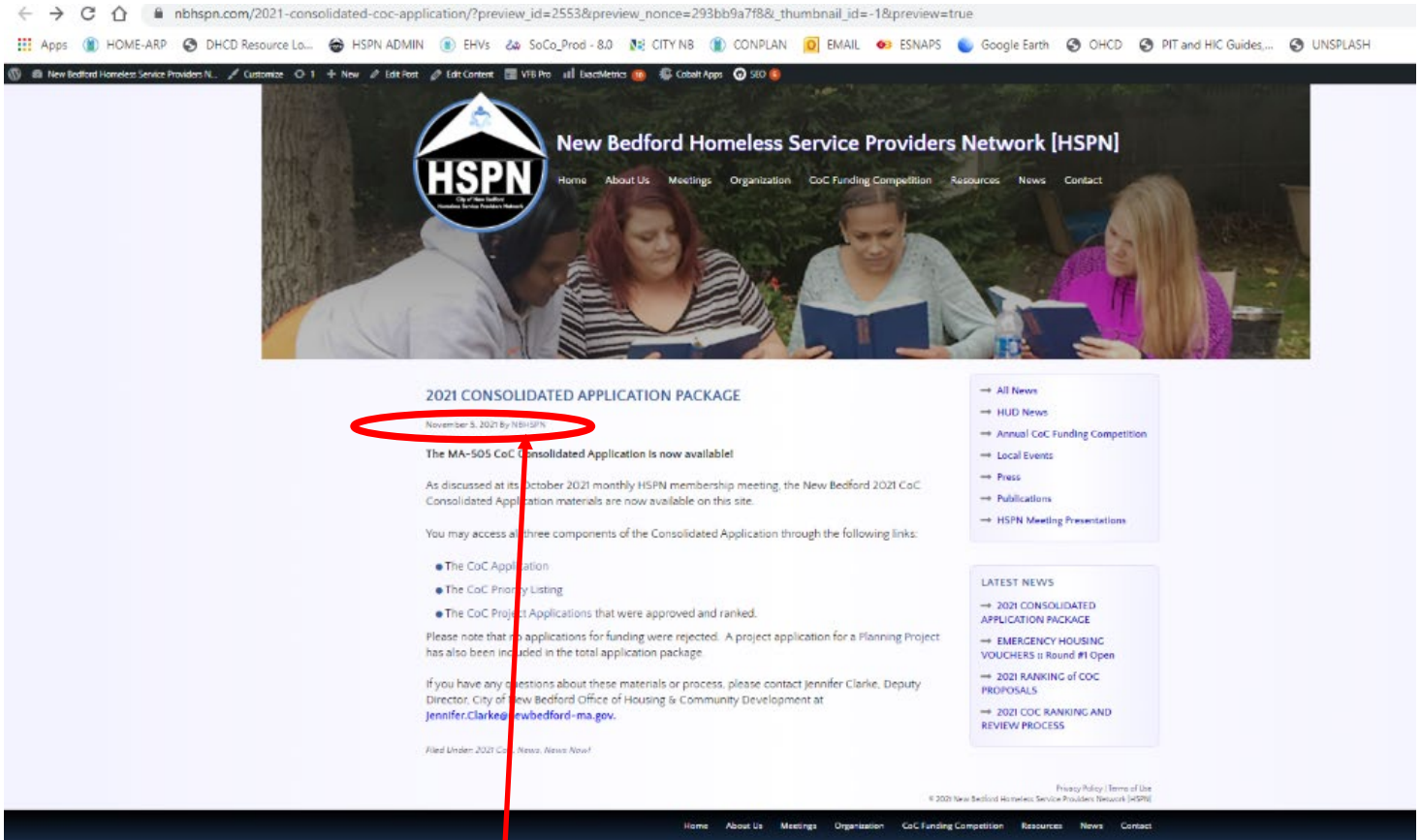
**NOTES:**

- The ranked projects were scored, rated and ranked according to the New Bedford CoC's Ranking and Review process outlined in the FY2021 RFP and made available at [www.nbhspn.com](http://www.nbhspn.com).
- The Transition to Stability RRH project in the amount of \$168,625 was reallocated in its entirety and divided between two new project expansions, Family First and Welcome Home.
- In accordance with the 2021 CoC NOFO, the ranking follows a two-tier system such that Tier 1 = 100% of the Annual Renewal Demand (ARD) and Tier 2 = the difference between Tier 1 and the max amount of renewal, reallocation and CoC Bonus funds the CoC can apply for (excluding the Planning Grant).
- The amount of funding available for a permanent housing bonus in this 2021 round was \$118,994. One new project was received for new housing in 2021.
- The amount of funding available for a DV Bonus project in this 2021 round was \$356,983. No DV Bonus project applications were received in this round.
- The CoC intends to submit a planning grant in the 2021 round that will, in accordance with the HUD CoC NOFO, remain unranked.

4

A screenshot of the Consolidated Application, Attachments and Priority Listing posted on the CoC website

<https://www.nbhspn.com/2021-consolidated-coc-application/>



**COMPETITION APPLICATION AND MATERIALS  
POSTED on the COC WEBSITE**

A copy of the final CoC Consolidated Application along with the application attachments and the project priority listing were all posted to the continuum's website at

<https://www.nbhspn.com/2021-consolidated-coc-application/>

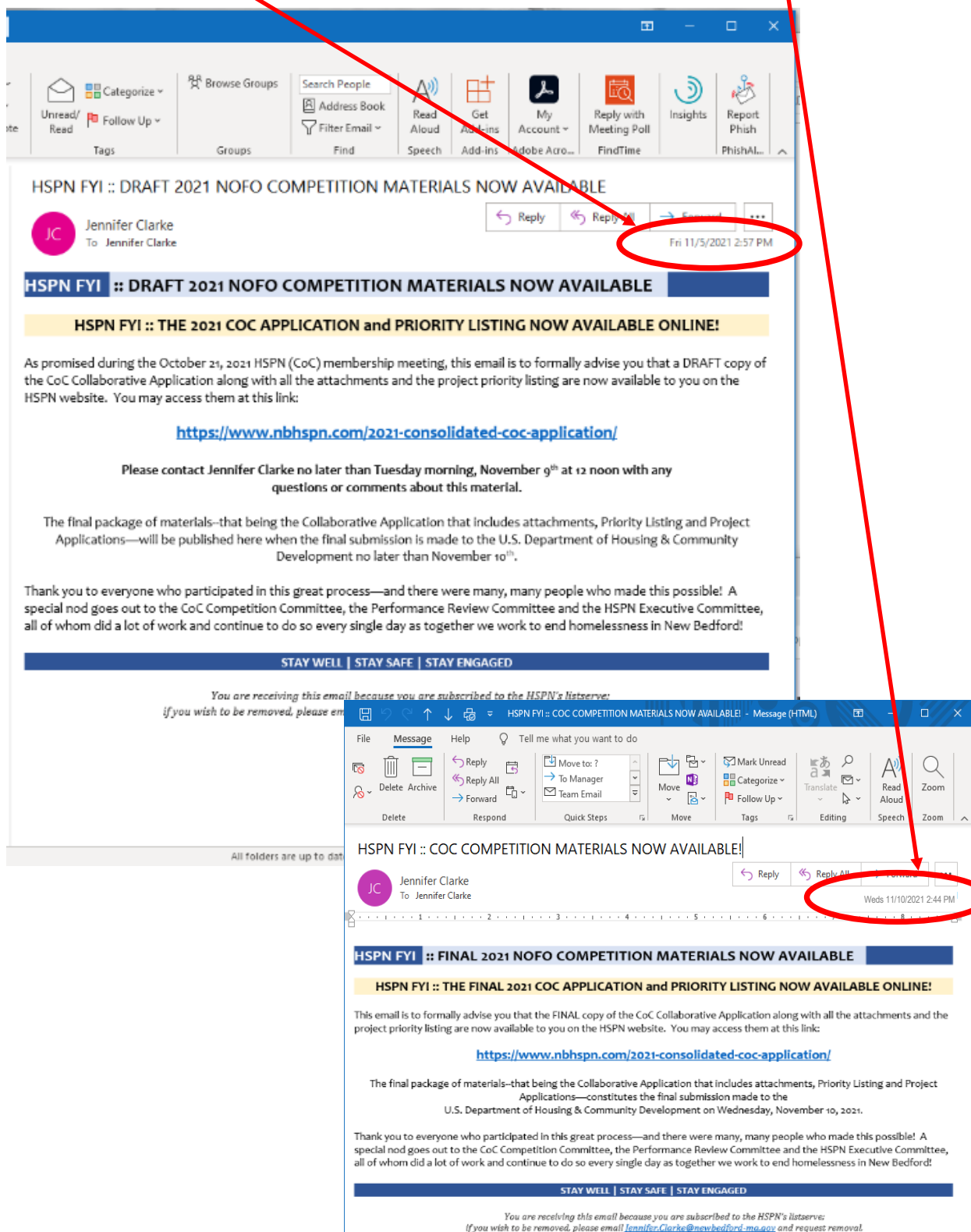
on Friday, November 5, 2021.



4

A screenshot of the email blasts alerting the public on the email listserve as to the availability of the DRAFT and FINAL versions of the Consolidated Application, Attachments and Priority Listing posted on the CoC website.

NOTE: The initial (DRAFT) email was sent on Friday, November 5, 2021 and the second (FINAL) email was sent on Wednesday, November 10, 2021; the mailing list in both instances was blind-copied for privacy.



# Attachment 1E-5

New Bedford Continuum of Care  
MA-505

Public Posting-Projects Rejected-Reduced

**NOTE:**

*No projects were rejected.*

# Attachment 1E-5a

New Bedford Continuum of Care  
MA-505

Public Posting-Projects Accepted

**NOTE:**

*This attachment includes copies of the letters sent outside of ESNAPS to the projects selected and ranked in the 2021 NOFO Competition.*



# City of New Bedford

Office of Housing & Community Development  
608 Pleasant Street | New Bedford, Massachusetts 02740  
Telephone: (508) 979.1500 Facsimile: (508) 979.1575

Patrick J. Sullivan  
DIRECTOR

October 21, 2021

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

RE: APPLICATION FOR COC RENEWAL  
THE CALL

Dear Ms. Mazarella:

This letter is intended to formally advise you that the above-captioned proposal submitted for funding consideration in this year's Continuum of Care (CoC) competition in New Bedford was ranked at the October Homeless Service Provider's Network (HSPN) meeting held on Thursday, October 21, 2021.

The HSPN's Performance Review Committee (PRC) met and conducted reviews and evaluations of all proposals submitted for consideration in this year's 2021 CoC Funding Competition. The PRC's recommendation for project ranking to the HSPN membership included scoring for each of the proposals submitted. The resulting scoring was such that the CALL project ranked as second overall in the CoC's ranking.

As a result, CSS' proposed renewal program will be included in this year's New Bedford CoC application as a project in Tier 1 at an amount of \$50,000.

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

Respectfully,

Jennifer Clarke, AICP  
Deputy Director





# City of New Bedford

Office of Housing & Community Development  
608 Pleasant Street | New Bedford, Massachusetts 02740  
Telephone: (508) 979.1500 Facsimile: (508) 979.1575

Patrick J. Sullivan  
DIRECTOR

October 21, 2021

Wendy Bluis, Program Director  
SEMCOA, Inc.  
72 Kilburn Street  
New Bedford, MA 02740

RE: APPLICATION FOR COC RENEWAL  
FAMILY PRESERVATION PROGRAM

Dear Ms. Bluis:

This letter is intended to formally advise you that the above-captioned proposal submitted for funding consideration in this year's Continuum of Care (CoC) competition in New Bedford was ranked at the October Homeless Service Provider's Network (HSPN) meeting held on Thursday, October 21, 2021.

The HSPN's Performance Review Committee (PRC) met and conducted reviews and evaluations of all proposals submitted for consideration in this year's 2021 CoC Funding Competition. The PRC's recommendation for project ranking to the HSPN membership included scoring for each of the proposals submitted. The resulting scoring was such that the FAMILY PRESERVATION PROGRAM project ranked as third overall in the CoC's ranking.

As a result, SEMCOA's proposed renewal program will be included in this year's New Bedford CoC application as a project in Tier 1 at an amount of \$298,437.

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

Respectfully,

  
Jennifer Clarke, AICP  
Deputy Director



# City of New Bedford

Office of Housing & Community Development  
608 Pleasant Street | New Bedford, Massachusetts 02740  
Telephone: (508) 979.1500 Facsimile: (508) 979.1575

Patrick J. Sullivan  
DIRECTOR

October 21, 2021

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

RE: APPLICATION FOR COC RENEWAL  
WELCOME HOME

Dear Ms. Schedler-Clark:

This letter is intended to formally advise you that the above-captioned proposal submitted for funding consideration in this year's Continuum of Care (CoC) competition in New Bedford was ranked at the October Homeless Service Provider's Network (HSPN) meeting held on Thursday, October 21, 2021.

The HSPN's Performance Review Committee (PRC) met and conducted reviews and evaluations of all proposals submitted for consideration in this year's 2021 CoC Funding Competition. The PRC's recommendation for project ranking to the HSPN membership included scoring for each of the proposals submitted. The resulting scoring was such that the WELCOME HOME project ranked as fourth overall in the CoC's ranking.

As a result, Steppingstone's proposed renewal program will be included in this year's New Bedford CoC application as a project in Tier 1 at an amount of \$200,352.

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

Respectfully,

Jennifer Clarke, AICP  
Deputy Director



# City of New Bedford

Office of Housing & Community Development  
608 Pleasant Street | New Bedford, Massachusetts 02740  
Telephone: (508) 979.1500 Facsimile: (508) 979.1575

Patrick J. Sullivan  
DIRECTOR

October 21, 2021

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

RE: APPLICATION FOR COC RENEWAL  
PORTICO

Dear Ms. Mazzearella:

This letter is intended to formally advise you that the above-captioned proposal submitted for funding consideration in this year's Continuum of Care (CoC) competition in New Bedford was ranked at the October Homeless Service Provider's Network (HSPN) meeting held on Thursday, October 21, 2021.

The HSPN's Performance Review Committee (PRC) met and conducted reviews and evaluations of all proposals submitted for consideration in this year's 2021 CoC Funding Competition. The PRC's recommendation for project ranking to the HSPN membership included scoring for each of the proposals submitted. The resulting scoring was such that the PORTICO project ranked as fifth overall in the CoC's ranking.

