

MA-505 New Bedford Continuum of Care 2022 Continuum of Care Competition

FINAL

Project Submissions

For the New Bedford CoC



Questions about the Consolidated Application or the CoC's submission of materials to the U.S. Department of Housing & Urban Development (HUD) on or about Monday, September 26, 2022 at 8am should be directed to Jennifer.Clarke@newbedford-ma.gov.

All CoC competition materials for the MA-505 has been released and advertised through direct emails, Facebook and the www.nbhspn.com website.

Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember:

- Additional training resources can be found on the HUD.gov at https://www.hud.gov/program_offices/comm_planning/coc.
- Questions regarding the FY 2022 CoC Program Competition process must be submitted to CoCNOFO@hud.gov.
- Questions related to e-snaps functionality (e.g., password lockout, access to user's application account, updating Applicant Profile) must be submitted to e-snaps@hud.gov.
- Project applicants are required to have a Unique Entity Identifier (UEI) 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) 2022 Continuum of Care (CoC) Program Competition. For more information see FY 2022 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2022 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 2021 Project Application will be imported into the FY 2022 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 2022 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission: Application

2. Type of Application: Renewal Project Application

If "Revision", select appropriate letter(s):

If "Other", specify:

3. Date Received: 09/19/2022

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: MA0114

This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

- a. Legal Name:** City of New Bedford
- b. Employer/Taxpayer Identification Number (EIN/TIN):** 04-6001402
- c. Unique Entity Identifier:** MUQVPRRNQM94

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-6600-N-25
Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:
Title:

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (State(s) only): Massachusetts
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: City of New Bedford HMIS Project 2.0

16. Congressional District(s):

a. Applicant: MA-009
(for multiple selections hold CTRL key)

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

17. Proposed Project

a. Start Date: 10/01/2023

b. End Date: 09/30/2024

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: Ms.

First Name: Jennifer

Middle Name:

Last Name: Clarke

Suffix:

Title: Deputy Director

Telephone Number: (508) 979-1500
(Format: 123-456-7890)

Fax Number: (508) 979-1575
(Format: 123-456-7890)

Email: Jennifer.Clarke@newbedford-ma.gov

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

Date Signed: 09/19/2022

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: 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:

Email: Jennifer.Clarke@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	\$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: Jennifer Clarke, Deputy Director

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

Date Signed: 09/07/2022

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:	
<p>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.</p>	<p>e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;</p>
<p>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.</p>	<p>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;</p>
<p>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.;</p>	<p>g. Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.</p>
<p>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;</p>	

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 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.

X

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: Ms.

First Name: Jennifer

Middle Name

Last Name: Clarke

Suffix:

Title: Deputy Director

Telephone Number: (508) 979-1500
(Format: 123-456-7890)

Fax Number: (508) 979-1575
(Format: 123-456-7890)

Email: Jennifer.Clarke@newbedford-ma.gov

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

Date Signed: 09/19/2022

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:

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: Jennifer Clarke, Deputy Director

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

Date Signed: 09/19/2022

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352. Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer "Yes" if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: "The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action."

Answer "No" if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program? No

Legal Name: City of New Bedford

Street 1: 608 Pleasant Street

Street 2:

City: New Bedford

County: Bristol

State: Massachusetts

Country: United States

Zip / Postal Code: 02740

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I certify that this information is true and complete.

Authorized Representative

Prefix: Ms.

First Name: Jennifer

Middle Name:

Last Name: Clarke

Suffix:

Title: Deputy Director

Telephone Number: (508) 979-1500
(Format: 123-456-7890)

Fax Number: (508) 979-1575
(Format: 123-456-7890)

Email: Jennifer.Clarke@newbedford-ma.gov

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

Date Signed: 09/19/2022

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: Ms.

First Name: Jennifer

Middle Name:

Last Name: Clarke

Suffix:

Title: Deputy Director

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

Date Signed: 09/19/2022

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.

The data from previously submitted new and renewal project applications can be imported into a FY 2022 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 2021 information
- a project that had Issues or Conditions that were addressed in FY 2021 Post-Award and updates need to be reflected in the FY 2022 project application
- a project that had amendments approved in FY 2020 or FY 2021 that need to be reflected in the FY 2022 project application

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

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 2021 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 2022 CoC Competition.

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award due to reallocation? No
2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

Part 2 - Subrecipient Information	
2A. Subrecipients	<input checked="" type="checkbox"/>
Part 3 - Project Information	
3A. Project Detail	<input checked="" type="checkbox"/>
3B. Description	<input type="checkbox"/>
Part 4 - Housing Services and HMIS	
4A. HMIS Standards	<input checked="" type="checkbox"/>
Part 5 - Participants and Outreach Information	
Part 6 - Budget Information	
6A. Funding Request	<input type="checkbox"/>
6D. Match	<input checked="" type="checkbox"/>
6E. Summary Budget	<input type="checkbox"/>
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	<input checked="" type="checkbox"/>
7A. In-Kind Match MOU Attachment	<input type="checkbox"/>
7B. Certification	<input checked="" type="checkbox"/>

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

- 2A. Subrecipients - Expected amount corrected.
- 4A. HMIS Standards questions 5-8 - narrative responses provided.

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 FY2022 CoC Competition will continue offering opportunities to expand or consolidate CoC projects.

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 budget 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 No
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: \$74,524

Organization	Type	Sub-Award Amount
City of New Bedford	C. City or Township Government	\$74,524

2A. Project Subrecipients Detail

a. Organization Name: City of New Bedford

b. Organization Type: C. City or Township Government

c. Employer or Tax Identification Number: 04-6001402

d. Unique Entity Identifier: MUQVPRRNQM94

e. Physical Address

Street 1: 608 Pleasant 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: \$74,524

j. Contact Person

Prefix: Ms.

First Name: Jennifer

Middle Name:

Last Name: Clarke

Suffix:

Title: Deputy Director

E-mail Address: Jennifer.clarke@newbedford-ma.gov

Confirm E-mail Address: Jennifer.clarke@newbedford-ma.gov

Phone Number: 508-979-1500

Extension:

Fax Number:

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

1. Is the HMIS currently programmed to collect all Universal Data Elements (UDEs) as set forth in the FY 2022 HMIS Data Standard Manual? Yes

2. Does HMIS produce all HUD-required reports and provide data needed for HUD reporting? (i.e., Annual Performance Report (APR)/CoC reporting, Consolidated Annual Performance and Evaluation Report (CAPER)/ESG reporting, Longitudinal System Analysis (LSA)/Annual Homeless Assessment Report, System Performance Measures (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 HMIS provide the CoC with an unduplicated count of program participants receiving services in the CoC? Yes

5. Describe your organizations process and stakeholder involvement for updating your HMIS Governance Charters and HMIS Policies and Procedures.

The City's Office of Housing and Community Development (OHCD) serves as the New Bedford CoC's HMIS Lead. The OHCD's responsibility includes oversight of both the New Bedford CoC HMIS Governance Charter and its Policies & Procedures. Both the governance charter and Policies and Procedures documents were last revised in 2019. There is no established timetable during which updates can be entertained; they are permitted to occur as needed. Such consideration of any changes or revisions, however, typically originate with either the HMIS Lead or the CoC's Data Committee. Membership on that committee is open to anyone within the CoC and all are encouraged to participate. It is the CoC Data Committee who would serve as the initial step where changes/revisions would be evaluated, discussed and as needed, formed for recommendation to the HSPN. All CoC members are always welcomed in raising issues via the committee or the HMIS Lead. No stakeholder review of their respective efficacy or completeness was made or requested during the pandemic. Matters affecting policy are brought before the CoC membership.

6. Who is responsible for insuring the HMIS implementation meets all privacy and security standards as required by HUD and other federal partners?