As a result, CSS' proposed renewal program will be included in this year's New Bedford CoC application as a project in Tier 1 in the amount of \$672,667.

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

Respectfully,



Jennifer Clarke, AICP  
Deputy Director



# City of New Bedford

Office of Housing & Community Development  
608 Pleasant Street | New Bedford, Massachusetts 02740  
Telephone: (508) 979.1500 Facsimile: (508) 979.1575

Patrick J. Sullivan  
DIRECTOR

October 21, 2021

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

RE: APPLICATION FOR COC RENEWAL  
PRISM

Dear Ms. Mazarella:

This letter is intended to formally advise you that the above-captioned proposal submitted for funding consideration in this year's Continuum of Care (CoC) competition in New Bedford was ranked at the October Homeless Service Provider's Network (HSPN) meeting held on Thursday, October 21, 2019.

The HSPN's Performance Review Committee (PRC) met and conducted reviews and evaluations of all proposals submitted for consideration in this year's 2021 CoC Funding Competition. The PRC's recommendation for project ranking to the HSPN membership included scoring for each of the proposals submitted. The resulting scoring was such that the PRISM project ranked as seventh overall in the CoC's ranking.

As a result, CSS' proposed renewal program will be included in this year's New Bedford CoC application as a project in Tier 1 at an amount of \$123,296.

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

Respectfully,



Jennifer Clarke, AICP  
Deputy Director



# City of New Bedford

Office of Housing & Community Development  
608 Pleasant Street | New Bedford, Massachusetts 02740  
Telephone: (508) 979.1500 Facsimile: (508) 979.1575

Patrick J. Sullivan  
DIRECTOR

October 21, 2021

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

RE: APPLICATION FOR COC NEW EXPANSION PROJECT  
WELCOME HOME EXPANSION

Dear Ms. Schedler-Clark:

This letter is intended to formally advise you that the above-captioned proposal submitted for funding consideration in this year's Continuum of Care (CoC) competition in New Bedford was ranked at the October Homeless Service Provider's Network (HSPN) meeting held on Thursday, October 21, 2021.

The HSPN's Performance Review Committee (PRC) met and conducted reviews and evaluations of all proposals submitted for consideration in this year's 2021 CoC Funding Competition. The PRC's recommendation for project ranking to the HSPN membership included scoring for each of the proposals submitted. The resulting scoring was such that the WELCOME HOME EXPANSION project ranked as eighth overall in the CoC's ranking.

As a result, Steppingstone's proposed new expansion program will be included in this year's New Bedford CoC application as a project in Tier 1 at an amount of \$84,312.

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

Respectfully,



Jennifer Clarke, AICP  
Deputy Director



# City of New Bedford

Office of Housing & Community Development  
608 Pleasant Street | New Bedford, Massachusetts 02740  
Telephone: (508) 979.1500 Facsimile: (508) 979.1575

Patrick J. Sullivan  
DIRECTOR

October 21, 2021

Wendy Bluis, Program Director  
SEMCOA, Inc.  
72 Kilburn Street  
New Bedford, MA 02740

RE: APPLICATION FOR COC NEW EXPANSION PROJECT  
FAMILY PRESERVATION PROGRAM EXPANSION

Dear Ms. Bluis:

This letter is intended to formally advise you that the above-captioned proposal submitted for funding consideration in this year's Continuum of Care (CoC) competition in New Bedford was ranked at the October Homeless Service Provider's Network (HSPN) meeting held on Thursday, October 21, 2021.

The HSPN's Performance Review Committee (PRC) met and conducted reviews and evaluations of all proposals submitted for consideration in this year's 2021 CoC Funding Competition. The PRC's recommendation for project ranking to the HSPN membership included scoring for each of the proposals submitted. The resulting scoring was such that the FAMILY PRESERVATION PROGRAM EXPANSION project ranked as ninth overall in the CoC's ranking.

As a result, SEMCOA's proposed new expansion program will be included in this year's New Bedford CoC application as a project in Tier 1 at an amount of \$84,313.

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

Respectfully,

Jennifer Clarke, AICP  
Deputy Director



# City of New Bedford

Office of Housing & Community Development  
608 Pleasant Street | New Bedford, Massachusetts 02740  
Telephone: (508) 979.1500 Facsimile: (508) 979.1575

Patrick J. Sullivan  
DIRECTOR

October 21, 2021

Joshua Amaral, Assistant Executive Director  
PACE  
166 William Street  
New Bedford, MA 02740

RE: APPLICATION FOR COC NEW PROJECT  
GREEN LIGHT

Dear Mr. Amaral:

This letter is intended to formally advise you that the above-captioned proposal submitted for funding consideration in this year's Continuum of Care (CoC) competition in New Bedford was ranked at the October Homeless Service Provider's Network (HSPN) meeting held on Thursday, October 21, 2021.

The HSPN's Performance Review Committee (PRC) met and conducted reviews and evaluations of all proposals submitted for consideration in this year's 2021 CoC Funding Competition. The PRC's recommendation for project ranking to the HSPN membership included scoring for each of the proposals submitted. The resulting scoring was such that the GREEN LIGHT project ranked as tenth overall in the CoC's ranking.

As a result, PACE's proposed new program will be included in this year's New Bedford CoC application as a project in Tier 2 at an amount of \$96,309.

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

Respectfully,



Jennifer Clarke, AICP  
Deputy Director

# Attachment 1E-6

New Bedford Continuum of Care  
MA-505

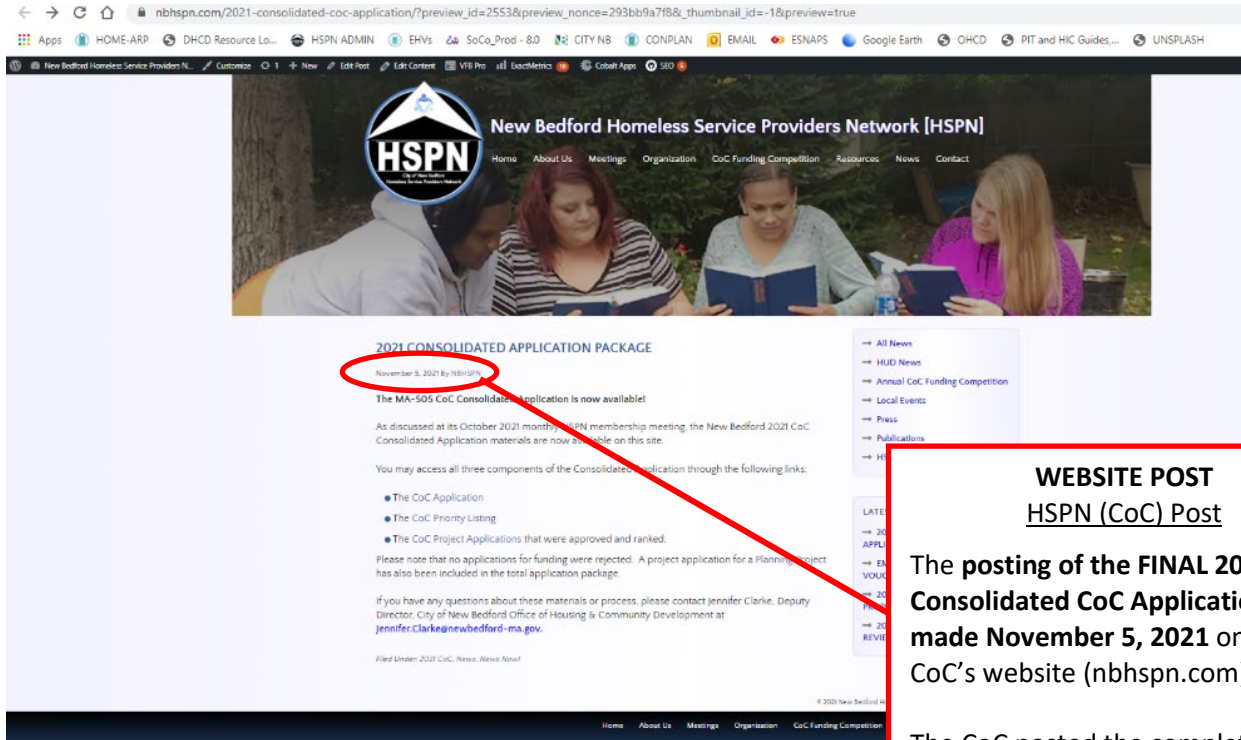
Web Posting-CoC Approved  
Consolidated Application



# Evidence of Posting

Website posting showing November 5, 2021 release of local competition material (RFP)

Posted November 5, 2021 at <https://www.nbhspn.com/2021-consolidated-coc-application/>



## WEBSITE POST HSPN (CoC) Post

The posting of the FINAL 2021 Consolidated CoC Application was made November 5, 2021 on the CoC's website (nbhspn.com).

The CoC posted the complete Consolidated Application, Priority Listing and Individual Project applications as well as its Planning Application on its website in this location.

# Attachment 3A-1a

New Bedford Continuum of Care  
MA-505

## Housing Leveraging Commitments

**N/A**

*This year's new projects did not provide project leveraging commitments.*

# Attachment 3A-2a

New Bedford Continuum of Care  
MA-505

## Healthcare Formal Agreements

### Note:

*Included in this attachment are healthcare leverage commitments for the three new projects included in the submission of materials:*

- 1. Welcome Home Expansion**
  - *Project FAIHR SAMHSA*
- 2. Family Preservation Expansion**
  - *Arbour Hospital*
  - *Morton Hospital*
- 3. Green Light**
  - *Commonwealth Health Insurance Connector Authority*

WELCOME HOME EXPANSION PROJECT

October 26, 2021

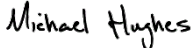
Kathleen Schedler-Clark Executive Director Steppingstone, Inc.  
522 N. Main St.  
Fall River, MA 02720 Dear Ms. Schedler-Clark,

I am providing this letter of commitment to document that Steppingstone's Project FAIHR will provide access to treatment and recovery services for all participants of the Welcome Home Expansion project who qualify and choose to participate in services. Project FAIHR provides treatment for homeless persons with co-occurring mental health and substance use disorders which is integrated with housing and wrap-around services.

FAIHR receives funding from the U.S. Substance Abuse and Mental Health Services Agency (SAMHSA). These healthcare resources will be provided from 08/01/2022 to 07/31/2023. The value of these resources is equivalent to \$21,078. These healthcare resources will be available to all persons participating in the new expansion project. No person participating in the new Welcome Home Expansion project will be denied this health care.

Sincerely,

DocuSigned by:



70E22A25473A47F...  
Michael Hughes  
Project Director  
Project FAIHR

**FAMILY PRESERVATION EXPANSION PROJECT**

Date of Contract: 04/2021



**High Point  
& Affiliated Organizations**

Inpatient Services

- Detoxification Services (ATS)
- Dual Diagnosis Unit (DDU)
- Clinical Stabilization Services (CSS)

Section 35 Services

- Men's Addiction Treatment Center
- Women's Addiction Treatment Center

Outpatient & Community Services

- Adolescent & Adult Counseling
- Adolescent Community Reinforcement Approach (A-CRA)
- Brockton Area Prevention Collaborative
- Certified Community Behavioral Health Clinic (CCBHC)
- Children's Behavioral Health Initiative (CBHI)
- Community-Based Recovery Services (CBRS)
- Coordinated Care Network (CCN)
- Domestic Violence Services
- Family Emergency Shelter Services
- Healthy Families
- Home-Based Counseling
- Intimate Partner Abuse Education Program (IPAEPE)
- Massachusetts Impaired Driving (MID)
- Medication Management
- Office-Based Opioid Treatment (OBOT)
- Opioid Treatment Program (OTP)
- Prevention Services
- Project AMP
- REACH
- Recovery Coach Services
- Road to Healing
- School-Based Services
- South Shore Resource & Advocacy Center
- Structured Outpatient Addiction Program
- Substance Abuse Prevention Collaborative
- Surviving Homicide's Aftermath: Resources, Education, Support (SHARES)
- Telehealth Services

Residential & Shelter Services

- Transitional Support Services (TSS)
- Graduate House
- Harmony House
- Monarch House
- New Chapters
- Unity House
- WRAP House

- Fall River Family Center
- Harbour House Family Center
- Taunton Family Center

Family Preservation Program (FPP)  
Affordable Housing



As of September 2020

**AGREEMENT OF LINKAGE  
BETWEEN**

High Point Treatment Center dba High Point and its affiliate organization  
SEMCOA, Inc.

**AND**

Arbour Hospital

The above named parties hereby sign this linkage agreement in cooperative recognition of the need to develop a continuum of care in the treatment of substance use and other health issues; to establish, strengthen, and improve the quality of services provided to patients/clients and their families/significant others.

In recognizing the need for and in appreciation of the opportunity of promoting a cooperative inter-agency network, High Point and its affiliate hereby agree to accept referrals from Arbour Hospital, which are appropriate to our stated philosophy, purpose, and programs. Said programs can include services as listed to the left side of this sheet.

Arbour Hospital hereby agrees to accept referrals from High Point and its affiliate of those persons appropriate to its stated philosophy, purpose, and programs as listed on the attached linkage summary sheet.

Both agencies agree to abide by federal, state, and program standards dealing with clients and their right to confidentiality. When appropriate, referrals will include documentation necessary to provide a continuum of care for the patient/client. Furthermore, both agencies acknowledge that in receiving, transmitting, transporting, storing, processing, or otherwise dealing with any information received from both agencies relating to clients in the program ("protected information"), they are fully bound by the provisions of the federal regulations governing the Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part II and the Health Insurance Portability and Accountability Act ("HIPAA"), 45 CFR Parts 142, 160, 162, and 164. They may not use nor disclose the information except as permitted or required by this agreement or by law.

Entry into our respective programs will not be denied any individual based on race, color, creed, national origin, sex, and/or sexual preference. Responsibility for the coordination of this affiliation rests with the respective representatives of the affiliating parties. This agreement is in effect for a two (2) year period at which time renewal of this agreement will be renegotiated between both agencies.