The HMIS Lead, the City’s Office of Housing and Community Development (OHCD), bears responsibility for ensuring the system’s implementation meets privacy and security requirements. It does so through reliance on its HMIS vendor, CaseWorthy, and oversight of the system users. An established PII policy is in place through the OHCD and all system users must go through training and security instruction the culmination of which is the execution of a System Confidentiality & User Agreement which every single user of HMIS must complete. This document includes the signer to acknowledge 9 key security measures including use of their ID/password and its security, access of hard copies of electronic records and their security and steps if a suspected breach or abuse of client confidentiality has been found/revealed. Every participating HMIS agency has an assigned Agency Administrator who is responsible for training each new person and signing their trainees System Confidentiality & User Agreement. Ultimately the decision to accept the new user onto the system is screened by the HMIS Lead. Once someone’s agreement has been reviewed and accepted, only then can a user password/credentials be given. Agency Administrators are also responsible for immediately notifying the HMIS Lead any time an employee has left their position for any reason to ensure the OHCD can quickly deactivate their credentials and access.

7. Does the HMIS Lead conduct Privacy and Security Training and follow up on privacy and security standards on a regular basis? Yes

8. What is the CoC’s policy and procedures for managing a breach of Personally Identifiable Information (PII) in HMIS?

All HMIS users “must comply with 2 CFR §200.303 and the CITY’s Personally Identifiable Information Policy. This requires them to take reasonable measures to safeguard protected personally identifiable information, as defined in 2 CFR 200.82, and other information HUD or the CoC designates as sensitive or the HMIS Lead and/or Agency Administrator considers sensitive consistent with applicable Federal, state, local, and tribal laws regarding privacy and obligations of confidentiality.”

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 described in 24 CFR 578.97 to use as Match for this project? No

Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.

Type	Source	Contributor	Value of Commitments
In-Kind	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 Jennifer Clarke

Date: 09/19/2022

Title: Deputy Director

Applicant Organization: City of New Bedford

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).

X

Active SAM Status Requirement.

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

X

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	09/07/2022
1B. SF-424 Legal Applicant	09/01/2022
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/19/2022
1E. SF-424 Compliance	09/01/2022
1F. SF-424 Declaration	09/07/2022

1G. HUD-2880	09/07/2022
1H. HUD-50070	09/07/2022
1I. Cert. Lobbying	09/07/2022
1J. SF-LLL	09/07/2022
IK. SF-424B	09/07/2022
Submission Without Changes	09/09/2022
Recipient Performance	09/01/2022
Renewal Grant Consolidation or Renewal Grant Expansion	09/07/2022
2A. Subrecipients	09/09/2022
3A. Project Detail	09/07/2022
3B. Description	09/01/2022
4A. HMIS Standards	09/09/2022
6A. Funding Request	09/01/2022
6D. Match	09/01/2022
6E. Summary Budget	No Input Required
7A. Attachment(s)	No Input Required
7A. In-Kind Match MOU Attachment	No Input Required
7B. Certification	09/19/2022

Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember:

- Additional training resources can be found on the HUD.gov at https://www.hud.gov/program_offices/comm_planning/coc.
- Questions regarding the FY 2022 CoC Program Competition process must be submitted to CoCNOFO@hud.gov.
- Questions related to e-snaps functionality (e.g., password lockout, access to user's application account, updating Applicant Profile) must be submitted to e-snaps@hud.gov.
- Project applicants are required to have a Unique Entity Identifier (UEI) 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) 2022 Continuum of Care (CoC) Program Competition. For more information see FY 2022 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2022 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 2021 Project Application will be imported into the FY 2022 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 2022 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission: Application

2. Type of Application: Renewal Project Application

If "Revision", select appropriate letter(s):

If "Other", specify:

3. Date Received: 09/19/2022

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: MA0516

This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: City of New Bedford

b. Employer/Taxpayer Identification Number (EIN/TIN): 04-6001402

c. Unique Entity Identifier: MUQVPRRNQM94

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-6600-N-25

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (State(s) only): Massachusetts
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: The Call 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: 09/01/2023

b. End Date: 08/31/2024

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: Ms.

First Name: Jennifer

Middle Name:

Last Name: Clarke

Suffix:

Title: Deputy Director

Telephone Number: (508) 979-1500
(Format: 123-456-7890)

Fax Number: (508) 979-1575
(Format: 123-456-7890)

Email: Jennifer.Clarke@newbedford-ma.gov

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

Date Signed: 09/19/2022

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: 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:

Email: Jennifer.Clarke@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	\$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: Jennifer Clarke, Deputy Director

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

Date Signed: 09/07/2022

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: City of New Bedford

Program/Activity Receiving Federal Grant Funding: CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:	
a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.	e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
b. Establishing an on-going drug-free awareness program to inform employees — (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.	f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted — (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;	g. Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.
d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will — (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;	

Sites for Work Performance.

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)
 Workplaces, including addresses, entered in the attached project application.
 Refer to addresses entered into the attached project application.

I 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.

X

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: Ms.

First Name: Jennifer

Middle Name

Last Name: Clarke

Suffix:

Title: Deputy Director

Telephone Number: (508) 979-1500
(Format: 123-456-7890)

Fax Number: (508) 979-1575
(Format: 123-456-7890)

Email: Jennifer.Clarke@newbedford-ma.gov

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

Date Signed: 09/19/2022

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:

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: Jennifer Clarke, Deputy Director

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

Date Signed: 09/19/2022

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352. Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer "Yes" if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: "The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action."

Answer "No" if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program? No

Legal Name: City of New Bedford

Street 1: 608 Pleasant Street

Street 2:

City: New Bedford

County: Bristol

State: Massachusetts

Country: United States

Zip / Postal Code: 02740

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I certify that this information is true and complete.

Authorized Representative

Prefix: Ms.

First Name: Jennifer

Middle Name:

Last Name: Clarke

Suffix:

Title: Deputy Director

Telephone Number: (508) 979-1500
(Format: 123-456-7890)

Fax Number: (508) 979-1575
(Format: 123-456-7890)

Email: Jennifer.Clarke@newbedford-ma.gov

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

Date Signed: 09/19/2022

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: Ms.
First Name: Jennifer

Middle Name:

Last Name: Clarke

Suffix:

Title: Deputy Director

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

Date Signed: 09/19/2022

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.

The data from previously submitted new and renewal project applications can be imported into a FY 2022 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 2021 information
- a project that had Issues or Conditions that were addressed in FY 2021 Post-Award and updates need to be reflected in the FY 2022 project application
- a project that had amendments approved in FY 2020 or FY 2021 that need to be reflected in the FY 2022 project application

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

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 2021 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 2022 CoC Competition.

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award due to reallocation? No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

Part 2 - Subrecipient Information	
2A. Subrecipients	<input checked="" type="checkbox"/>
Part 3 - Project Information	
3A. Project Detail	<input checked="" type="checkbox"/>
3B. Description	<input checked="" type="checkbox"/>
Part 4 - Housing Services and HMIS	
Part 5 - Participants and Outreach Information	
Part 6 - Budget Information	
6A. Funding Request	<input checked="" type="checkbox"/>
6D. Match	<input checked="" type="checkbox"/>
6E. Summary Budget	<input checked="" type="checkbox"/>
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	<input checked="" type="checkbox"/>
7A. In-Kind Match MOU Attachment	<input type="checkbox"/>
7B. Certification	<input checked="" type="checkbox"/>

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

Part 2-updated to reflect current subrecipient contact information and expected subrecipient award from GIW. Completed performance questions.
3B-updated Project Description to reflect current program information.
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.

FY19 Grant Amount: \$50,000 – Amount Disbursed: \$40,814.73 – Balance: \$9,185.27 (Supportive Services \$9,185.27)

CSS experienced some challenges with staff retention and onboarding, in particular when it came to the part-time staff member. Filling open positions has been significantly affected by the COVID-19 pandemic and its aftermath, even though the agency instituted a hiring bonus and increase compensation rates for these positions. CSS continues to actively recruit to fill open positions within the agency over the course of the current contract, as well as for this renewal contract.

Renewal Grant Consolidation or Renewal Grant Expansion

The FY2022 CoC Competition will continue offering opportunities to expand or consolidate CoC projects.

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 budget 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 No
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: \$50,000

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

2A. Project Subrecipients Detail

a. **Organization Name:** Catholic Social Services of Fall River, Inc.