*Jamison Smith* CEO  
 Signature & Title  
 Name & Title Printed

*Daniel S. Mumbauer*  
 Signature & Title/High Point

Daniel S. Mumbauer, President & CEO

Address: *49 Robinwood Ave  
 Jamaica Plain MA  
 02130*  
 Telephone: *617-390-1412*

72 Kilburn Street  
New Bedford, MA 02740

(774) 628-1007

# FAMILY PRESERVATION EXPANSION PROJECT

Agency Name **Arbour Hospital**

Address: 49 Robinwood Avenue, Jamaica Plain, MA 02130-2156

Telephone: \_\_\_\_\_

TTY Telephone #: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_

Agreement Expiration Date: 04-2023

Is your agency accessible to individuals with disabilities?  Yes  No

Services Offered:

Emergency Medical Treatment \_\_\_\_\_  
 Inpatient Medical Treatment \_\_\_\_\_  
 Inpatient Psychiatric Services

Substance use	Adolescents	Adults
Inpatient Detoxification	_____	<input checked="" type="checkbox"/>
Outpatient Detoxification	_____	_____
Outpatient Substance use Counseling	_____	<input checked="" type="checkbox"/>
Day/Evening Treatment	_____	<input checked="" type="checkbox"/>
Structured Outpatient Addiction Program	_____	<input checked="" type="checkbox"/>
Intensive Outpatient Treatment	_____	<input checked="" type="checkbox"/>
Group Therapy	_____	_____
Home-Base Therapy	_____	_____
Intervention Services	_____	_____
Halfway House	_____	_____
Sober House	_____	_____
Women's Specialized Track/Services	_____	_____

Mental Health

Inpatient	_____	<input checked="" type="checkbox"/>
Outpatient	_____	<input checked="" type="checkbox"/>
Day/Evening Treatment	_____	<input checked="" type="checkbox"/>
Intensive Outpatient Treatment	_____	<input checked="" type="checkbox"/>
Group Therapy	_____	_____
Halfway House	_____	_____
Sober House	_____	_____
Women's Specialized Track/Services	_____	_____

Please list all available groups offered:

1. IOP <sup>Substance use</sup> & PHP  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_

- PHP  
 1. Psychotherapy  
 2. Behavioral Therapy  
 3. Group Therapy  
Medication mgmt  
Family Education

Bi-lingual services? No  Yes (please specify) \_\_\_\_\_  
 Medicaid: No \_\_\_\_\_ Yes   
 Medicare: No \_\_\_\_\_ Yes   
 Sliding fee offered? No \_\_\_\_\_ Yes   
 DPH-funded: No  Yes \_\_\_\_\_

Other services offered and/or additional comments: \_\_\_\_\_





# FAMILY PRESERVATION EXPANSION PROJECT

## FAMILY PRESERVATION PROGRAM EXTENSION

Date of Contract: July 1, 2021



### High Point & Affiliated Organizations

#### Inpatient Services

Detoxification Services (ATS)  
Dual Diagnosis Unit (DDU)  
Clinical Stabilization Services (CSS)

#### Section 35 Services

Men's Addiction Treatment Center  
Women's Addiction Treatment Center

#### Outpatient & Community Services

Adolescent & Adult Counseling  
Adolescent Community Reinforcement  
Approach (A-CRA)  
Brockton Area Prevention Collaborative  
Certified Community Behavioral  
Health Clinic (CCBHC)  
Children's Behavioral  
Health Initiative (CBHI)  
Community-Based Recovery Services  
(CBRS)  
Coordinated Care Network (CCN)  
Domestic Violence Services  
Family Emergency Shelter Services  
Healthy Families  
Home-Based Counseling  
Intimate Partner Abuse  
Education Program (IPAEP)  
Massachusetts Impaired Driving (MID)  
Medication Management  
Office-Based Opioid Treatment (OBOT)  
Opioid Treatment Program (OTP)  
Prevention Services  
Project AMP  
REACH  
Recovery Coach Services  
Road to Healing  
School-Based Services  
South Shore Resource & Advocacy Center  
Structured Outpatient Addiction Program  
Substance Abuse Prevention Collaborative  
Surviving Homicide's Aftermath:  
Resources, Education, Support (SHARES)  
Telehealth Services

#### Residential & Shelter Services

Transitional Support Services (TSS)  
Graduate House  
Harmony House  
Monarch House  
New Chapters  
Unity House  
WRAP House

Full River Family Center  
Harbour House Family Center  
Taunton Family Center

Family Preservation Program (FPP)  
Affordable Housing



As of September 2020

### AGREEMENT OF LINKAGE BETWEEN

High Point Treatment Center dba High Point and its affiliate organization  
SEMCOA, Inc.

AND

Morton Hospital

The above named parties hereby sign this linkage agreement in cooperative recognition of the need to develop a continuum of care in the treatment of substance use and other health issues; to establish, strengthen, and improve the quality of services provided to patients/clients and their families/significant others.

In recognizing the need for and in appreciation of the opportunity of promoting a cooperative inter-agency network, High Point and its affiliate hereby agree to accept referrals from Morton Hospital, which are appropriate to our stated philosophy, purpose, and programs. Said programs can include services as listed to the left side of this sheet.

Morton Hospital hereby agrees to accept referrals from High Point and its affiliate of those persons appropriate to its stated philosophy, purpose, and programs as listed on the attached linkage summary sheet.

Both agencies agree to abide by federal, state, and program standards dealing with clients and their right to confidentiality. When appropriate, referrals will include documentation necessary to provide a continuum of care for the patient/client. Furthermore, both agencies acknowledge that in receiving, transmitting, transporting, storing, processing, or otherwise dealing with any information received from both agencies relating to clients in the program ("protected information"), they are fully bound by the provisions of the federal regulations governing the Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part II and the Health Insurance Portability and Accountability Act ("HIPAA"), 45 CFR Parts 142, 160, 162, and 164. They may not use nor disclose the information except as permitted or required by this agreement or by law.

Entry into our respective programs will not be denied any individual based on race, color, creed, national origin, sex, and/or sexual preference. Responsibility for the coordination of this affiliation rests with the respective representatives of the affiliating parties. This agreement is in effect for a two (2) year period at which time renewal of this agreement will be renegotiated between both agencies.

*Heidi Taylor, President*  
Signature & Title

Heidi Taylor, President  
Name & Title Printed

*Daniel S. Mumbauer*  
Signature & Title/High Point

Daniel S. Mumbauer, President & CEO

Address: Morton Hospital  
88 Washington Street  
Taunton, MA 02780

Telephone: 508-828-7003

72 Kilburn Street  
New Bedford, MA 02740

(774) 628-1007

# FAMILY PRESERVATION EXPANSION PROJECT

## LINKAGE SUMMARY SHEET

Agency Name: Morton Hospital Address: 88 Washington Street, Taunton, MA 02780  
 Telephone: 508-828-7000 TTY Telephone #: 508-828-7385  
 Contact Name: Lynn Davis Title: Director, Care Management  
 Agreement Expiration Date: 07-2023  
 Is your agency accessible to individuals with disabilities?  Yes  No

Services Offered:

Emergency Medical Treatment   
 Inpatient Medical Treatment   
 Inpatient Psychiatric Services

Substance use	Adolescents	Adults
Inpatient Detoxification	_____	_____
Outpatient Detoxification	_____	_____
Outpatient Substance use Counseling	_____	_____
Day/Evening Treatment	_____	_____
Structured Outpatient Addiction Program	_____	_____
Intensive Outpatient Treatment	_____	_____
Group Therapy	_____	_____
Home-Base Therapy	_____	_____
Intervention Services	_____	_____
Halfway House	_____	_____
Sober House	_____	_____
Women's Specialized Track/Services	_____	_____

Mental Health

Inpatient	_____	_____ <input checked="" type="checkbox"/>
Outpatient	_____	_____ <input checked="" type="checkbox"/>
Day/Evening Treatment	_____	_____ <input checked="" type="checkbox"/>
Intensive Outpatient Treatment	_____	_____ <input checked="" type="checkbox"/>
Group Therapy	_____	_____ <input checked="" type="checkbox"/>
Halfway House	_____	_____ <input checked="" type="checkbox"/>
Sober House	_____	_____ <input checked="" type="checkbox"/>
Women's Specialized Track/Services	_____	_____ <input checked="" type="checkbox"/>

Please list all available groups offered:

- | <u>Substance use</u> | <u>Mental Health</u> |
|----------------------|----------------------|
| 1. _____             | 1. _____             |
| 2. _____             | 2. _____             |
| 3. _____             | 3. _____             |

Bi-lingual services? No  Yes (please specify) all languages  
 Medicaid: No  Yes   
 Medicare: No  Yes   
 Sliding fee offered? No  Yes   
 DPH-funded: No  Yes

Other services offered and/or additional comments: \_\_\_\_\_





**AMENDMENT 2 TO THE NAVIGATOR AGREEMENT BETWEEN THE COMMONWEALTH  
HEALTH INSURANCE CONNECTOR AUTHORITY AND PEOPLE ACTING IN  
COMMUNITY ENDEAVORS (PACE), INC.**

WHEREAS, the Commonwealth Health Insurance Connector Authority (“Authority”), with a principal place of business at 100 City Hall Plaza, Boston, MA 02108, and People Acting in Community Endeavors (PACE), Inc. (“Navigator Organization”), with a principal place of business at 166 William Street, New Bedford, Massachusetts, 02740 (collectively the “Parties”) entered into a Navigator Agreement effective July 1, 2020, under which Navigator Organization agreed to provide certain Navigator Grant Activities, and amended effective October 1, 2020 to append Attachment V, and this Agreement expires on June 30, 2022;

WHEREAS, the Authority gave timely notice to Navigator Organization of its desire to extend Navigator Organization’s provision of additional services pursuant to Section I.E. of Attachment V to the Agreement, and Navigator Organization provided written notice of its desire to perform such services;

NOW THEREFORE, the Parties hereby agree to amend Attachment V of the Agreement effective October 1, 2021, as follows:

1. The title of Attachment V is amended by replacing the figure “2021” with “2022”
2. Section I.A. is amended by replacing the final sentence, “Navigator Organization shall offer that additional capacity throughout Open Enrollment 2020-2021 (November 1, 2020-January 23, 2021), and during any additional timeframes identified in **Section I.B.** of Attachment V.” with the following sentence:

Navigator Organization shall offer that additional capacity throughout Open Enrollment 2020-2021 (November 1, 2020-January 23, 2021), Open Enrollment 2021-2022 (November 1, 2021-January 23, 2022), and during any additional timeframes identified in **Section I.B.** of Attachment V.

3. Section I.B. is amended by inserting at the end thereof the following:

Pre- Open Enrollment 2021-2022 (November 1, 2021-January 23, 2022) timeframe:

1. Total # of New Applications Submitted: 3
2. Total # of Health Connector Enrollments Completed: 3
3. Total # of Consumers Assisted with Maintaining Health Connector Coverage: 6

Open Enrollment 2021-2022 (November 1, 2021-January 23, 2022) timeframe:

1. Total # of New Applications Submitted: 20
2. Total # of Health Connector Enrollments Completed: 15
3. Total # of Consumers Assisted with Maintaining Health Connector Coverage: 50

Post Open Enrollment 2022 (January 24, 2022-June 30, 2022) timeframe:

1. Total # of New Applications Submitted: 15

- 2. Total # of Health Connector Enrollments Completed: 10
- 3. Total # of Consumers Assisted with Maintaining Health Connector Coverage: 50

4. Section I.C. is amended by deleting that section and replacing it with the following:

**C. Additional Capacity Grant.** The Connector hereby awards these grants to People Acting in Community Endeavors (PACE), Inc. (“Navigator Organization”) in an amount of \$96,243 for the performance of the scope of work described in Section I.B. of this Attachment V. The Additional Capacity Grant performance period shall be from October 1, 2020 through June 30, 2022 (“Additional Capacity Grant End Date”).

5. Section I.D. is amended by replacing the first sentence “The award amount of \$54,996 will be disbursed in four equal installments payable at the conclusion of each timeframe listed in Section I.B. of this Attachment V.” with the following sentence:

An award amount equal to \$54,996 will be disbursed in equal installments payable at the conclusion of each timeframe listed in Section I.B. of this Attachment V that occurs prior to October 1, 2021, and an award amount equal to \$41,247 will be disbursed in equal installments payable at the conclusion of each timeframe listed in Section I.B. of this Attachment V that occurs after September 30, 2021.

6. Section II. Is amended by inserting at the end thereof the following:

Date Issued	October 1, 2021
Grant Period	October 1, 2021-June 30, 2022
Grant Number	014
Grantee Name	People Acting in Community Endeavors (PACE), Inc.
Grantee Address	166 William Street, New Bedford, Massachusetts, 02740
Grantee Project Director	Ginny DeSilva

Total # of Navigator Organization Grant Hours	1,428
<b>Grant Award Amount for Additional Capacity</b>	<b>\$ 41,247.00</b>

7. All other provisions of the Agreement shall remain in effect as originally written.

IN WITNESS WHEREOF, the Parties have caused this Amendment to be executed as a document under seal.

*On behalf of:*  
**Commonwealth Health Insurance Connector Authority**

By: 

Name: Louis Gutierrez

Title: Executive Director

Dated: 9/27/2021

*On behalf of:*  
**People Acting in Community Endeavors (PACE), Inc.**

By: 

Name: Joshua Amara

Title: Assistant Exec. Director

Dated: 9/17/2021

# Attachment 3C-2

New Bedford Continuum of Care  
MA-505

Project List for Other Federal Statutes

**NOTE:**

*Not applicable.*

## Before Starting the Project Listings for the CoC Priority Listing

**The CoC Consolidated Application requires TWO submissions. Both this Project Priority Listing AND the CoC Application MUST be completed and submitted prior to the CoC Program Competition submission deadline stated in the NOFO.**

The CoC Priority Listing includes:

- Reallocation forms – must be completed if the CoC is reallocating eligible renewal projects to create new projects or if a project applicant will transition from an existing component to an eligible new component.
- Project Listings:
  - New;
  - Renewal;
  - UFA Costs;
  - CoC Planning;
  - YHPD Renewal; and
  - YHDP Replacement.
  - Attachment Requirement
- HUD-2991, Certification of Consistency with the Consolidated Plan – Collaborative Applicants must attach an accurately completed, signed, and dated HUD-2991.

Things to Remember:

- New and Renewal Project Listings – all project applications must be reviewed, approved and ranked, or rejected based on the local CoC competition process.
- Project applications on the following Project Listings must be approved, they are not ranked per the FY 2021 CoC Program Competition NOFO:
  - UFA Costs Project Listing;
  - CoC planning Project Listing;
  - YHPD Renewal Project Listing; and
  - YHDP Replacement Project Listing.
- Collaborative Applicants are responsible for ensuring all project applications accurately appear on the Project Listings and there are no project applications missing from one or more Project Listings.
  - For each project application rejected by the CoC the Collaborative Applicant must select the reason for the rejection from the dropdown provided.
  - If the Collaborative Applicant needs to amend a project application for any reason, the Collaborative Applicant MUST ensure the amended project is returned to the applicable Project Listing AND ranked BEFORE submitting the CoC Priority Listing to HUD in e-snaps.

Additional training resources are available online on HUD's website.  
[https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition)

## 1A. Continuum of Care (CoC) Identification

### Instructions:

For guidance on completing this form, please reference the FY 2021 CoC Priority Listing Detailed Instructions and FY 2021 CoC Priority Listing Navigational Guide on HUD's website. [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition).

**Collaborative Applicant Name:** City of New Bedford

## 2. Reallocation

**Instructions:**

For guidance on completing this form, please reference the FY 2021 CoC Priority Listing Detailed Instructions and FY 2021 CoC Priority Listing Navigational Guide on HUD's website. [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition).

**2-1. Is the CoC reallocating funds from one or more eligible renewal grant(s) that will expire in calendar year 2022 into one or more new projects?** Yes

### 3. Reallocation - Grant(s) Eliminated

**CoCs reallocating eligible renewal project funds to create a new project application – as detailed in the FY 2021 CoC Program Competition NOFO – may do so by eliminating one or more expiring eligible renewal projects. CoCs that are eliminating eligible renewal projects must identify those projects on this form.**

<b>Amount Available for New Project: (Sum of All Eliminated Projects)</b>				
\$168,625				
<b>Eliminated Project Name</b>	<b>Grant Number Eliminated</b>	<b>Component Type</b>	<b>Annual Renewal Amount</b>	<b>Type of Reallocation</b>
Transition to Sta...	MA0493L1T052006	PH-RRH	\$168,625	Regular



### 3. Reallocation - Grant(s) Eliminated Details

**Instructions:**

For guidance on completing this form, please reference the FY 2021 CoC Priority Listing Detailed Instructions and FY 2021 CoC Priority Listing Navigational Guide on HUD's website. [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition).

**3-1 Complete each of the fields below for each eligible renewal grant that is being eliminated during the reallocation process. Refer to the FY 2021 Grant Inventory Worksheet to ensure all information entered is accurate.**

**Eliminated Project Name:** Transition to Stability

**Grant Number of Eliminated Project:** MA0493L1T052006

**Eliminated Project Component Type:** PH-RRH

**Eliminated Project Annual Renewal Amount:** \$168,625

**3-2. Describe how the CoC determined that this project should be eliminated and include the date the project applicant was notified. (limit 750 characters)**

Despite significant technical assistance provided by the City of New Bedford's Office of Housing & Community Development (grantee), the Transition to Stability project experienced a persistent inability to spend down the funding which it was awarded. The amount of funding it had to return actually worsened each year. This spending issue was symptomatic of the program's increasing operational and staffing challenges. The CoC's Performance Review Committee (PRC) has reviewed these issues on a quarterly basis and unanimously agreed to reallocate funding to two new expansions of higher performing projects. The project applicant was notified on September 15, 2021.

## 4. Reallocation - Grant(s) Reduced

**CoCs reallocating eligible renewal project funds to create a new project application – as detailed in the FY 2021 CoC Program Competition NOFO – may do so by eliminating one or more expiring eligible renewal projects. CoCs that are eliminating eligible renewal projects must identify those projects on this form.**

Amount Available for New Project (Sum of All Reduced Projects)					
\$0					
Reduced Project Name	Reduced Grant Number	Annual Renewal Amount	Amount Retained	Amount available for new project	Reallocation Type
This list contains no items					

## Continuum of Care (CoC) New Project Listing

**Instructions:**

Prior to starting the New Project Listing, review the CoC Priority Listing Detailed Instructions and CoC Priority Listing Navigational Guide available on HUD's website.

To upload all new project applications submitted to this Project Listing, click the "Update List" button. This process may take a few minutes based upon the number of new projects submitted by project applicant(s) to your CoC in the e-snaps system. You may update each of the Project Listings simultaneously. To review a project on the New Project Listing, click on the magnifying glass next to each project to view project details. To view the actual project application, click on the orange folder. If you identify errors in the project application(s), you can send the application back to the project applicant to make the necessary changes by clicking the amend icon. It is your sole responsibility for ensuring all amended projects are resubmitted, approved and ranked or rejected on this project listing BEFORE submitting the CoC Priority Listing in e-snaps. [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition).

Project Name	Date Submitted	Comp Type	Applicant Name	Budget Amount	Grant Term	Rank	PH/Reallocation	PSH/RRH	Expansion
Green Light	2021-11-04 12:20:...	PH	City of New Bedford...	\$96,309	1 Year	10	PH Bonus	PSH	
Welcome Home (Exp...	2021-11-04 12:37:...	PH	City of New Bedford...	\$84,312	1 Year	E8	Reallocation	PSH	Yes
Family Preservation i...	2021-11-04 15:29:...	PH	City of New Bedford...	\$84,313	1 Year	E9	Reallocation	PSH	Yes

## Continuum of Care (CoC) Renewal Project Listing

**Instructions:**

Prior to starting the Renewal Project Listing, review the CoC Priority Listing Detailed Instructions and CoC Priority Listing Navigational Guide available on HUD's website.

To upload all renewal project applications submitted to this Project Listing, click the "Update List" button. This process may take a few minutes based upon the number of renewal projects submitted by project applicant(s) to your CoC in the e-snaps system. You may update each of the Project Listings simultaneously. To review a project on the Renewal Project Listing, click on the magnifying glass next to each project to view project details. To view the actual project application, click on the orange folder. If you identify errors in the project application(s), you can send the application back to the project applicant to make necessary changes by clicking the amend icon. It is your sole responsibility for ensuring all amended projects are resubmitted, approved and ranked or rejected on this project listing BEFORE submitting the CoC Priority Listing in e-snaps.

[https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition).

**The Collaborative Applicant certifies that there is a demonstrated need for all renewal permanent supportive housing and rapid re-housing projects listed on the Renewal Project Listing.**

**The Collaborative Applicant certifies all renewal permanent supportive housing and rapid rehousing projects listed on the Renewal Project Listing comply with program requirements and appropriate standards of quality and habitability.**

**The Collaborative Applicant does not have any renewal permanent supportive housing or rapid re-housing renewal projects.**

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Rank	PSH/RRH	Comp Type	Consolidation Type	Expansion Type
Family Preservation...	2021-11-04 12:17:...	1 Year	City of New Bedford...	\$298,437	E3	PSH	PH		Expansion
Portico	2021-11-04 12:27:...	1 Year	City of New Bedford...	\$672,667	5	PSH	PH		
Prism	2021-11-04 12:29:...	1 Year	City of New Bedford...	\$123,296	7	PSH	PH		

Step Up	2021-11-04 12:30:...	1 Year	City of New Bedford...	\$301,674	6	PSH	PH		
Welcome Home	2021-11-04 12:34:...	1 Year	City of New Bedford...	\$200,352	E4	PSH	PH		Expansion
City of New Bedford...	2021-11-04 12:15:...	1 Year	City of New Bedford...	\$74,524	1		HMIS		
The Call Combined	2021-11-04 12:32:...	1 Year	City of New Bedford...	\$50,000	2		SSO		

## Continuum of Care (CoC) Planning Project Listing

### Instructions:

Prior to starting the CoC Planning Project Listing, review the CoC Priority Listing Detailed Instructions and CoC Priority Listing Navigational Guide available on HUD's website.

To upload the CoC planning project application submitted to this Project Listing, click the "Update List" button. This process may take a few minutes while the project is located in the e-snaps system. You may update each of the Project Listings simultaneously. To review the CoC Planning Project Listing, click on the magnifying glass next to view the project details. To view the actual project application, click on the orange folder. If you identify errors in the project application, you can send the application back to the project applicant to make necessary changes by clicking the amend icon. It is your sole responsibility for ensuring all amended projects are resubmitted, approved and ranked or rejected on this project listing BEFORE submitting the CoC Priority Listing in e-snaps.

Only one CoC planning project application can be submitted and only by the Collaborative Applicant designated by the CoC which must match the Collaborative Applicant information on the CoC Applicant Profile.

[https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition).

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Accepted?
MA-505 CoC Planni...	2021-11-04 15:03:...	1 Year	City of New Bedfo...	\$71,397	Yes

## Continuum of Care (CoC) YHDP Renewal Project Listing

**Instructions:**

Prior to starting the YHDP Renewal Project Listing, review the CoC Priority Listing Detailed Instructions and CoC Priority Listing Navigational Guide available on HUD's website.

To upload all YHDP renewal project applications submitted to this Project Listing, click the "Update List" button. This process may take a few minutes based upon the number of YHDP renewal and replacement projects submitted by project applicant(s) to your CoC in the e-snaps system. You may update each of the Project Listings simultaneously. To review a project on the YHDP Renewal Project Listing, click on the magnifying glass next to each project to view project details. To view the actual project application, click on the orange folder. If you identify errors in the project application(s), you can send the application back to the project applicant to make necessary changes by clicking the amend icon. It is your sole responsibility for ensuring all amended projects are resubmitted, approved and ranked or rejected on this project listing BEFORE submitting the CoC Priority Listing in e-snaps.  
[https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition).

**The Collaborative Applicant certifies that there is a demonstrated need for all renewal permanent supportive housing and rapid rehousing projects listed on the Renewal Project Listing.**

**The Collaborative Applicant certifies all renewal permanent supportive housing and rapid rehousing projects listed on the Renewal Project Listing comply with program requirements and appropriate standards of quality and habitability.**

**The Collaborative Applicant does not have any renewal permanent supportive housing or rapid rehousing renewal projects.**

Project Name	Date Submitted	Applicant Name	Budget Amount	Comp Type	Grant Term	Accepted ?	PSH/RRH	Consolidation Type
This list contains no items								

## Continuum of Care (CoC) YHDP Replacement Project Listing

### Instructions:

Prior to starting the YHDP Replacement Project Listing, review the CoC Priority Listing Detailed Instructions and CoC Priority Listing Navigational Guide available on HUD's website.

To upload all YHDP replacement project applications submitted to this Project Listing, click the "Update List" button. This process may take a few minutes based upon the number of YHDP replacement projects submitted by project applicant(s) to your CoC in the e-snaps system. You may update each of the Project Listings simultaneously. To review a project on the YHDP Replacement Project Listing, click on the magnifying glass next to each project to view project details. To view the actual project application, click on the orange folder. If you identify errors in the project application(s), you can send the application back to the project applicant to make necessary changes by clicking the amend icon. It is your sole responsibility for ensuring all amended projects are resubmitted, approved and ranked or rejected on this project listing BEFORE submitting the CoC Priority Listing in e-snaps.

[https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition).

Project Name	Date Submitted	Applicant Name	Budget Amount	Comp Type	Grant Term	Accepted?
This list contains no items						



## Funding Summary

### Instructions

This page provides the total budget summaries for each of the project listings after the you approved, ranked (New and Renewal Project Listings only), or rejected project applications. You must review this page to ensure the totals for each of the categories is accurate. The "Total CoC Request" indicates the total funding request amount your CoC's Collaborative Applicant will submit to HUD for funding consideration. As stated previously, only 1 UFA Cost project application (for UFA designated Collaborative Applicants only) and only 1 CoC Planning project application can be submitted and only the Collaborative Applicant designated by the CoC is eligible to request these funds.

Title	Total Amount
Renewal Amount	\$1,720,950
New Amount	\$264,934
CoC Planning Amount	\$71,397
YHDP Amount	\$0
Rejected Amount	\$0
<b>TOTAL CoC REQUEST</b>	<b>\$2,057,281</b>

## Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan (HUD-2991)	Yes	CERTIFICATION OF ...	11/09/2021
FY 2021 Rank Tool (optional)	No		
Other	No		
Other	No		

## **Attachment Details**

**Document Description:** CERTIFICATION OF CONSISTENCY WITH  
THE CONSOLIDATED PLAN (HUD 2991)

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:**

## Submission Summary

**WARNING: The FY2021 CoC Consolidated Application requires 2 submissions. Both this Project Priority Listing AND the CoC Consolidated Application MUST be submitted.**

**WARNING: The FY2021 CoC Consolidated Application requires 2 submissions. Both this Project Priority Listing AND the CoC Consolidated Application MUST be submitted.**

Page	Last Updated
<b>Before Starting</b>	No Input Required
<b>1A. Identification</b>	09/01/2021
<b>2. Reallocation</b>	11/01/2021
<b>3. Grant(s) Eliminated</b>	11/01/2021
<b>4. Grant(s) Reduced</b>	No Input Required
<b>5A. CoC New Project Listing</b>	11/04/2021
<b>5B. CoC Renewal Project Listing</b>	11/04/2021
<b>5D. CoC Planning Project Listing</b>	11/04/2021
<b>5E. YHDP Renewal</b>	No Input Required

<b>5F. YHDP Replace</b>	No Input Required
<b>Funding Summary</b>	No Input Required
<b>Attachments</b>	11/09/2021
<b>Submission Summary</b>	No Input Required

# Certification of Consistency with the Consolidated Plan

U.S. Department of Housing  
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.  
(Type or clearly print the following information:)

Applicant Name: CITY OF NEW BEDFORD

Project Name: \* SEE BELOW

Location of the Project: NEW BEDFORD

\_\_\_\_\_  
\_\_\_\_\_

Name of the Federal Program to which the applicant is applying: HUD CONTINUUM of CARE PROGRAM

Name of Certifying Jurisdiction: CITY OF NEW BEDFORD

Certifying Official of the Jurisdiction Name: JONATHAN F. MITCHELL

Title: MAYOR

Signature: 

Date: NOVEMBER 1, 2021

**\*PROJECTS:** Family Preservation Program, Portico, Prism, Step Up, Welcome Home, City of New Bedford HMIS Project 2.0, The CALL Combined, Family Preservation Program Expansion, Welcome Home Expansion, Green Light.