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

c. **Employer or Tax Identification Number:** 04-2106394

d. **Unique Entity Identifier:** Y9C6WT71E6H3

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: 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): 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 in December 2015. It was later funded by the continuum as of September 2017. Coordinated Entry, Coordinated Access to Local Links (The CALL) serves the City of New Bedford CoC Area. Residents can call (508) 999-4757 to access this service. The New Bedford CES works with all homeless service providers in the New Bedford CoC to ensure that any household experiencing a housing crisis is able to access resources and referrals within the CoC's geographic area. These resources and referrals include Emergency Solutions Grant services, area homeless shelter information, and domestic violence provider information. In addition, CSS conducts annual training for providers on completing prioritizations assessment tools and submitting them so that households can be placed on the CoC Permanent Supportive Housing Waiting Lists. CES also provides referral services for household seeking to access Emergency Housing Vouchers were recently made available as part Federal COVID-19 recovery strategy. 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 prevention services. Callers are referred to services as appropriate for their situation. In addition, The CALL is the access point for those who qualify to enter the waiting list for all Permanent Supportive Housing programs in the Continuum. Those who qualify for these programs complete a prioritizations assessment tool 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 program.

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 checked="" type="checkbox"/>
Veterans	<input checked="" type="checkbox"/>	Substance Abuse	<input checked="" type="checkbox"/>
Youth (under 25)	<input checked="" type="checkbox"/>	Mental Illness	<input checked="" type="checkbox"/>
Families with Children	<input checked="" type="checkbox"/>	HIV/AIDS	<input checked="" type="checkbox"/>

Chronic Homeless	<input checked="" 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, and annual trainings on completing prioritization assessment tools 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 from any partner or network members to be placed on the waiting list for permanent supportive housing or transitional housing programs. The prioritization assessment tools 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 an 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:



Cognizant Agency	Indirect Cost Rate	Direct Cost Base	Plan approved by cognizant agency or will use 10% de minimis rate
Federal de minimis rate	10%	\$50,000	Will use 10% de minimis rate

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	X
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

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	FY22 Nonprofit Do...	09/13/2022
2) Other Attachment	No		
3) Other Attachment	No		

Attachment Details

Document Description: FY22 Nonprofit Documentation Letter

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 Jennifer Clarke

Date: 09/19/2022

Title: Deputy 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	09/07/2022
1B. SF-424 Legal Applicant	09/07/2022
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/19/2022
1E. SF-424 Compliance	09/07/2022
1F. SF-424 Declaration	09/07/2022
1G. HUD-2880	09/07/2022

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1H. HUD-50070	09/07/2022
1I. Cert. Lobbying	09/07/2022
1J. SF-LLL	09/19/2022
IK. SF-424B	09/07/2022
Submission Without Changes	09/13/2022
Recipient Performance	09/15/2022
Renewal Grant Consolidation or Renewal Grant Expansion	09/13/2022
2A. Subrecipients	09/13/2022
3A. Project Detail	09/13/2022
3B. Description	09/15/2022
6A. Funding Request	09/13/2022
6D. Match	09/07/2022
6E. Summary Budget	No Input Required
7A. Attachment(s)	09/13/2022
7A. In-Kind Match MOU Attachment	No Input Required
7B. Certification	09/19/2022

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

Department of the Treasury

Date: September 1, 2021

Person to Contact:

R. Meyer ID# 0110429

Toll Free Telephone Number:

877-829-5500

United States Conference of Catholic
Bishops
3211 4th Street, NE
Washington, DC 20017-1194

Group Exemption Number:

0928

Dear Sir/Madam:

This responds to your July 29, 2021, 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 2021*, 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 2021* 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.

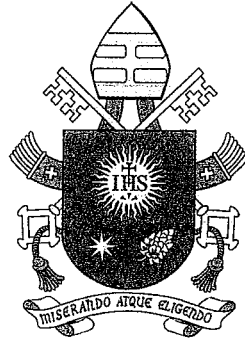
Sincerely,

A handwritten signature in cursive script that reads "Stephen A. Martin".

Stephen A. Martin
Director, Exempt Organizations
Rulings and Agreements

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INDIANA • OKLAHOMA • RHODE ISLAND • MONTANA
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1817



2021

The Official Catholic Directory

Anno
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2021

Published Annually by
P.J. Kennedy & Sons

Robinwood Rd., P.O. Box 63, Onset, 02558.
T: 508-759-7280; charles848@aol.com. Deacon
Charles Gingerich, O.F.M., M.R.E., Guard. & Deacon.

[F] CONVENTS AND RESIDENCES FOR SISTERS

DIGHTON. *Dominican Sisters of Charity of the Presentation of the Blessed Virgin*, 3012 Elm St., Dighton, 02715. T: 508-669-5425; T: 508-669-5023 (Novitiate); F: 508-669-6521; domsrs@presentation-op-usa-org; www.presentation-op-usa-org. Sr. Vimala Vadakumpadan, O.P., Major Supr. Provincial House-Residence, Residence for Aged Sisters, Novitiate. Sisters 32.

FAIRHAVEN. *Sisters of the Sacred Hearts, Community Headquarters*, 35 Huttleston Ave., Fairhaven, 02719-3154. T: 508-994-9341; chouchard@sscc.org. Sisters Eleanor Marie Cyr, SS.CC., Supr.; Claire Bouchard, SS.CC.; Muriel Ann Lebeau, SS.CC. *Sisters of the Sacred Hearts of Jesus and Mary and of Perpetual Adoration, SS.CC.* Sisters 3.

SOUTH DARTMOUTH. *Dominican Sisters of Hope* (1995) Bethany Community, 51 Middle St., Dartmouth, 02748. T: 508-996-1305; www.ophope.org. Sr. Lorrelle Elcock, O.P., Prioress. Sisters 2.

TAUNTON. *Villa Fatima* (1934) 90 County St., Taunton, 02780. T: 508-822-6282; F: 508-823-0825; roe23roe@aol.com; www.sistersofsaintdorothy.org. Sr. Rosalie Patrello, S.S.D., Local Coord. Sisters of St. Dorothy.

[G] RETREAT HOUSES

ATTLEBORO. *La Salette Retreat and Conference Center*, 947 Park St., Attleboro, 02703-0965. T: 508-222-8530; T: 508-222-5410; F: 508-236-9089; office@lasalettecenter.com; lasalettecenterdirector@gmail.com; www.lasalettecenter.com. Rev. Bernard B. Baris, M.S., Dir.; Bro. Donald Wininski, M.S., Hospitality; Justin Richardson, Youth Retreat Facilit.; Dorothy J. Levesque, Retreat Leader.

EAST FREETOWN. *Cathedral Camp and Retreat Center* (1919) 167 Middleboro Rd., P.O. Box 428, East Freetown, 02717-0428. T: 508-763-8874; F: 508-763-2230; rena@cathedralcamp.net; www.cathedralcamp.net. Rena Lemieux, Dir. *Cathedral Camp Retreat Center*, 167 Middleboro Rd., P.O. Box 428, East Freetown, 02717-0428. T: 508-763-8874; F: 508-763-2230; rena@cathedralcamp.net; www.cathedralcamp.net. Rena Lemieux, Asst. Dir.

NORTH EASTON. *Holy Cross Retreat House*, 490 Washington St., North Easton, 02356-1294. T: 508-238-2051; F: 508-238-0164; jfc44@hotmail.com; www.retreathouse.org. Rev. Joseph F. Callahan, C.S.C., Spiritual Dir.

[H] DEPARTMENT OF CATHOLIC SOCIAL SERVICES AND SPECIAL APOSTOLATES

FALL RIVER. *Campaign For Human Development Apostolate*, 1600 Bay St., P.O. Box M, S. Sta., 02724. T: 508-674-4681; F: 508-675-2224; SMazzarella@cssdioc.org; DBerg@cssdioc.org. Ms. Susan Mazzarella, M.A., L.S.W., CEO; Debora Berg, Coord. Tot Asst. Annually 2; Total Staff 1.