## 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](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](mailto: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](mailto: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

	<b>c. Organizational DUNS:</b>	075719187	<b>PLUS 4</b>	
--	--------------------------------	-----------	---------------	--

### 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.

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.**

<b>Part 2 - Subrecipient Information</b>	
2A. Subrecipients	<input type="checkbox"/>
<b>Part 3 - Project Information</b>	
3A. Project Detail	<input checked="" type="checkbox"/>
3B. Description	<input type="checkbox"/>
<b>Part 4 - Housing Services and HMIS</b>	
4A. HMIS Standards	<input type="checkbox"/>
<b>Part 5 - Participants and Outreach Information</b>	
<b>Part 6 - Budget Information</b>	
6A. Funding Request	<input type="checkbox"/>
6D. Match	<input checked="" type="checkbox"/>
6E. Summary Budget	<input type="checkbox"/>
<b>Part 7 - Attachment(s) &amp; Certification</b>	
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
<b>1A. SF-424 Application Type</b>	11/02/2021
<b>1B. SF-424 Legal Applicant</b>	No Input Required
<b>1C. SF-424 Application Details</b>	No Input Required
<b>1D. SF-424 Congressional District(s)</b>	11/02/2021
<b>1E. SF-424 Compliance</b>	11/02/2021
<b>1F. SF-424 Declaration</b>	11/02/2021



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

	<b>c. Organizational DUNS:</b>	075719187	<b>PLUS 4</b>	
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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.**

<b>Part 2 - Subrecipient Information</b>	
2A. Subrecipients	<input type="checkbox"/>
<b>Part 3 - Project Information</b>	
3A. Project Detail	<input checked="" type="checkbox"/>
3B. Description	<input checked="" type="checkbox"/>
<b>Part 4 - Housing Services and HMIS</b>	
<b>Part 5 - Participants and Outreach Information</b>	
<b>Part 6 - Budget Information</b>	
6A. Funding Request	<input checked="" type="checkbox"/>
6D. Match	<input checked="" type="checkbox"/>
6E. Summary Budget	<input type="checkbox"/>
<b>Part 7 - Attachment(s) &amp; Certification</b>	
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

	<b>* d. Organizational DUNS:</b>	144117389	<b>PLUS 4</b>	
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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).**

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

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<b>1H. HUD-50070</b>	10/21/2021
<b>1I. Cert. Lobbying</b>	10/21/2021
<b>1J. SF-LLL</b>	10/21/2021
<b>IK. SF-424B</b>	10/21/2021
<b>Submission Without Changes</b>	11/01/2021
<b>Recipient Performance</b>	10/25/2021
<b>Renewal Grant Consolidation or Renewal Grant Expansion</b>	10/25/2021
<b>2A. Subrecipients</b>	10/21/2021
<b>3A. Project Detail</b>	10/25/2021
<b>3B. Description</b>	10/25/2021
<b>6A. Funding Request</b>	11/04/2021
<b>6D. Match</b>	10/25/2021
<b>6E. Summary Budget</b>	No Input Required
<b>7A. Attachment(s)</b>	10/25/2021
<b>7A. In-Kind Match MOU Attachment</b>	No Input Required
<b>7B. Certification</b>	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 4<sup>th</sup> 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



## 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](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](mailto: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](mailto: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

	<b>c. Organizational DUNS:</b>	075719187	<b>PLUS 4</b>	
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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.**

<b>Part 2 - Subrecipient Information</b>	
2A. Subrecipients	<input checked="" type="checkbox"/>
<b>Part 3 - Project Information</b>	
3A. Project Detail	<input checked="" type="checkbox"/>
3B. Description	<input type="checkbox"/>
3C. Dedicated Plus	<input type="checkbox"/>
<b>Part 4 - Housing Services and HMIS</b>	
4A. Services	<input type="checkbox"/>
4B. Housing Type	<input type="checkbox"/>
<b>Part 5 - Participants and Outreach Information</b>	
5A. Households	<input type="checkbox"/>
5B. Subpopulations	<input type="checkbox"/>
<b>Part 6 - Budget Information</b>	
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"/>



<b>Part 7 - Attachment(s) &amp; Certification</b>	
<b>7A. Attachment(s)</b>	<input checked="checked" type="checkbox"/>
<b>7A. In-Kind Match MOU Attachment</b>	<input type="checkbox"/>
<b>7B. Certification</b>	<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

	<b>* d. Organizational DUNS:</b>	089346613	<b>PLUS 4</b>	
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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
<b>Total Persons</b>	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									
<b>Total Persons</b>	<b>43</b>	<b>0</b>	<b>0</b>	<b>17</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>

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										
<b>Total Persons</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

### 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										
<b>Total Persons</b>	<b>0</b>			<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

## 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:**
- |                            |                                     |
|----------------------------|-------------------------------------|
| <b>Leased Units</b>        | <input checked="" type="checkbox"/> |
| <b>Leased Structures</b>   | <input type="checkbox"/>            |
| <b>Rental Assistance</b>   | <input type="checkbox"/>            |
| <b>Supportive Services</b> | <input checked="" type="checkbox"/> |
| <b>Operating</b>           | <input checked="" type="checkbox"/> |
| <b>HMIS</b>                | <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.

<b>Total Annual Assistance Requested:</b>		\$212,650	
<b>Grant Term:</b>		1 Year	
<b>Total Request for Grant Term:</b>		\$212,650	
<b>Total Units:</b>		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		
<b>Total Units and Annual Assistance Requested</b>	16	\$212,650
<b>Grant Term</b>		1 Year
<b>Total Request for Grant Term</b>		\$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** 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	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
<b>1A. SF-424 Application Type</b>	10/21/2021
<b>1B. SF-424 Legal Applicant</b>	No Input Required

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

<b>Part 2 - Subrecipient Information</b>	
2A. Subrecipients	<input checked="" type="checkbox"/>
<b>Part 3 - Project Information</b>	
3A. Project Detail	<input checked="" type="checkbox"/>
3B. Description	<input checked="" type="checkbox"/>
3C. Dedicated Plus	<input type="checkbox"/>
<b>Part 4 - Housing Services and HMIS</b>	
4A. Services	<input checked="" type="checkbox"/>
4B. Housing Type	<input type="checkbox"/>
<b>Part 5 - Participants and Outreach Information</b>	
5A. Households	<input type="checkbox"/>
5B. Subpopulations	<input type="checkbox"/>
<b>Part 6 - Budget Information</b>	
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"/>

<b>Part 7 - Attachment(s) &amp; Certification</b>	
<b>7A. Attachment(s)</b>	<input checked="" type="checkbox"/>
<b>7B. Certification</b>	<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

	<b>* d. Organizational DUNS:</b>	147819460	<b>PLUS 4</b>	
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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
<b>Total Persons</b>	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
<b>Total Persons</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>

**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
<b>Total Persons</b>	<b>8</b>	<b>0</b>	<b>3</b>	<b>8</b>	<b>11</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>

**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										

---

<b>Total Persons</b>	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?** 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	

<b>Operating</b>	X
<b>HMIS</b>	

## 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.

<b>Total Annual Assistance Requested:</b>		\$135,665	
<b>Grant Term:</b>		1 Year	
<b>Total Request for Grant Term:</b>		\$135,665	
<b>Total Units:</b>		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		
<b>Total Units and Annual Assistance Requested</b>	13	\$135,665
<b>Grant Term</b>		1 Year
<b>Total Request for Grant Term</b>		\$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
<b>1A. SF-424 Application Type</b>	10/21/2021
<b>1B. SF-424 Legal Applicant</b>	No Input Required
<b>1C. SF-424 Application Details</b>	No Input Required

Renewal Project Application FY2021	Page 52	11/04/2021
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<b>1D. SF-424 Congressional District(s)</b>	11/03/2021
<b>1E. SF-424 Compliance</b>	10/21/2021
<b>1F. SF-424 Declaration</b>	10/21/2021
<b>1G. HUD-2880</b>	11/03/2021
<b>1H. HUD-50070</b>	10/21/2021
<b>1I. Cert. Lobbying</b>	10/21/2021
<b>1J. SF-LLL</b>	10/21/2021
<b>IK. SF-424B</b>	10/21/2021
<b>Submission Without Changes</b>	11/01/2021
<b>Recipient Performance</b>	10/21/2021
<b>Renewal Grant Consolidation or Renewal Grant Expansion</b>	11/01/2021
<b>2A. Subrecipients</b>	10/25/2021
<b>3A. Project Detail</b>	10/22/2021
<b>3B. Description</b>	10/21/2021
<b>3C. Dedicated Plus</b>	10/21/2021
<b>4A. Services</b>	10/25/2021
<b>4B. Housing Type</b>	10/21/2021
<b>5A. Households</b>	10/21/2021
<b>5B. Subpopulations</b>	No Input Required
<b>6A. Funding Request</b>	10/25/2021
<b>6B. Leased Units</b>	10/25/2021
<b>6D. Match</b>	10/25/2021
<b>6E. Summary Budget</b>	No Input Required
<b>7A. Attachment(s)</b>	10/25/2021
<b>7B. Certification</b>	10/25/2021

**Internal Revenue Service**

**Department of the Treasury**

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

**Date:** April 18, 2002

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

**Person to Contact:**  
Carol Kraft - #31-01135  
Customer Service Specialist  
**Toll Free Telephone Number:**  
8:00 a.m. to 6:30 p.m. EST  
877-829-5500  
**Fax Number:**  
513-263-3756  
**Federal Identification Number:**  
04-2505146

**Dear Madam:**

This letter is in response to your request by telephone on April 18, 2002, for a copy of your organization's determination letter. This letter will take the place of the copy you requested.

Our records indicate that a determination letter issued in August 1972 granted your organization exemption from federal income tax under section 501(c)(3) of the Internal Revenue Code. That letter is still in effect.

Based on information subsequently submitted, we classified your organization as one that is not a private foundation within the meaning of section 509(a) of the Code because it is an organization described in sections 509(a)(1) and 170(b)(1)(A)(vi).

This classification was based on the assumption that your organization's operations would continue as stated in the application. If your organization's sources of support, or its character, method of operations, or purposes have changed, please let us know so we can consider the effect of the change on the exempt status and foundation status of your organization.

Your organization is required to file Form 990, Return of Organization Exempt from Income Tax, only if its gross receipts each year are normally more than \$25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of the organization's annual accounting period. The law imposes a penalty of \$20 a day, up to a maximum of \$10,000, when a return is filed late, unless there is reasonable cause for the delay.

All exempt organizations (unless specifically excluded) are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more paid to each employee during a calendar year. Your organization is not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the excise taxes under Chapter 42 of the Code. However, these organizations are not automatically exempt from other federal excise taxes.

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

Steppingstone Inc.  
04-2505146

Your organization is not required to file federal income tax returns unless it is subject to the tax on unrelated business income under section 511 of the Code. If your organization is subject to this tax, it must file an income tax return on the Form 990-T, Exempt Organization Business Income Tax Return. In this letter, we are not determining whether any of your organization's present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

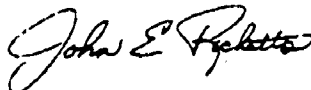
The law requires you to make your organization's annual return available for public inspection without charge for three years after the due date of the return. If your organization had a copy of its application for recognition of exemption on July 15, 1987, it is also required to make available for public inspection a copy of the exemption application, any supporting documents and the exemption letter to any individual who requests such documents in person or in writing. You can charge only a reasonable fee for reproduction and actual postage costs for the copied materials. The law does not require you to provide copies of public inspection documents that are widely available, such as by posting them on the Internet (World Wide Web). You may be liable for a penalty of \$20 a day for each day you do not make these documents available for public inspection (up to a maximum of \$10,000 in the case of an annual return).

Because this letter could help resolve any questions about your organization's exempt status and foundation status, you should keep it with the organization's permanent records.

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

This letter affirms your organization's exempt status.

Sincerely,



John E. Ricketts, Director, TE/GE  
Customer Account Services



**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.

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**SECTION I: INDIRECT COST RATES**

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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

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**SECTION II: SPECIAL REMARKS**

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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](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](mailto: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](mailto: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

	<b>c. Organizational DUNS:</b>	075719187	<b>PLUS 4</b>	
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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.**

<b>Part 2 - Subrecipient Information</b>	
2A. Subrecipients	<input checked="" type="checkbox"/>
<b>Part 3 - Project Information</b>	
3A. Project Detail	<input checked="" type="checkbox"/>
3B. Description	<input checked="" type="checkbox"/>
3C. Dedicated Plus	<input type="checkbox"/>
<b>Part 4 - Housing Services and HMIS</b>	
4A. Services	<input checked="" type="checkbox"/>
4B. Housing Type	<input type="checkbox"/>
<b>Part 5 - Participants and Outreach Information</b>	
5A. Households	<input type="checkbox"/>
5B. Subpopulations	<input type="checkbox"/>
<b>Part 6 - Budget Information</b>	
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"/>

<b>Part 7 - Attachment(s) &amp; Certification</b>	
<b>7A. Attachment(s)</b>	<input checked="" type="checkbox"/>
<b>7A. In-Kind Match MOU Attachment</b>	<input type="checkbox"/>
<b>7B. Certification</b>	<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

	<b>* d. Organizational DUNS:</b>	144117389	<b>PLUS 4</b>	
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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"/>
-------------------------------	--------------------------

### 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
<b>Total Persons</b>	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
<b>Total Persons</b>	<b>121</b>	<b>2</b>	<b>0</b>	<b>33</b>	<b>0</b>	<b>22</b>	<b>6</b>	<b>0</b>	<b>10</b>	<b>0</b>

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										
<b>Total Persons</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

### 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										
<b>Total Persons</b>	<b>0</b>			<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>



## 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

<b>Operating</b>	X
<b>HMIS</b>	

## 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.

<b>Total Annual Assistance Requested:</b>		\$501,403	
<b>Grant Term:</b>		1 Year	
<b>Total Request for Grant Term:</b>		\$501,403	
<b>Total Units:</b>		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		
<b>Total Units and Annual Assistance Requested</b>	46	\$501,403
<b>Grant Term</b>		1 Year
<b>Total Request for Grant Term</b>		\$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** 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...	\$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
<b>1A. SF-424 Application Type</b>	10/21/2021
<b>1B. SF-424 Legal Applicant</b>	No Input Required

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

**FALMOUTH: Sacred Hearts Pastoral Administration Office,** 77 Adams St., P.O. Box 111, Fairhaven, 02719-0111. Tel: 508-881-2412. Fax: 508-995-5198. Email: asprinc@cscc.org. Web: www.sac.org. Very Rev. Herman Gagne, SS.C.C., Prov.; Rev. Stephen Banjare, SS.C.C.; Bro. Paul R. Alcox, SS.C.C. Congregation of the Sacred Hearts-United States Province. Brothers 1. **Minutia Center of the Enthronement,** P.O. Box 111, Fairhaven, 02719-0111. Tel: 508-999-2680. Fax: 508-981-8222. Email: minutia@psn.com. Web: www.sac.org. Rev. Kevin Columbus Conry, SS.C.C., Dir. Congregation of the Sacred Hearts-United States Province. **Zkounas Residence,** 73 Adams St., P.O. Box 111, Fairhaven, 02719-0111. Tel: 508-991-0506. Fax: 508-991-7170. Email: zskounas@cscc.org. Rev. James E. McDonough, SS.C.C., House Dir.; Kevin J. Ombrosio Conaty, SS.C.C.; Albert Degroot, SS.C.C.; (Retired) Martin T. Gomes, SS.C.C.; Michael Kelly, SS.C.C.; Brian Mangrat, SS.C.C.; (Retired) Michael Shanahan, SS.C.C.; Matthias Shanley, SS.C.C.; Desmond (Fintan) Sheeran, SS.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@scapular.org. Web: www.maximilian.org. Rev. Matthias M. Szabo, 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: 508-759-7230. 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,** 3912 Elm St., Dighton, 02715. Tel: 508-663-5425. Tel: 508-989-5923 (Novitiate); Fax: 508-669-4591; Email: dnc@presentation-sp-usa.org. Web: www.presentation-sp-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.

**FALMOUTH: Sisters of the Sacred Hearts, Community Headquarters,** 35 Huttons Ave., Fairhaven, 02719-3154. Tel: 508-994-0341. Email: dch@cscc.org. Sisters Eleanor Maria Cyr, SS.C.C., Supr.; Claire Boachard, SS.C.C.; Maria Ann Lobson, SS.C.C.  
**Sisters of the Sacred Hearts of Jesus and Mary and of Precious Adamant, SS.C.C.**

**SOUTH DARTMOUTH: Dominican Sisters of Hope (1985) Dartmouth Community,** 51 Middle St., Dartmouth, 02748. Tel: 508-206-1265. Web: www.ophope.org. Sr. Laurel 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@att.net. Web: www.sistersofvillafatima.org. Sr. Rosalie Patrella, 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: 508-222-8530. Tel: 508-222-6419. Fax: 508-246-9089. Email: office@laotile.org. Web: www.laotile.org. Rev. Bernard B. Burk, M.S., Dir.; Bro. Donald Winiński, M.S., Hospitality; Justice Richardson, Youth Retreat Facility; Dorothy J. Levesque, Retreat Leader.

**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: ren@eastfreedomcamp.net. Web: www.eastfreedomcamp.net. Rena Lemaux, Dir. Catholic Camp Retreat Center, 167 Middleboro Rd., P.O. Box 425, East Freetown, 02717-0429. Tel: 508-763-8874. Fax: 508-763-2230. Email: ren@eastfreedomcamp.net. Web: www.eastfreedomcamp.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: jgal44@att.net. Web: www.retrahouse.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@scw.org. Web: www.scw.org. Sr. Claire Boachard, SS.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@cscc.org. 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@cscc.org. Ms. Susan Mazzarella, M.A., L.S.W., CEO. Total Staff 38. Annually 2, Total Staff 11.

**Catholic Social Services of New Bedford,** 238 Danvers St., New Bedford, 02744. Tel: 508-997-7577. Fax: 508-994-1097. Email: SMazzarella@cscc.org. 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@cscc.org. 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., Tywanton, RI 02878. Tel: 401-624-9270. Fax: 508-675-2224. Email: SMarzan@cscc.org. Ms. Susan Mazzarella, M.A., L.S.W., CEO. Total Staff 18.

**HYANNIS: St. Clare's Residence for Women Elaine Hiley, Contact Person, Red Company 5; Total Staff, 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@holyspirit.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@holyspirit.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@holyspirit.com. Mr. Donald Morrison, Area Dir.

**III NEWMAN CENTERS AND CAMPUS MINISTRY**

**FALL RIVER: Bristol Community College Campus Ministry,** 777 Elabare St., 02720-7395. Tel: 508-678-2611. Ext. 2919. Fax: 508-730-2286. Email: fbr@fredricka@bristolcc.edu. Web: www.fredricka@bristolcc.edu. Rev. Duval C. Frederici, Chap. Total Staff 1.

**Diocesan Education Center,** 423 Highland Ave., 02720. Tel: 508-678-2628. Fax: 508-874-4218. Email: sp@cscc.org. Web: www.eshineschools.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: 508-289-8872. Email: dfrank@massd.edu. Web: www.massdathletics.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: 774-292-3047. Rev. David C. Frederici, Dir.

**WEST BARNSTABLE: Cape Cod Campus Ministry,** P.O. Box 1558, Pocomoet, 02559. Tel: 774-292-3047. Email: dfrank@massd.edu. Web: www.capecodathletics.com. Rev. David C. Frederici, Chap.

**(K) MISCELLANEOUS LISTINGS**

**FALL RIVER: Arden Housing Corporation,** 1601 Bay St., 02724. Tel: 508-967-6130. Fax: 774-425-3790. Email: ardenwor@cscc.org. 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: 508-997-4130. Fax: 774-425-3790. Email: AMcNamee@cscc.org. Deborah Berg, CEO; Ed Allard, Prog. Coord.

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

**St. Dominic's Apartments, Inc.,** 72 Eighth St., New Bedford, 02740. Tel: 508-946-2331. Fax: 508-997-0120. Email: KAlford@cscc.org. Email: alford@cscc.org. 818 Middle St., 02721. Arlene A. McNamee, L.C.S.W., CEO. Total Staff Annually 17; Total Staff 2.

**Foundation to Advance Catholic Education, Inc.,** P.O. Box 2577, 02722. Email: sdubach@diocese.org. 150 Highland Ave., 02720. Tel: 508-675-4311. Fax: 508-675-4391. Web: www.fate-02.org. Mrs. Sandra M. Dunbury, Exec. Dir.

**Our Brothers Home, Inc.,** 8 Allen St., New Bedford, 02740. Tel: 774-292-6971; Tel: 508-997-0139. Email: sf@cscc.org.

**Religious Services of Fall River,** 72 Eighth St., New Bedford, 02740. Arlene A. McNamee, L.C.S.W., CEO, Contact Person.

**FALMOUTH: 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: isprinc@cscc.org. Web: www.sac.org. Rev. Richard McNally, SS.C.C.; Very Rev. Herman Gagne, SS.C.C.; Fr. Richard J. Danlyak, SS.C.C.; Dir.; Martin T. Gomes, SS.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: 508-999-4775. Email: octavio@diocese.org. 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: mnc@hcfm.org. 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 Penon, 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—SS.C.C.**  
[0490]—**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]—**Priests of the Congregation of Holy Cross** (Eastern Prov.)—C.S.C.  
[1340]—**Premonstratensians**

**RELIGIOUS INSTITUTES OF WOMEN REPRESENTED IN THE DIOCESE**

[1]—**Congregation of the Sisters of Mercy of Ireland.**  
[3815]—**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](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](mailto: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](mailto: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

	<b>c. Organizational DUNS:</b>	075719187	<b>PLUS 4</b>	
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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.**

<b>Part 2 - Subrecipient Information</b>	
2A. Subrecipients	<input checked="" type="checkbox"/>
<b>Part 3 - Project Information</b>	
3A. Project Detail	<input checked="" type="checkbox"/>
3B. Description	<input type="checkbox"/>
3C. Dedicated Plus	<input type="checkbox"/>
<b>Part 4 - Housing Services and HMIS</b>	
4A. Services	<input checked="" type="checkbox"/>
4B. Housing Type	<input type="checkbox"/>
<b>Part 5 - Participants and Outreach Information</b>	
5A. Households	<input checked="" type="checkbox"/>
5B. Subpopulations	<input checked="" type="checkbox"/>
<b>Part 6 - Budget Information</b>	
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"/>

<b>Part 7 - Attachment(s) &amp; Certification</b>	
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

	<b>* d. Organizational DUNS:</b>	780025797	<b>PLUS 4</b>
--	----------------------------------	-----------	---------------

### 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
<b>Total Persons</b>	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									
<b>Total Persons</b>	<b>18</b>	<b>0</b>	<b>0</b>	<b>5</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**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
<b>Total Persons</b>	<b>18</b>	<b>0</b>	<b>0</b>	<b>16</b>	<b>0</b>	<b>5</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>

**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										
<b>Total Persons</b>	<b>0</b>			<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>



## 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.

<b>Total Annual Assistance Requested:</b>		\$150,050	
<b>Grant Term:</b>		1 Year	
<b>Total Request for Grant Term:</b>		\$150,050	
<b>Total Units:</b>		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	
<b>Total Units and Annual Assistance Requested</b>	15	\$150,050
<b>Grant Term</b>		1 Year
<b>Total Request for Grant Term</b>		\$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).**

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
<b>1A. SF-424 Application Type</b>	10/21/2021
<b>1B. SF-424 Legal Applicant</b>	No Input Required

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

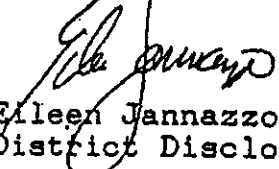
Dear Sir or Madam:

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](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](mailto: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](mailto: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

	<b>c. Organizational DUNS:</b>	075719187	<b>PLUS 4</b>	
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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.**

<b>Part 2 - Subrecipient Information</b>	
2A. Subrecipients	<input checked="" type="checkbox"/>
<b>Part 3 - Project Information</b>	
3A. Project Detail	<input checked="" type="checkbox"/>
3B. Description	<input checked="" type="checkbox"/>
3C. Dedicated Plus	<input type="checkbox"/>
<b>Part 4 - Housing Services and HMIS</b>	
4A. Services	<input type="checkbox"/>
4B. Housing Type	<input type="checkbox"/>
<b>Part 5 - Participants and Outreach Information</b>	
5A. Households	<input type="checkbox"/>
5B. Subpopulations	<input type="checkbox"/>
<b>Part 6 - Budget Information</b>	
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"/>

<b>Part 7 - Attachment(s) &amp; Certification</b>	
<b>7A. Attachment(s)</b>	<input checked="" type="checkbox"/>
<b>7A. In-Kind Match MOU Attachment</b>	<input type="checkbox"/>
<b>7B. Certification</b>	<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

	<b>* d. Organizational DUNS:</b>	144117389	<b>PLUS 4</b>	
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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
<b>Total Persons</b>	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										
<b>Total Persons</b>	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
<b>Total Persons</b>	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										
<b>Total Persons</b>	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



<b>Operating</b>	X
<b>HMIS</b>	

## 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.

<b>Total Annual Assistance Requested:</b>		\$74,148	
<b>Grant Term:</b>		1 Year	
<b>Total Request for Grant Term:</b>		\$74,148	
<b>Total Units:</b>		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		
<b>Total Units and Annual Assistance Requested</b>	6	\$74,148
<b>Grant Term</b>		1 Year
<b>Total Request for Grant Term</b>		\$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
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<b>1C. SF-424 Application Details</b>	No Input Required
<b>1D. SF-424 Congressional District(s)</b>	10/21/2021
<b>1E. SF-424 Compliance</b>	10/21/2021
<b>1F. SF-424 Declaration</b>	10/21/2021
<b>1G. HUD-2880</b>	11/03/2021
<b>1H. HUD-50070</b>	10/21/2021
<b>1I. Cert. Lobbying</b>	10/21/2021
<b>1J. SF-LLL</b>	10/21/2021
<b>IK. SF-424B</b>	10/21/2021
<b>Submission Without Changes</b>	11/01/2021
<b>Recipient Performance</b>	10/25/2021
<b>Renewal Grant Consolidation or Renewal Grant Expansion</b>	10/25/2021
<b>2A. Subrecipients</b>	10/25/2021
<b>3A. Project Detail</b>	10/25/2021
<b>3B. Description</b>	10/25/2021
<b>3C. Dedicated Plus</b>	10/21/2021
<b>4A. Services</b>	10/21/2021
<b>4B. Housing Type</b>	10/21/2021
<b>5A. Households</b>	10/21/2021
<b>5B. Subpopulations</b>	No Input Required
<b>6A. Funding Request</b>	11/04/2021
<b>6B. Leased Units</b>	10/25/2021
<b>6D. Match</b>	10/25/2021
<b>6E. Summary Budget</b>	No Input Required
<b>7A. Attachment(s)</b>	10/25/2021
<b>7A. In-Kind Match MOU Attachment</b>	No Input Required
<b>7B. Certification</b>	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 4<sup>th</sup> 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: rompapa@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. Aloux, S.S.C.C., Congregation of the Sacred Hearts-United States Province. *Brothers 1. Mutual Center of the Enthronement*, P.O. Box 111, Fairhaven, 02719-0111. Tel: 508-999-2680. Fax: 508-995-8222. Email: meetings@spino.com. Web: www.sacredhearts.org. Rev. Kevin J. Columbus, 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: 508-995-0506. Fax: 508-999-7170. Email: sprievinc@comcast.net. Rev. James E. McDonough, S.S.C.C., (Diocese); Rev. Kevin J. Columbus, S.S.C.C., (Albert Degradi, 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 (Finian) 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: frhous@comcast.net.

Web: www.marianfeast.org. Email: frhous@comcast.net. Web: www.marianfeast.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. Olvera, F.L.; Revs. Alan Bernardine Wharton, F.L.; Andre Fenia, Brothers 2, Priests 4.

**ORISKANY, St. Joseph Friars-Franciscan Friars**, 40 Robinson Rd., P.O. Box 63, Oriskany, 02559. Tel: 508-759-7230. Email: oriskany@comcast.net. Deacon Charles Gieringer, O.F.M., M.R.E., Guard, & Deacon.

#### III CONVENTS AND RESIDENCES FOR SISTERS

**DIOROCK, 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: diorock@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: dchouard@comcast.net. Sisters Eleanor Maria Cyr, S.S.C.C., Supr.; Claire Boaschard, S.S.C.C.; Marie Ann Lehoucq, 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. Laurelle Klerck, O.P., Province, Sisters 2.