Catholic Social Services of Fall River, 1600 Bay St., 02724. T: 508-674-4681; F: 508-675-2224; SMazzarella@cssdioc.org. Ms. Susan Mazzarella, M.A., L.S.W., CEO; Martha Reed, Admin.; Rui Rosa, Vice Pres.; Pamela Benoit, Admin. Tot Asst. Annually 40,000; Total Staff 106.

Catholic Social Services of New Bedford, 238 Bonney St., New Bedford, 02744. T: 508-997-7337; F: 508-934-1667; SMazzarella@cssdioc.org. Ms. Susan Mazzarella, M.A., L.S.W., CEO. Tot Asst. Annually 1,290; Total Staff 14.

Catholic Social Services of Cape Cod, 261 South St., Hyannis, 02601. T: 508-771-6771; F: 508-771-4711; SMazzarella@cssdioc.org. Ms. Susan Mazzarella, M.A., L.S.W., CEO. Tot Asst. Annually 1,290; Total Staff 14.

Adoption By Choice, 1600 Bay St., P.O. Box M S. Sta., 02724. 311 Hooper St., Tiverton, RI 02878. T: 401-624-9270; F: 508-675-2224; SMazzarella@cssdioc.org. Ms. Susan Mazzarella, M.A., L.S.W., CEO. Tot Asst. Annually 18; Total Staff 2.

HYANNIS. *St. Clare's Residence for Women* Elaine Haley, Contact Person. Bed Capacity 5; Tot Asst. Annually 16; Total Staff 6.

[I] CAMPS AND COMMUNITY CENTERS

FALL RIVER. *Diocesan Catholic Youth Organization*, 709 Hanover St., 02720. T: 508-679-6732; F: 508-675-4755. Very Rev. Jay T. Maddock, J.C.L., V.F., Diocesan Dir.

Fall River Area Catholic Youth Organization, Sullivan-McCarrick CYO Center, 403 Anawan St., 02720. T: 508-672-9644; F: 508-675-4755;

office@holynamefr.com. Mr. Thomas Chippendale, Area Dir.

New Bedford Area Catholic Youth Organization, Kennedy Youth Center, 377 County St., New Bedford, 02740. T: 508-996-0536; office@holynamefr.com. Mr. Gregory Parker, Dir. *Taunton Area Catholic Youth Organization*, 61 Summer St., Taunton, 02780. T: 774-222-1834; F: 508-675-4755; office@holynamefr.com. Mr. Donald Morrison, Area Dir.

[J] NEWMAN CENTERS AND CAMPUS MINISTRY

FALL RIVER. *Bristol Community College Campus Ministry*, 777 Elsbree St., 02720-7395. T: 508-678-2811, Ext. 2810; F: 508-730-3286; father.frederici@bristolcc.edu; www.bccatholics.com. Rev. David C. Frederici, Chap. Total Staff 1.

Diocesan Education Center, 423 Highland Ave., 02720. T: 508-678-2828; F: 508-674-4218; sperla@atholicsa.org; www.atholicschoolsalliance.org. Mr. Stephen A. Perla, Supt.; Sandra M. Drummey, Asst. Supt. for Academics and Personnel; Denise M. Peixoto, Asst. Supt. for Academics and Student Affairs; Claire M. McManus, S.T.L., Dir. Faith Formation.

NORTH DARTMOUTH. *Umass Dartmouth Campus Ministry*, 285 Old Westport Rd., North Dartmouth, 02747-2300. T: 508-999-8872; dfrederici@umassd.edu; www.umassdatholics.com. Rev. David C. Frederici, Chap.; Deacon Frank R. Luca, Campus Min. *Wheaton College Office for Campus Ministry*, P.O. Box 70737, North Dartmouth, 02747. F: 774-202-3047. Rev. David C. Frederici, Dir.

WEST BARNSTABLE. *Cape Cod Campus Ministry*, P.O. Box 1558, Pocasset, 02559. T: 774-202-3047; dfrederici@umassd.edu; www.capecatholics.com. Rev. David C. Frederici, Chap.

[K] MISCELLANEOUS LISTINGS

FALL RIVER. *Assisi Housing Corporation*, 1600 Bay St., 02724. T: 508-997-0130; F: 774-425-3790; nlawson@cafbh.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. T: 508-997-0130; F: 774-425-3790; AMcNamee@cafbh.org. Debora Berg, CEO; Ed Allard, Prog. Coord.

Diocesan Facilities Self-Insurance Group, Inc., 450 Highland Ave., 02720. T: 508-675-1311; shaunk@dioc-fr.org. P.O. Box 1110, 02722. Rev. John M. Murray.

St. Dominic's Apartments, Inc., 72 Eighth St., New Bedford, 02740. T: 508-916-2434; F: 508-997-0130; EAbdow@cafbh.org; nlawson@cafbh.org. 818 Middle St., 02721. Arlene A. McNamee, L.C.S.W., CEO. Tot Asst. Annually 17; Total Staff 2.

Foundation to Advance Catholic Education, Inc., P.O. Box 2577, 02722. sdubury@dioc-fr.org. 450 Highland Ave., 02720. T: 508-675-1311; F: 508-676-6591; www.face-dfr.org. Sandra M. Duxbury, Exec. Dir.

Oscar Romero House, Inc., 8 Allen St., New Bedford, 02740. T: 774-202-6971; F: 508-997-0130; sfyock@cafbh.org; nlawson@cafbh.org. 72 Eighth St., New Bedford, 02740. Arlene A. McNamee, L.C.S.W., CEO, Contact Person.

FAIRHAVEN. *Congregation of the Sacred Hearts - United States Province* aka Sacred Hearts Fathers; Sacred Hearts Missions, 77 Adams St., P.O. Box 111, Fairhaven, 02719. T: 508-993-2442; F: 508-996-5499; usprovincial@sscc.org; www.sscc.org. Rev. Richard McNally, SS.CC., Vicar; Very Rev. Herman Gomes, SS.CC., Prov.; Revs. Stephen Banjare, SS.CC., Dir.; Richard J. Danyluk, SS.CC., Dir.; Martin T. Gomes, SS.CC., Dir. *Sacred Hearts Missions National Center of the Enthronement*, 77 Adams St., P.O. Box 111, Fairhaven, 02719. T: 508-999-2680; ncenter@juno.com. Revs. Kevin (Columban) Crotty, SS.CC., Dir.; David P. Reid, SS.CC., Dir.; Sr. Claire Bouchard, SS.CC., Dir. Congregation of the Sacred Hearts-United States Province. *Damien Residence Retirement Home*, 73 Adams St., P.O. Box 111, Fairhaven, 02719-0111. T: 508-999-0500; usprovincial@sscc.org. Revs. James E. McDonough, SS.CC., Dir.; Kevin (Columban) Crotty, SS.CC.; Michael Kelly, SS.CC.; David P. Reid, SS.CC.; Bro. James Rukavina, SS.CC.; Revs. Michael Shanahan, SS.CC.; Matthias Shanley, SS.CC.; Desmond (Fintan) Sheeran, SS.CC.; Bro. Paul R. Alves, SS.CC. *Sacred Hearts Missions.*

NEW BEDFORD. *The Institute of the Incarnate Word, Inc.*, 1359 Acushnet Ave., New Bedford, 02746. T: 508-993-1691; F: 508-999-4775; octaviocortez@ive.org;

www.saintanthonynewbedford.com. Rev. Octavio Cortez, I.V.E.

Missionaries of Charity, 556 County St., New Bedford, 02740. T: 508-997-7347; srpaulina.hurtado@yahoo.com. Sr. Benedict Ann, Supr. Shelter for homeless women.

NORTH EASTON. *Holy Cross Family Ministries* (1942) 518 Washington St., North Easton, 02356-1200. T: 508-238-4095; F: 508-238-3953; swallace@hcfm.org; amcmnamy@hcfm.org; www.hcfm.org. Rev. Wilfred Raymond, C.S.C., Pres.; Susan Wallace, Exec.; Rev. David Guffey, C.S.C., Natl. Dir. of Family Theater Productions; Cynthia Slattery, CFO; Rev. Pinto Paul, C.S.C., Dir.; Elizabeth Ponce, Exec. Corporate Name: The Family Rosary, Inc.; Sponsored by Congregation of Holy Cross (U.S. Province).

RELIGIOUS INSTITUTES OF MEN REPRESENTED IN THE DIOCESE

For further details refer to the corresponding bracketed number in the Religious Institutes of Men or Women section.

[0600]—*Brothers of the Congregation of Holy Cross*—C.S.C.
[1140]—*Congregation of the Sacred Hearts of Jesus and Mary*—SS.CC.
[0480]—*Conventual Franciscans* (Buffalo, NY)—O.F.M.Conv.
[0520]—*Franciscan Friars* (Immaculate Conception Prov.)—O.F.M.
[0533]—*Franciscan Friars of the Immaculate*—F.I.
[—*Franciscan of Our Lady of the Holy Family*—F.L.H.F.
[0685]—*Institute of the Incarnate Word*—I.V.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]—*Vocationist Fathers.*

RELIGIOUS INSTITUTES OF WOMEN REPRESENTED IN THE DIOCESE

[—*Congregation of the Sisters of Mercy of Ireland.*
[3815]—*Congregation of the Sisters of St. Joan of Arc*—S.J.A.
[—*Consecrated Virgin.*
[0750]—*Daughters of the Charity of the Sacred Heart of Jesus* (Sacred Heart Prov.)—F.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.
[2070]—*Religious of the Holy Union of the Sacred Hearts* (Immaculate Heart and Sacred Heart Provs.)—S.U.S.C.
[—*Secular Institute of the Kingship of Christ*—S.I.M.
[—*Servants of The Lord and The Virgin Matara*—S.S.V.M.
[—*Sisters of Adoration of the Blessed Sacrament*—S.A.B.S.
[2575]—*Sisters of Mercy of the Americas*—R.S.M.
[—*Sisters of Our Lady of La Salette*—S.N.D.S.
[3720]—*Sisters of Saint Anne*—S.S.A.
[3830-16]—*Sisters of St. Joseph* (Springfield, MA)—S.S.J.
[0150]—*Sisters of the Assumption*—S.A.S.V.
[3180]—*Sisters of the Cross and Passion*—C.P.
[1830]—*Sisters of the Good Shepherd* (Contemplative/Religious)—C.G.S.R.G.S.
[3690]—*Sisters of the Sacred Hearts of Perpetual Adoration*—SS.CC.
[4048]—*Society of the Sisters, Faithful Companions of Jesus*—F.C.J.

DIOCESAN CEMETERIES

FALL RIVER. *St. John*
St. Mary
Notre Dame
St. Patrick

ATTLEBORO. *St. John*
St. Stephen

EAST FALMOUTH. *St. Anthony*

HYANNIS. *St. Francis*

MANSFIELD. *St. Mary*, Towne Street, Attleboro Falls, 02763. T: 508-695-1173; stmaryna@nooci.com. 14 Park St., North Attleboro, 02760. Rev. David A. Costa

MATTAPOISETT. *St. Anthony*

NANTUCKET. *St. Mary*

NEW BEDFORD. *St. John*
St. Mary
New Bedford Catholic Cemeteries, 1540 Stafford Rd., 02721. T: 508-998-1195; cemetery2@verizon.net
Sacred Heart

NORTH ATTLEBORO. *St. Mary*

NORTH EASTON. *Immaculate Conception*

OAK BLUFFS. *Sacred Heart*

PROVINCETOWN. *St. Peter*

SANDWICH. *St. Peter*

Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember:

- Additional training resources can be found on the HUD.gov at https://www.hud.gov/program_offices/comm_planning/coc.
- Questions regarding the FY 2022 CoC Program Competition process must be submitted to CoCNOFO@hud.gov.
- Questions related to e-snaps functionality (e.g., password lockout, access to user's application account, updating Applicant Profile) must be submitted to e-snaps@hud.gov.
- Project applicants are required to have a Unique Entity Identifier (UEI) 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) 2022 Continuum of Care (CoC) Program Competition. For more information see FY 2022 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2022 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 2021 Project Application will be imported into the FY 2022 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 2022 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission: Application

2. Type of Application: Renewal Project Application

If "Revision", select appropriate letter(s):

If "Other", specify:

3. Date Received: 09/19/2022

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: MA0112

This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: City of New Bedford

b. Employer/Taxpayer Identification Number (EIN/TIN): 04-6001402

c. Unique Entity Identifier: MUQVPRRNQM94

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-6600-N-25

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (State(s) only): Massachusetts
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: Family Preservation Program

16. Congressional District(s):

a. Applicant: MA-009
(for multiple selections hold CTRL key)

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

17. Proposed Project

a. Start Date: 09/01/2023

b. End Date: 08/31/2024

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: Ms.

First Name: Jennifer

Middle Name:

Last Name: Clarke

Suffix:

Title: Deputy Director

Telephone Number: (508) 979-1500
(Format: 123-456-7890)

Fax Number: (508) 979-1575
(Format: 123-456-7890)

Email: Jennifer.Clarke@newbedford-ma.gov

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

Date Signed: 09/19/2022

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: 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:

Email: Jennifer.Clarke@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: \$411,708

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	\$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: Jennifer Clarke, Deputy Director

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

Date Signed: 09/09/2022

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:	
<p>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.</p>	<p>e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;</p>
<p>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.</p>	<p>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;</p>
<p>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.;</p>	<p>g. Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.</p>
<p>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;</p>	

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 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.

X

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: Ms.

First Name: Jennifer

Middle Name

Last Name: Clarke

Suffix:

Title: Deputy Director

Telephone Number: (508) 979-1500
(Format: 123-456-7890)

Fax Number: (508) 979-1575
(Format: 123-456-7890)

Email: Jennifer.Clarke@newbedford-ma.gov

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

Date Signed: 09/19/2022

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:

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: Jennifer Clarke, Deputy Director

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

Date Signed: 09/19/2022

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352. Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer "Yes" if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: "The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action."

Answer "No" if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program? No

Legal Name: City of New Bedford

Street 1: 608 Pleasant Street

Street 2:

City: New Bedford

County: Bristol

State: Massachusetts

Country: United States

Zip / Postal Code: 02740

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I certify that this information is true and complete.

Authorized Representative

Prefix: Ms.

First Name: Jennifer

Middle Name:

Last Name: Clarke

Suffix:

Title: Deputy Director

Telephone Number: (508) 979-1500
(Format: 123-456-7890)

Fax Number: (508) 979-1575
(Format: 123-456-7890)

Email: Jennifer.Clarke@newbedford-ma.gov

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

Date Signed: 09/19/2022

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: Ms.
First Name: Jennifer

Middle Name:

Last Name: Clarke

Suffix:

Title: Deputy Director

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

Date Signed: 09/19/2022

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.

The data from previously submitted new and renewal project applications can be imported into a FY 2022 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 2021 information
- a project that had Issues or Conditions that were addressed in FY 2021 Post-Award and updates need to be reflected in the FY 2022 project application
- a project that had amendments approved in FY 2020 or FY 2021 that need to be reflected in the FY 2022 project application

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

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 2021 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 2022 CoC Competition.

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award due to reallocation? No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

Part 2 - Subrecipient Information	
2A. Subrecipients	<input checked="" type="checkbox"/>
Part 3 - Project Information	
3A. Project Detail	<input checked="" type="checkbox"/>
3B. Description	<input checked="" type="checkbox"/>
3C. Dedicated Plus	<input type="checkbox"/>
Part 4 - Housing Services and HMIS	
4A. Services	<input type="checkbox"/>
4B. Housing Type	<input checked="" type="checkbox"/>
Part 5 - Participants and Outreach Information	
5A. Households	<input checked="" type="checkbox"/>
5B. Subpopulations	<input checked="" type="checkbox"/>
Part 6 - Budget Information	
6A. Funding Request	<input checked="" type="checkbox"/>
6B. Leased Units	<input checked="" type="checkbox"/>
6D. Match	<input checked="" type="checkbox"/>
6E. Summary Budget	<input checked="" type="checkbox"/>
Part 7 - Attachment(s) & Certification	

7A. Attachment(s)	<input checked="" type="checkbox"/>
7A. In-Kind Match MOU Attachment	<input checked="" type="checkbox"/>
7B. Certification	<input checked="" type="checkbox"/>

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

- Changes are being made to accommodate the expansion of the program.
- 3A . Project Description and subpopulation Updated;
 - 4B. Housing Type Updated (Based on Expansion REDR);
 - 5A. Updated Program Participants Household breakdown (Based on Expansion REDR),
 - 5B. Updated Program Subpopulations breakdown (Based on Expansion REDR),
 - 6B. Updated Leased Units Budgets and combined, (Based on Expansion REDR)

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 FY2022 CoC Competition will continue offering opportunities to expand or consolidate CoC projects.