**TAUNTON, Villa Fatima** (1944) 90 County St., Taunton, 02780. Tel: 508-822-6282. Fax: 508-823-0823. Email: ta23@comcast.net. Web: www.sistersofvillafatima.org. Sr. Rosalie Patrella, S.S.D., Local Council, Sisters of St. Dorothy.

#### III 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.

**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@eastfreetowncamp.net. Web: www.eastfreetowncamp.net. Rena Lemieux, Dir. *Catholic Camp Retreat Center*, 167 Middleboro Rd., P.O. Box 425, East Freetown, 02717-0429. Tel: 508-763-8874. Fax: 508-763-2230. Email: reu@eastfreetowncamp.net. Web: www.eastfreetowncamp.net. Rena Lemieux, Asst. Dir.

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

Tel: 508-238-2051. Fax: 508-238-0164. Email: hcrh@comcast.net. Web: www.retreathouse.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@comcast.net. Web: www.sacredhearts.org. Sr. Claire Boaschard, 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, Congregata For Human Development Assistance**, 1600 Bay St., P.O. Box M. S. Sta., 02724. Tel: 508-674-4681. Fax: 508-675-2224. Email: SMarzani@comcast.net. Email: SMarzani@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: SMarzani@comcast.net. Ms. Susan Mazzarella, M.A., L.S.W., CEO. Total Staff 38. Annually 2, Total Staff 11.

**Catholic Social Services of New Bedford**, 238 Danvers St., New Bedford, 02744. Tel: 508-997-7527. Fax: 508-994-1097. Email: SMarzani@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: SMarzani@comcast.net. Ms. Susan Mazzarella, M.A., L.S.W., CEO. Total Staff 14. Annually 1, 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: SMarzani@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 Hildey, Contact Person, Red Company 5; Total Staff, 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.

**Fall River Area Catholic Youth Organization**, Sullivan McCarrick CYO Center, 403 Anson St., 02720. Tel: 508-672-9644. Fax: 508-675-4755. Email: office@holyspirit.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@holyspirit.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@holyspirit.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: 508-730-5286. Email: ffrb@comcast.net. Rev. Duval C. Frederic, Chap. Total Staff 1.

**Diocesan Education Center**, 423 Highland Ave., 02720. Tel: 508-678-8528. Fax: 508-874-4218. Email: sperr@comcast.net. Web: www.educationcenter.com. Mr. Stephen A. Perla, Supr.; Sandra M. Drumney, Asst. Supr. for Academics and Personnel; Denise M. Praxote, 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: dcm@comcast.net. Web: www.massdcm.com. Rev. David C. Frederic, 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. Frederic, Dir.

**WEST BARNSTABLE, Cape Cod Campus Ministry**, P.O. Box 1558, Pocasset, 02559. Tel: 774-202-3047. Email: dcm@comcast.net. Web: www.capeodcm.com. Rev. David C. Frederic, Chap.

#### III MISCELLANEOUS LISTINGS

**FALL RIVER, Area Housing Corporation**, 1600 Bay St., 02724. Tel: 508-997-6130. Fax: 774-425-3790. Email: rhosworth@comcast.net. 72 Eighth St., New Bedford, 02740. Arlene A. McNamara, 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.

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

**St. Damian's Apartments, Inc.**, 72 Eighth St., New Bedford, 02740. Tel: 508-997-2331. Fax: 508-997-0130. Email: KAlldon@comcast.net. Email: rhosworth@comcast.net. 818 Middle St., 02721. Arlene A. McNamara, L.C.S.W., CEO. Total Staff Annually 17; Total Staff 2.

**Foundation to Advance Catholic Education, Inc.**, P.O. Box 2577, 02722. Email: sdubuczy@comcast.net. 150 Highland Ave., 02720. Tel: 508-675-4311. Fax: 508-675-6791. Web: www.fare-dc.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. McNamara, 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: sprievinc@comcast.net. Web: www.sacredhearts.org. Rev. Richard McNally, S.S.C.C., Prov.; Very Rev. Herman Gagne, S.S.C.C., Prov.; Rev. Stephen Bunjare, S.S.C.C., Dir.; Richard J. Danylek, 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: 508-993-1691. Fax: 508-999-4775. Email: octavio@comcast.net. Web: www.instituteword.org.

**Our Lady of the Sacred Heart, I.V.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: 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 Poole, 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 Incarnate Word*—I.V.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 Congregation of Holy Cross* (Eastern Prov.)—C.S.C.

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

[3815]—*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](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](mailto: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](mailto: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

	<b>c. Organizational DUNS:</b>	075719187	<b>PLUS 4:</b>	
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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

	<b>* d. Organizational DUNS:</b>	147819460	<b>PLUS 4:</b>	
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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
<b>Total Persons</b>	<b>2</b>	<b>3</b>	<b>0</b>	<b>5</b>

**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									
<b>Total Persons</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**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				
<b>Total Persons</b>	<b>2</b>	<b>0</b>	<b>1</b>	<b>3</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**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										
<b>Total Persons</b>	<b>0</b>				<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>



## 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	

<b>Supportive Services</b>	X
<b>Operating</b>	X
<b>HMIS</b>	

**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.**

<b>Total Annual Assistance Requested:</b>		\$41,592	
<b>Grant Term:</b>		1 Year	
<b>Total Request for Grant Term:</b>		\$41,592	
<b>Total Units:</b>		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
<b>Total units and annual assistance requested:</b>	4							\$41,592
<b>Grant term:</b>								1 Year
<b>Total request for grant term:</b>								\$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		
<b>Total Annual Assistance Requested</b>		\$19,981
<b>Grant Term</b>		1 Year
<b>Total Request for Grant Term</b>		\$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
<b>1. Maintenance/Repair</b>	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
<b>2. Property Taxes and Insurance</b>		
<b>3. Replacement Reserve</b>		
<b>4. Building Security</b>	.2 FTE Salary + Fringe x 75%	\$7,223
<b>5. Electricity, Gas, and Water</b>		
<b>6. Furniture</b>	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
<b>7. Equipment (lease, buy)</b>	(1 Computer @ \$1,500 + 1 Phone @ \$275) x 75%	\$1,331
<b>Total Annual Assistance Requested</b>		\$15,074
<b>Grant Term</b>		1 Year
<b>Total Request for Grant Term</b>		\$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
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**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

<b>1A. SF-424 Application Type</b>	No Input Required
<b>1B. SF-424 Legal Applicant</b>	No Input Required
<b>1C. SF-424 Application Details</b>	No Input Required
<b>1D. SF-424 Congressional District(s)</b>	11/03/2021
<b>1E. SF-424 Compliance</b>	10/21/2021
<b>1F. SF-424 Declaration</b>	10/21/2021
<b>1G. HUD 2880</b>	10/21/2021
<b>1H. HUD 50070</b>	10/21/2021
<b>1I. Cert. Lobbying</b>	10/21/2021
<b>1J. SF-LLL</b>	10/21/2021
<b>IK. SF-424B</b>	10/21/2021
<b>1L. SF-424D</b>	10/21/2021
<b>2A. Subrecipients</b>	10/25/2021
<b>2B. Experience</b>	10/26/2021
<b>3A. Project Detail</b>	10/25/2021
<b>3B. Description</b>	10/28/2021
<b>3C. Expansion</b>	10/27/2021
<b>4A. Services</b>	10/28/2021
<b>4B. Housing Type</b>	10/28/2021
<b>5A. Households</b>	10/28/2021
<b>5B. Subpopulations</b>	No Input Required
<b>6A. Funding Request</b>	10/28/2021
<b>6C. Leased Units</b>	10/28/2021
<b>6F. Supp Srvcs Budget</b>	10/28/2021
<b>6G. Operating</b>	10/28/2021
<b>6I. Match</b>	10/28/2021
<b>6J. Summary Budget</b>	No Input Required
<b>7A. Attachment(s)</b>	10/28/2021
<b>7D. Certification</b>	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.

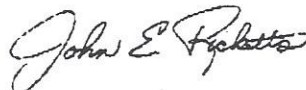
The law requires you to make your organization's annual return available for public inspection without charge for three years after the due date of the return. If your organization had a copy of its application for recognition of exemption on July 15, 1987, it is also required to make available for public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

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**SECTION I: INDIRECT COST RATES**

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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

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**SECTION II: SPECIAL REMARKS**

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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](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](mailto: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](mailto: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

	<b>c. Organizational DUNS:</b>	075719187	<b>PLUS 4:</b>	
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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

	<b>* d. Organizational DUNS:</b>	089346613	<b>PLUS 4:</b>	
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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
<b>Total Persons</b>	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									
<b>Total Persons</b>	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										
<b>Total Persons</b>	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										
<b>Total Persons</b>	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:**

<b>Leased Units</b>	<input checked="" type="checkbox"/>
<b>Leased Structures</b>	<input type="checkbox"/>
<b>Rental Assistance</b>	<input type="checkbox"/>
<b>Supportive Services</b>	<input checked="" type="checkbox"/>
<b>Operating</b>	<input checked="" type="checkbox"/>
<b>HMIS</b>	<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.

<b>Total Annual Assistance Requested:</b>		\$54,576	
<b>Grant Term:</b>		1 Year	
<b>Total Request for Grant Term:</b>		\$54,576	
<b>Total Units:</b>		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
<b>Total units and annual assistance requested:</b>	4							\$54,576
<b>Grant term:</b>								1 Year
<b>Total request for grant term:</b>								\$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		
<b>Total Annual Assistance Requested</b>		\$20,337
<b>Grant Term</b>		1 Year
<b>Total Request for Grant Term</b>		\$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)		
<b>Total Annual Assistance Requested</b>		\$2,000
<b>Grant Term</b>		1 Year
<b>Total Request for Grant Term</b>		\$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
<b>1A. SF-424 Application Type</b>	No Input Required
<b>1B. SF-424 Legal Applicant</b>	No Input Required
<b>1C. SF-424 Application Details</b>	No Input Required
<b>1D. SF-424 Congressional District(s)</b>	11/03/2021
<b>1E. SF-424 Compliance</b>	10/21/2021
<b>1F. SF-424 Declaration</b>	10/21/2021
<b>1G. HUD 2880</b>	11/03/2021
<b>1H. HUD 50070</b>	10/21/2021
<b>1I. Cert. Lobbying</b>	10/21/2021
<b>1J. SF-LLL</b>	10/21/2021
<b>IK. SF-424B</b>	10/21/2021
<b>1L. SF-424D</b>	10/21/2021
<b>2A. Subrecipients</b>	10/29/2021
<b>2B. Experience</b>	10/29/2021
<b>3A. Project Detail</b>	10/27/2021
<b>3B. Description</b>	10/29/2021
<b>3C. Expansion</b>	10/27/2021
<b>4A. Services</b>	11/03/2021
<b>4B. Housing Type</b>	11/01/2021
<b>5A. Households</b>	10/27/2021
<b>5B. Subpopulations</b>	No Input Required
<b>6A. Funding Request</b>	10/27/2021
<b>6C. Leased Units</b>	10/27/2021
<b>6F. Supp Srvcs Budget</b>	11/02/2021
<b>6G. Operating</b>	10/27/2021
<b>6I. Match</b>	11/02/2021

<b>6J. Summary Budget</b>	No Input Required
<b>7A. Attachment(s)</b>	10/29/2021
<b>7A. In-Kind MOU Attachment</b>	No Input Required
<b>7D. Certification</b>	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](http://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](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](mailto: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](mailto: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

	<b>c. Organizational DUNS:</b>	075719187	<b>PLUS 4:</b>	
--	--------------------------------	-----------	----------------	--

### 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

	<b>* d. Organizational DUNS:</b>	130836356	<b>PLUS 4:</b>	
--	----------------------------------	-----------	----------------	--

### 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"/>
---	-------------------------------------

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
<b>Total Persons</b>	<b>6</b>	<b>3</b>	<b>0</b>	<b>9</b>

**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									
<b>Total Persons</b>	<b>6</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**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										
<b>Total Persons</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**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										
<b>Total Persons</b>	<b>0</b>				<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

## 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"/>



<b>Rental Assistance</b>	<input type="checkbox"/>
<b>Supportive Services</b>	<input checked="" type="checkbox"/>
<b>Operating</b>	<input checked="" type="checkbox"/>
<b>HMIS</b>	<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.**

<b>Total Annual Assistance Requested:</b>		\$51,540	
<b>Grant Term:</b>		1 Year	
<b>Total Request for Grant Term:</b>		\$51,540	
<b>Total Units:</b>		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

New Project Application FY2021	Page 42	11/04/2021
--------------------------------	---------	------------

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
<b>Total units and annual assistance requested:</b>	<b>4</b>							<b>\$51,540</b>
<b>Grant term:</b>								<b>1 Year</b>
<b>Total request for grant term:</b>								<b>\$51,540</b>

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
<b>Total Annual Assistance Requested</b>		<b>\$32,554</b>
<b>Grant Term</b>		<b>1 Year</b>
<b>Total Request for Grant Term</b>		<b>\$32,554</b>

**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
<b>1. Maintenance/Repair</b>	Equipment maintenance and repairs	\$1,000
<b>2. Property Taxes and Insurance</b>		
<b>3. Replacement Reserve</b>		
<b>4. Building Security</b>		
<b>5. Electricity, Gas, and Water</b>	Office space expense	\$1,000
<b>6. Furniture</b>	Desk, chair, file cabinet	\$1,500
<b>7. Equipment (lease, buy)</b>	Laptop, copier/scanner/fax	\$1,500
<b>Total Annual Assistance Requested</b>		\$5,000
<b>Grant Term</b>		1 Year
<b>Total Request for Grant Term</b>		\$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
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**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
<b>1A. SF-424 Application Type</b>	No Input Required
<b>1B. SF-424 Legal Applicant</b>	No Input Required
<b>1C. SF-424 Application Details</b>	No Input Required
<b>1D. SF-424 Congressional District(s)</b>	11/03/2021
<b>1E. SF-424 Compliance</b>	10/21/2021
<b>1F. SF-424 Declaration</b>	10/21/2021
<b>1G. HUD 2880</b>	11/02/2021
<b>1H. HUD 50070</b>	10/21/2021
<b>1I. Cert. Lobbying</b>	10/21/2021
<b>1J. SF-LLL</b>	10/21/2021
<b>IK. SF-424B</b>	10/21/2021
<b>1L. SF-424D</b>	10/21/2021
<b>2A. Subrecipients</b>	11/01/2021
<b>2B. Experience</b>	11/02/2021
<b>3A. Project Detail</b>	10/27/2021
<b>3B. Description</b>	11/02/2021
<b>3C. Expansion</b>	10/27/2021
<b>4A. Services</b>	11/02/2021
<b>4B. Housing Type</b>	11/01/2021
<b>5A. Households</b>	10/27/2021
<b>5B. Subpopulations</b>	No Input Required
<b>6A. Funding Request</b>	11/04/2021
<b>6C. Leased Units</b>	10/27/2021
<b>6F. Supp Srvcs Budget</b>	11/03/2021
<b>6G. Operating</b>	11/03/2021
<b>6I. Match</b>	10/27/2021

<b>6J. Summary Budget</b>	No Input Required
<b>7A. Attachment(s)</b>	11/03/2021
<b>7A. In-Kind MOU Attachment</b>	10/27/2021
<b>7D. Certification</b>	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](http://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](mailto: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](mailto: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](mailto: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,  
0.9.2342.19200300.100.1.1=200013166  
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.