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 budget 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 No
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: \$411,708

Organization	Type	Sub-Award Amount
SEMCOA Inc.	M. Nonprofit with 501C3 IRS Status	\$411,708

2A. Project Subrecipients Detail

a. Organization Name: SEMCOA Inc.

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

c. Employer or Tax Identification Number: 23-7161463

d. Unique Entity Identifier: WXJHJ88EJ3R6

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: \$411,708

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 MA0112
(PIN):

(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

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 twenty scattered site units consisting of ten 2 bedroom and ten 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 checked="" type="checkbox"/>
Veterans	<input type="checkbox"/>	Substance Abuse	<input checked="" type="checkbox"/>
Youth (under 25)	<input type="checkbox"/>	Mental Illness	<input type="checkbox"/>
Families with Children	<input checked="" type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>
		Chronic Homeless	<input checked="" 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 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

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: 20

Total Beds: 62

Total Dedicated CH Beds: 62

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...)	---	20	62

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:** 20

b. **Beds:** 62

3. **How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless?** 62

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

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	20	0	0	20

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	21	0		21
Persons ages 18-24	2	0		2
Accompanied Children under age 18	36		0	36
Unaccompanied Children under age 18			0	0
Total Persons	59	0	0	59

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	21	0	0	21	0	0	3	0	0	0
Persons ages 18-24	2	0	0	2	0	0	0	0	0	0
Children under age 18	36									
Total Persons	59	0	0	23	0	0	3	0	0	0

Click Save to automatically calculate totals

Persons in Households without Children

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

Persons in Households with Only Children

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

6A. Funding Request

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

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

3. Does this project propose to allocate funds according to an indirect cost rate? No

4. Renewal Grant Term: This field is pre-populated with a one-year grant term and cannot be edited: 1 Year

5. Select the costs for which funding is requested:

Leased Units	<input checked="" type="checkbox"/>
Leased Structures	<input type="checkbox"/>
Rental Assistance	<input type="checkbox"/>
Supportive Services	<input checked="" type="checkbox"/>
Operating	<input checked="" type="checkbox"/>
HMIS	<input type="checkbox"/>

6B. Leased Units Budget

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

Total Annual Assistance Requested:		\$293,949	
Grant Term:		1 Year	
Total Request for Grant Term:		\$293,949	
Total Units:		20	
FMR Area	Total Units Requested	Total Annual Budget Requested	Total Budget Requested
MA - New Bedford,...	20	\$293,949	\$293,949

Leased Units Budget Detail

Enter the appropriate values in the "Number of Units" AND "Total Request" fields.



Metropolitan or non-metropolitan MA - New Bedford, MA HUD Metro FMR Area
 fair market rent 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	10	
4 Bedroom		
5 Bedroom		
6 Bedroom		
7 Bedroom		
8 Bedroom		
9 Bedroom		
Total Units and Annual Assistance Requested	20	\$293,949
Grant Term		1 Year
Total Request for Grant Term		\$293,949

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:	\$2,400
Total Value of In-Kind Commitments:	\$27,040
Total Value of All Commitments:	\$29,440

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

Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.

Type	Source	Contributor	Value of Commitments
In-Kind	Private	High Point Treatm...	\$27,040
Cash	Private	SEMCOA Inc	\$2,400

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: \$27,040

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: \$2,400

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	\$293,949
1b. Leased Structures	\$0
2. Rental Assistance	\$0
3. Supportive Services	\$62,056
4. Operating	\$24,583
5. HMIS	\$0
6. Sub-total Costs Requested	\$380,588
7. Admin (Up to 10%)	\$31,120
8. Total Assistance plus Admin Requested	\$411,708
9. Cash Match	\$2,400
10. In-Kind Match	\$27,040
11. Total Match	\$29,440
12. Total Budget	\$441,148

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	501C status	09/13/2022
2) Other Attachment	No		
3) Other Attachment	No		

Attachment Details

Document Description: 501C status

Attachment Details

Document Description:

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 Jennifer Clarke

Date: 09/19/2022

Title: Deputy 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	09/09/2022
1B. SF-424 Legal Applicant	09/09/2022

Renewal Project Application FY2022	Page 52	09/19/2022
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1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/09/2022
1E. SF-424 Compliance	09/09/2022
1F. SF-424 Declaration	09/09/2022
1G. HUD-2880	09/09/2022
1H. HUD-50070	09/09/2022
1I. Cert. Lobbying	09/09/2022
1J. SF-LLL	09/12/2022
IK. SF-424B	09/09/2022
Submission Without Changes	09/14/2022
Recipient Performance	09/09/2022
Renewal Grant Consolidation or Renewal Grant Expansion	09/12/2022
2A. Subrecipients	09/13/2022
3A. Project Detail	09/13/2022
3B. Description	09/19/2022
3C. Dedicated Plus	09/09/2022
4A. Services	09/09/2022
4B. Housing Type	09/12/2022
5A. Households	09/19/2022
5B. Subpopulations	No Input Required
6A. Funding Request	09/09/2022
6B. Leased Units	09/14/2022
6D. Match	09/12/2022
6E. Summary Budget	No Input Required
7A. Attachment(s)	09/13/2022
7A. In-Kind Match MOU Attachment	No Input Required
7B. Certification	09/13/2022



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

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

00032274
BODC: TE

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



020938

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

Dear Taxpayer:

This is in response to your Mar. 17, 2011, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in May 1972.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember:

- Additional training resources can be found on the HUD.gov at https://www.hud.gov/program_offices/comm_planning/coc.
- Questions regarding the FY 2022 CoC Program Competition process must be submitted to CoCNOFO@hud.gov.
- Questions related to e-snaps functionality (e.g., password lockout, access to user's application account, updating Applicant Profile) must be submitted to e-snaps@hud.gov.
- Project applicants are required to have a Unique Entity Identifier (UEI) 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) 2022 Continuum of Care (CoC) Program Competition. For more information see FY 2022 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2022 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 2021 Project Application will be imported into the FY 2022 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 2022 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission: Application

2. Type of Application: Renewal Project Application

If "Revision", select appropriate letter(s):

If "Other", specify:

3. Date Received: 09/19/2022

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. Unique Entity Identifier: MUQVPRRNQM94

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-6600-N-25
Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:
Title:

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (State(s) only): Massachusetts
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: Welcome Home

16. Congressional District(s):

a. Applicant: MA-009
(for multiple selections hold CTRL key)

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

17. Proposed Project

a. Start Date: 08/01/2023

b. End Date: 07/31/2024

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: Ms.

First Name: Jennifer

Middle Name:

Last Name: Clarke

Suffix:

Title: Deputy Director

Telephone Number: (508) 979-1500
(Format: 123-456-7890)

Fax Number: (508) 979-1575
(Format: 123-456-7890)

Email: Jennifer.Clarke@newbedford-ma.gov

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

Date Signed: 09/19/2022

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: 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:

Email: Jennifer.Clarke@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: \$308,815

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.

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	\$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: Jennifer Clarke, Deputy Director

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

Date Signed: 09/09/2022

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:	
<p>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.</p>	<p>e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;</p>
<p>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.</p>	<p>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;</p>
<p>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.;</p>	<p>g. Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.</p>
<p>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;</p>	

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 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.

X

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: Ms.

First Name: Jennifer

Middle Name

Last Name: Clarke

Suffix:

Title: Deputy Director

Telephone Number: (508) 979-1500
(Format: 123-456-7890)

Fax Number: (508) 979-1575
(Format: 123-456-7890)

Email: Jennifer.Clarke@newbedford-ma.gov

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

Date Signed: 09/19/2022

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:

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: Jennifer Clarke, Deputy Director

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

Date Signed: 09/19/2022

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352. Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer "Yes" if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: "The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action."

Answer "No" if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program? No

Legal Name: City of New Bedford

Street 1: 608 Pleasant Street

Street 2:

City: New Bedford

County: Bristol

State: Massachusetts

Country: United States

Zip / Postal Code: 02740

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I certify that this information is true and complete.

Authorized Representative

Prefix: Ms.

First Name: Jennifer

Middle Name:

Last Name: Clarke

Suffix:

Title: Deputy Director

Telephone Number: (508) 979-1500
(Format: 123-456-7890)

Fax Number: (508) 979-1575
(Format: 123-456-7890)

Email: Jennifer.Clarke@newbedford-ma.gov

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

Date Signed: 09/19/2022

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: Ms.

First Name: Jennifer

Middle Name:

Last Name: Clarke

Suffix:

Title: Deputy Director

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

Date Signed: 09/19/2022

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.

The data from previously submitted new and renewal project applications can be imported into a FY 2022 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 2021 information
- a project that had Issues or Conditions that were addressed in FY 2021 Post-Award and updates need to be reflected in the FY 2022 project application
- a project that had amendments approved in FY 2020 or FY 2021 that need to be reflected in the FY 2022 project application

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

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 2021 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 2022 CoC Competition.

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award due to reallocation? No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

Part 2 - Subrecipient Information	
2A. Subrecipients	<input checked="" type="checkbox"/>
Part 3 - Project Information	
3A. Project Detail	<input checked="" type="checkbox"/>
3B. Description	<input checked="" type="checkbox"/>
3C. Dedicated Plus	<input type="checkbox"/>
Part 4 - Housing Services and HMIS	
4A. Services	<input checked="" type="checkbox"/>
4B. Housing Type	<input checked="" type="checkbox"/>
Part 5 - Participants and Outreach Information	
5A. Households	<input checked="" type="checkbox"/>
5B. Subpopulations	<input checked="" type="checkbox"/>
Part 6 - Budget Information	
6A. Funding Request	<input checked="" type="checkbox"/>
6B. Leased Units	<input checked="" type="checkbox"/>
6D. Match	<input checked="" type="checkbox"/>
6E. Summary Budget	<input type="checkbox"/>
Part 7 - Attachment(s) & Certification	

7A. Attachment(s)	<input checked="" type="checkbox"/>
7B. Certification	<input checked="" type="checkbox"/>

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

- 2A. Updated to reflect FY22 GIW and added UEI,
- 3B. Updated Project Description and subpopulation focus (Based on Expansion REDR),
- 4B. Updated to reflect current numbers,
- 5A. Updated Program Participants Household breakdown (Based on Expansion REDR),
- 5B. Updated Program Subpopulations breakdown (Based on Expansion REDR),
- 6A. Updated Indirect Cost Rate,
- 6B. Updated Leased Units Budget, (Based on Expansion REDR)
- 6D Match amount updated,
- 7A Attachments updated (Match letter and IDC agreement)

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 FY2022 CoC Competition will continue offering opportunities to expand or consolidate CoC projects.

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 budget 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 No
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: \$308,815

Organization	Type	Sub-Award Amount
Steppingstone Incorporated	M. Nonprofit with 501C3 IRS Status	\$308,815

2A. Project Subrecipients Detail

a. Organization Name: Steppingstone Incorporated

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

c. Employer or Tax Identification Number: 04-2505146

d. Unique Entity Identifier: FF83WRGB7UB4

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: \$308,815

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 17 scattered-site permanent housing units with 20 beds 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 (meeting HUD's homeless criteria) and diagnosed with a SUD, MHD, COD or HIV/AIDS is eligible to apply. Those with HIV/AIDS and chronic homeless individuals and families are given first priority for available beds. 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 checked="" type="checkbox"/>
Veterans	<input checked="" type="checkbox"/>	Substance Abuse	<input checked="" type="checkbox"/>
Youth (under 25)	<input type="checkbox"/>	Mental Illness	<input checked="" type="checkbox"/>
Families with Children	<input checked="" type="checkbox"/>	HIV/AIDS	<input checked="" type="checkbox"/>
		Chronic Homeless	<input checked="" 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

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: 17

Total Beds: 20

Total Dedicated CH Beds: 20

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...)	---	17	20

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:** 17

b. **Beds:** 20

3. **How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless?** 20

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

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	3	14	0	17

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	13		16
Persons ages 18-24	0	1		1
Accompanied Children under age 18	3		0	3
Unaccompanied Children under age 18			0	0
Total Persons	6	14	0	20

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	3	0	0	2	2	0	1	0	0	0
Persons ages 18-24	0	0	0	0	0	0	0	0	0	0
Children under age 18	3			0	0	0	1	0	0	0
Total Persons	6	0	0	2	2	0	2	0	0	0

Click Save to automatically calculate totals

Persons in Households without Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24	9	0	4	10	11	1	3	0	0	0
Persons ages 18-24	1	0	0	1	0	1	0	0	0	0
Total Persons	10	0	4	11	11	2	3	0	0	0

Click Save to automatically calculate totals

Persons in Households with Only Children

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

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? 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	X
Operating	X
HMIS	

6B. Leased Units Budget

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

Total Annual Assistance Requested:		\$194,983	
Grant Term:		1 Year	
Total Request for Grant Term:		\$194,983	
Total Units:		17	
FMR Area	Total Units Requested	Total Annual Budget Requested	Total Budget Requested
MA - New Bedford,...	17	\$194,983	\$194,983

Leased Units Budget Detail

Enter the appropriate values in the "Number of Units" AND "Total Request" fields.



Metropolitan or non-metropolitan MA - New Bedford, MA HUD Metro FMR Area
 fair market rent area: (2500500520)

Leased Units Annual Budget

Size of Units	# of Units (Applicant)	Total Request (Applicant)
SRO		
0 Bedroom		
1 Bedroom	14	
2 Bedroom	3	
3 Bedroom		
4 Bedroom		
5 Bedroom		
6 Bedroom		
7 Bedroom		
8 Bedroom		
9 Bedroom		
Total Units and Annual Assistance Requested	17	\$194,983
Grant Term		1 Year
Total Request for Grant Term		\$194,983

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:	\$28,458
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$28,458

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...	\$28,458

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: \$28,458

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	\$194,983
1b. Leased Structures	\$0
2. Rental Assistance	\$0
3. Supportive Services	\$19,981
4. Operating	\$70,678
5. HMIS	\$0
6. Sub-total Costs Requested	\$285,642
7. Admin (Up to 10%)	\$23,173
8. Total Assistance plus Admin Requested	\$308,815
9. Cash Match	\$28,458
10. In-Kind Match	\$0
11. Total Match	\$28,458
12. Total Budget	\$337,273

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	Welcome Home Matc...	09/13/2022
3) Other Attachment	No		

Attachment Details

Document Description: IRS 501 c3 Letter Non profit status

Attachment Details

Document Description: Welcome Home Match Letter

Attachment Details

Document Description: Steppingstone Indirect Cost Rate

7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance. It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 578.33(d) or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

15-Year Operation Rule – 24 CFR part 578 only.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

C. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official Jennifer Clarke

Date: 09/19/2022

Title: Deputy 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	09/09/2022
1B. SF-424 Legal Applicant	09/09/2022
1C. SF-424 Application Details	No Input Required

Renewal Project Application FY2022	Page 50	09/19/2022
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1D. SF-424 Congressional District(s)	09/09/2022
1E. SF-424 Compliance	09/09/2022
1F. SF-424 Declaration	09/09/2022
1G. HUD-2880	09/09/2022
1H. HUD-50070	09/09/2022
1I. Cert. Lobbying	09/09/2022
1J. SF-LLL	09/13/2022
IK. SF-424B	09/09/2022
Submission Without Changes	09/14/2022
Recipient Performance	09/09/2022
Renewal Grant Consolidation or Renewal Grant Expansion	09/13/2022
2A. Subrecipients	09/13/2022
3A. Project Detail	09/13/2022
3B. Description	09/14/2022
3C. Dedicated Plus	09/09/2022
4A. Services	09/09/2022
4B. Housing Type	09/13/2022
5A. Households	09/14/2022
5B. Subpopulations	No Input Required
6A. Funding Request	09/14/2022
6B. Leased Units	09/14/2022
6D. Match	09/13/2022
6E. Summary Budget	No Input Required
7A. Attachment(s)	09/13/2022
7B. Certification	09/13/2022

Internal Revenue Service

Department of the Treasury

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

Date: April 18, 2002

Person to Contact:

Carol Kraft - #31-01135
Customer Service Specialist

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

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.