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**SECTION I: INDIRECT COST RATES**

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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

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**SECTION II: SPECIAL REMARKS**

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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

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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,  
cm=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

## Before Starting the Project Application

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

Things to Remember:

- Only Collaborative Applicants may apply for CoC Planning funds using this application, and only one CoC Planning application may be submitted during the FY 2021 CoC Program grant competition.
  - Additional training resources can be found on the HUD.gov at [https://www.hud.gov/program\\_offices/comm\\_planning/coc](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](mailto: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](mailto: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 Continuum of Care (CoC) Program Competition. For more information see the 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 Competition NOFO.
- Detailed instructions can be found on the left menu within e-snaps and on the HUD Exchange. They contain comprehensive instructions and should be used in tandem with the navigational guides, which are also found on the HUD Exchange.
- 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 or renewal project that fails to adhere to 24 CFR Part 578 and application requirements set forth in the FY 2021 CoC Program NOFO.

## 1A. SF-424 Application Type

**1. Type of Submission:**

**2. Type of Application:** CoC Planning Project Application

**If Revision, select appropriate letter(s):**

**If "Other", specify:**

**3. Date Received:** 11/04/2021

**4. Applicant Identifier:**

**5a. Federal Entity Identifier:**

**5b. Federal Award Identifier:**

**6. Date Received by State:**

**7. State Application Identifier:**

## 1B. SF-424 Legal Applicant

### 8. Applicant

**a. Legal Name:** City of New Bedford

**b. Employer/Taxpayer Identification Number (EIN/TIN):** 04-6001402

<b>c. Organizational DUNS:</b>	075719187	PLUS 4	
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### d. Address

**Street 1:** 608 Pleasant Street

**Street 2:**

**City:** New Bedford

**County:**

**State:** Massachusetts

**Country:** United States

**Zip / Postal Code:** 02740

### e. Organizational Unit (optional)

**Department Name:**

**Division Name:**

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

**Prefix:** 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-6400-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:** MA-505 CoC Planning Application FY 2021

**16. Congressional District(s):**

**a. Applicant:** MA-009  
**b. Project:** MA-009  
**(for multiple selections hold CTRL+Key)**

**17. Proposed Project**

**a. Start Date:** 09/01/2022  
**b. End Date:** 08/31/2021

**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: \$71,397**

(Requested amounts will be automatically entered within applications)

**5. State the name and location (street address, city and state) of the project or activity:** MA-505 CoC Planning Application FY 2021 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:

FY2021 CoC Planning Project Application	Page 10	11/04/2021
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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:** 11/04/2021

# 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;	

### 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

## 2A. Project Detail

- 1. CoC Number and Name:** MA-505 - New Bedford CoC
- 2. Collaborative Applicant Name:** City of New Bedford
  
- 3. Project Name:** MA-505 CoC Planning Application FY 2021
  
- 4. Component Type:** CoC Planning Project Application

## 2B. Project Description

### **1. Provide a description that addresses the entire scope of the proposed project and how the Collaborative Applicant will use grant funds to comply with 24 CFR 578.7:**

The New Bedford Continuum of Care (Homeless Service Providers Network, "HSPN") proposes to use 2021 Planning Grant funding to hire/retain staff and/or consultant services in support of the Continuum's HMIS system. Responsibilities for the staff/consultants that will be hired/retained shall include, but not be limited to:

- Supporting the CoC in its efforts to improve employment, income, housing, health, service and other outcomes within the Continuum.
- Providing oversight of the CoC's Homeless Management Information System (HMIS) including serving as liaison with the HMIS software vendor and their representatives and any consultants retained by the CoC in ensuring the efficacy of the HMIS
- Providing ongoing technical support with HMIS-participating agencies relative to HMIS, data entry and security protocols
- Analyzing and reporting data from the CoC's HMIS for all CoC and ESG projects
- Performing regular data quality checks and monitoring for statistical trends and/or deficiencies
- Communicating with HMIS Lead Agency staff on an ongoing basis as to performance metrics and individual/system-wide data reporting
- Preparing regular and ad-hoc reports, analyses, presentations, charts, graphs and other documents as may be assigned
- Designing, developing and implementing security procedures related to data input, sharing and viewing by HMIS participating agencies
- Providing troubleshooting assistance on behalf of the CoC and HMIS user agencies
- Evaluating, recommending and incorporating new and emerging data science tools and methods into organizational processes and systems
- Participating in relevant in-service programs and other self-directed learning activities which promote growth relative to position responsibilities
- Performing other duties as assigned

### **2. Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of all work.**

Upon receipt of an executed grant agreement from HUD estimated as being the summer of 2022, the CoC's Homeless Service Providers Network (HSPN) will finalize job descriptions and advertise for HMIS support staff, either through the City of New Bedford's customary process and/or through a published Request for Proposal (RFP) distributed to recognized homeless/housing technical assistance firms specializing in HMIS work. (NOTE: completion of previously funded planning grants will not impact the CoC's ability to immediately begin this process; this particular planning grant is not reliant upon conclusions arising



from any such previous grants).

The job description/RFP will incorporate HUD guidelines and best practice models in its description of qualifications and responsibilities for the position/s along with a proposed timeline for selection/hiring. The HSPN's HMIS Lead/Collaborative Applicant--the City of New Bedford's Office of Housing & Community Development (OHCD) will be responsible to overseeing this process which it anticipates will result in the hiring and onboarding of HMIS staff prior to or during late 2022.

Effective and timely completion of work will be in two parts--one residing with the OHCD in ensuring timely advertising and retention of HMIS staff and a second being the ongoing work of the intended staff/consultant. Staff shall be afforded regular support and supervision as well as ongoing performance feedback and formal evaluations (6 month/1 year cycle). Should consultant be retained, the contract to which they will be required to be a party will specify clear measurable goals, outputs and outcomes.

The City's OHCD will manage this CoC Planning Project setting expectations and deadlines clearly with the selected staff and/or agency to ensure timely and efficient completion of all work.

**3. How will the requested funds improve or maintain the CoC's ability to evaluate the outcome of CoC and ESG projects?**

The CoC's Homeless Service Providers Network (HSPN) is requesting funds specifically to improve its HMIS system and in turn, better understand existing characteristics, outcomes, trends and opportunities that exist for the purpose of improving/enhancing overall CoC and ESG project performance. Challenges inherent in existing staffing limitations preclude regularized technical support to all who need it. Likewise, the CoC recognizes that the HMIS Lead requires support to enhance its ongoing performance expectations.

Quite simply, greater technical support, by virtue of consistent, competent and reliable personnel who are available to support agencies and the HMIS Lead Agency, will significantly improve the CoC's ability to evaluate the outcome of its CoC/ESG projects.

### 3A. Governance and Operations

**1. How often does the CoC conduct meetings of the full CoC membership?** Monthly

**2. Does the CoC include membership of a homeless or formerly homeless person?** Yes

**2a. For members who are homeless or formerly homeless, what role do they play in the CoC membership? (Select all that apply)**

Participates in CoC meetings:	<input checked="" type="checkbox"/>
Votes, including electing Coc Board:	<input checked="" type="checkbox"/>
Sits on CoC Board:	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

**3. Does the CoC's governance charter incorporate written policies and procedures for each of the following**

**3a. Written agendas of CoC meetings?** Yes

**3b. Coordinated Entry? (Also known as centralized or coordinated assessment)** Yes

**3c. Process for monitoring outcomes of ESG recipients?** Yes

**3d. CoC policies and procedures?** Yes

**3e. Written process for board selection?** Yes

**3f. Code of Conduct for board members that includes a recusal process?** Yes

**3g. Written standards for administering assistance?** Yes



**4. Were there any written complaints received by the CoC in relation to project review, project selection, or other items related to 24 CFR 578.7 or 578.9 within the past 12 months?** No

### 3B. Committees

Provide information for up to five of the most active CoC-wide planning committees, subcommittees and/or workgroups, to address homeless needs in the CoC's geographic area that recommend and set policy priorities for the CoC, including a brief description of the role and the frequency of the meetings. Only include committees, subcommittees and/or workgroups, that are directly involved in CoC-wide planning and not the regular delivery of services.

Name of Group	Role of the Group (max 750 characters)	Meeting Frequency	Name of Individuals and/or Organizations Represented
Executive Committee	Provides elected leadership and oversight of the CoC including overseeing implementation of strategies to reduce/eliminate first time homelessness and ensure successful outcomes.	Monthly	PACE, City OHCD, InterChurch Council, CSS, SouthCoast Hospitals, NB Public Schools, PAACA, United Way, SEMCOA, Steppingstone, Veterans Transition House, Community Resident
Performance Review Committee	Conducts reviews, assessments and evaluations of all CoC and ESG projects including reviewing all funding applications, quarterly reporting reviews and annual ranking evaluations.	Quarterly	City Community Services, Veterans Transition House, United Way, Community Resident, InterChurch Council, OHCD
Racial Equity Committee	Develops constructive dialogue, analysis and proposed actions to affect more positive outcomes for minorities disproportionately impacted by conditions of, and leading to, homelessness.	Monthly	United Way, Coastline Elderly, InterChurch Council, OHCD, PACE,
HMIS Data Committee	Planning, decision-making, evaluation and facilitation for the continued implementation of HMIS	Monthly	CSS, OHCD, CCBC, SEMCOA, PACE
Rise Up for Homes	Provides important information and outreach to the general public to educate around issues of homelessness and raises funds for homeless projects including operation of the cold weather shelter.	Bi-Monthly	InterChurch Council, Community Resident, First Citizens Credit Union, OHCD

## 4A. Sources of Match

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

### Summary for Match

Total Value of Cash Commitments:	\$0
Total Value of In-Kind Commitments:	\$17,850
Total Value of All Commitments:	\$17,850

**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	\$17,850

## Sources of Match Details

**1. Type of 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. Value of Written Commitment:** \$17,850

**Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.**

## 4B. Funding Request

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

**2. Does this project propose to allocate funds according to an indirect cost rate?** No

**3. Select a grant term:** 1 Year

**A description must be entered for Quantity. Any costs without a Quantity description will be removed from the budget.**

Eligible Costs:	Quantity AND Description (max 400 characters)	Annual Assistance Requested (Applicant)
<b>1. Coordination Activities</b>	Undertake activities to ensure coordination of HMIS data collection efforts during grant period. (500 units x \$80/hr = \$40,000)	\$40,000
<b>2. Project Evaluation</b>	Supervision and evaluation of personnel/consultant performance--6 times during grant period. (50 units x \$300 = \$15,000)	\$15,000
<b>3. Project Monitoring Activities</b>	CoC and ESG Project Data Monitoring monthly for grant period. (12 x 1 hour at \$500/hr = \$6,000)	\$6,000
<b>4. Participation in the Consolidated Plan</b>	Ongoing data and report preparation for ConPlan documents and process for one year. (1 activity per grant period @ \$397 = \$397).	\$397
<b>5. CoC Application Activities</b>		
<b>6. Determining Geographical Area to Be Served by the CoC</b>		
<b>7. Developing a CoC System</b>		
<b>8. HUD Compliance Activities</b>	Undertake data runs and data quality work to ensure compliance with all HUD reporting. (5 activities x \$2,000 per activity = \$10,000)	\$10,000
<b>Total Costs Requested</b>		\$71,397
<b>Cash Match</b>		\$0
<b>In-Kind Match</b>		\$17,850
<b>Total Match</b>		\$17,850
<b>Total Budget</b>		\$89,247

**Click the 'Save' button to automatically calculate the Total Assistance**

## 5A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1. Other Attachment(s)	No		
2. Other Attachment(s)	No		

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:**



## 5A. In-Kind MOU Attachment

Document Type	Required?	Document Description	Date Attached
In-Kind Match MOU	No		

## Attachment Details

### Document Description:

## 5B. Certification

### A. For all projects:

#### Fair Housing and Equal Opportunity

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

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

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

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

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

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

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

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

If persons of any particular race, color, religion, sex, age, national origin, familial status, or

disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

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

**1-Year Operation Rule.**

For applicants receiving assistance for CoC planning: the project will be operated for the purpose specified in the application for any year for which such assistance is provided.

**D. Explanation.**

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

**Name of Authorized Certifying Official:** Patrick Sullivan

**Date:** 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

## 6A. Submission Summary

Page	Last Updated
<b>1A. SF-424 Application Type</b>	No Input Required
<b>1B. SF-424 Legal Applicant</b>	No Input Required
<b>1C. SF-424 Application Details</b>	No Input Required
<b>1D. SF-424 Congressional District(s)</b>	10/28/2021
<b>1E. SF-424 Compliance</b>	10/28/2021
<b>1F. SF-424 Declaration</b>	10/28/2021
<b>1G. HUD 2880</b>	11/04/2021
<b>1H. HUD 50070</b>	10/28/2021
<b>1I. Cert. Lobbying</b>	10/28/2021

<b>1J. SF-LLL</b>	10/28/2021
<b>IK. SF-424B</b>	10/28/2021
<b>2A. Project Detail</b>	10/28/2021
<b>2B. Description</b>	10/28/2021
<b>3A. Governance and Operations</b>	10/28/2021
<b>3B. Committees</b>	10/28/2021
<b>4A. Match</b>	10/28/2021
<b>4B. Funding Request</b>	10/28/2021
<b>5A. Attachment(s)</b>	No Input Required
<b>5A. In-Kind MOU Attachment</b>	No Input Required
<b>5B. Certification</b>	10/28/2021