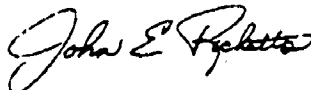
The law requires you to make your organization's annual return available for public inspection without charge for three years after the due date of the return. If your organization had a copy of its application for recognition of exemption on July 15, 1987, it is also required to make available for public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



Cash Resource Commitment for Operations

Steppingstone, Incorporated commits to providing cash resources in the amount of \$28,458 from non-SHP funding sources for the FY22 CoC grant term. This \$28,458 from non-SHP funding sources will be used under HUD's grant number MA0406L1T052110. The project applicant to which the cash will be contributed is the Welcome Home Program. The funds will be available beginning on August 1st, 2023 through July 31st, 2024. Allowable activities to be funded by this cash match include case management and other supportive services for clients of the Welcome Home program.

Kathleen Schedler Clark

Kathleen Schedler-Clark
Executive Director
Steppingstone, Incorporated

September 13, 2022

Date

Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember:

- Additional training resources can be found on the HUD.gov at https://www.hud.gov/program_offices/comm_planning/coc.
- Questions regarding the FY 2022 CoC Program Competition process must be submitted to CoCNOFO@hud.gov.
- Questions related to e-snaps functionality (e.g., password lockout, access to user's application account, updating Applicant Profile) must be submitted to e-snaps@hud.gov.
- Project applicants are required to have a Unique Entity Identifier (UEI) 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) 2022 Continuum of Care (CoC) Program Competition. For more information see FY 2022 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2022 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 2021 Project Application will be imported into the FY 2022 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 2022 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission: Application

2. Type of Application: Renewal Project Application

If "Revision", select appropriate letter(s):

If "Other", specify:

3. Date Received: 09/19/2022

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: MA0118

This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

- a. **Legal Name:** City of New Bedford
- b. **Employer/Taxpayer Identification Number (EIN/TIN):** 04-6001402
- c. **Unique Entity Identifier:** MUQVPRRNQM94

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-6600-N-25
Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:
Title:

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (State(s) only): Massachusetts
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: Step Up

16. Congressional District(s):

a. Applicant: MA-009
(for multiple selections hold CTRL key)

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

17. Proposed Project

a. Start Date: 10/01/2023

b. End Date: 09/30/2024

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: Ms.

First Name: Jennifer

Middle Name:

Last Name: Clarke

Suffix:

Title: Deputy Director

Telephone Number: (508) 979-1500
(Format: 123-456-7890)

Fax Number: (508) 979-1575
(Format: 123-456-7890)

Email: Jennifer.Clarke@newbedford-ma.gov

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

Date Signed: 09/19/2022

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: 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:

Email: Jennifer.Clarke@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: \$316,917

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	\$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: Jennifer Clarke, Deputy Director

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

Date Signed: 09/07/2022

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.	<p>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.</p>
b.	<p>Establishing an on-going drug-free awareness program to inform employees —</p> <p>(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.</p>
c.	<p>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.;</p>
d.	<p>Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will —</p> <p>(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;</p>
e.	<p>Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;</p>
f.	<p>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 —</p> <p>(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;</p>
g.	<p>Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.</p>

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 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.

X

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: Ms.

First Name: Jennifer

Middle Name

Last Name: Clarke

Suffix:

Title: Deputy Director

Telephone Number: (508) 979-1500
(Format: 123-456-7890)

Fax Number: (508) 979-1575
(Format: 123-456-7890)

Email: Jennifer.Clarke@newbedford-ma.gov

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

Date Signed: 09/19/2022

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:

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: Jennifer Clarke, Deputy Director

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

Date Signed: 09/19/2022

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352. Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer "Yes" if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: "The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action."

Answer "No" if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program? No

Legal Name: City of New Bedford

Street 1: 608 Pleasant Street

Street 2:

City: New Bedford

County: Bristol

State: Massachusetts

Country: United States

Zip / Postal Code: 02740

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I certify that this information is true and complete.

Authorized Representative

Prefix: Ms.

First Name: Jennifer

Middle Name:

Last Name: Clarke

Suffix:

Title: Deputy Director

Telephone Number: (508) 979-1500
(Format: 123-456-7890)

Fax Number: (508) 979-1575
(Format: 123-456-7890)

Email: Jennifer.Clarke@newbedford-ma.gov

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

Date Signed: 09/19/2022

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: Ms.

First Name: Jennifer

Middle Name:

Last Name: Clarke

Suffix:

Title: Deputy Director

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

Date Signed: 09/19/2022

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.

The data from previously submitted new and renewal project applications can be imported into a FY 2022 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 2021 information
- a project that had Issues or Conditions that were addressed in FY 2021 Post-Award and updates need to be reflected in the FY 2022 project application
- a project that had amendments approved in FY 2020 or FY 2021 that need to be reflected in the FY 2022 project application

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

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 2021 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 2022 CoC Competition.

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award due to reallocation? No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

Part 2 - Subrecipient Information	
2A. Subrecipients	<input checked="" type="checkbox"/>
Part 3 - Project Information	
3A. Project Detail	<input checked="" type="checkbox"/>
3B. Description	<input type="checkbox"/>
3C. Dedicated Plus	<input type="checkbox"/>
Part 4 - Housing Services and HMIS	
4A. Services	<input checked="" type="checkbox"/>
4B. Housing Type	<input type="checkbox"/>
Part 5 - Participants and Outreach Information	
5A. Households	<input type="checkbox"/>
5B. Subpopulations	<input type="checkbox"/>
Part 6 - Budget Information	
6A. Funding Request	<input type="checkbox"/>
6B. Leased Units	<input type="checkbox"/>
6D. Match	<input checked="" type="checkbox"/>
6E. Summary Budget	<input type="checkbox"/>
Part 7 - Attachment(s) & Certification	

7A. Attachment(s)	<input checked="" type="checkbox"/>
7A. In-Kind Match MOU Attachment	<input type="checkbox"/>
7B. Certification	<input checked="" type="checkbox"/>

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

- Recipient Performance 1. APR submission and 4a. Recaptured Funds Explanation
- 2A. Updated award amount (\$316,917) and UEI #
- 6D. No longer collects Program Income

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? No

1a. If you did not submit your APR on time to the SAGE website, provide an explanation.

There was a miscommunication at the agency regarding who was responsible for submitting the form. This error was further complicated by the absence of staff around the holidays. Once this error was realized the agency prioritized completing the APR.

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: \$290,187 - Total Funds Distributed: \$276,915.48 - Balance of Funds: \$13,271.52

Funds Returned:
Supportive Services - \$13,271.52

Due to the challenges of the Covid-19 pandemic the agency saw significant staff turnover. The entire Step-Up staff left the agency. Replacing staff also took additional time and was complicated by the pandemic. As a result, PAACA did not use all of the Supportive Services funding. PAACA anticipates this being a one-time event attributed to the dynamics of the pandemic.

Renewal Grant Consolidation or Renewal Grant Expansion



The FY2022 CoC Competition will continue offering opportunities to expand or consolidate CoC projects.

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 budget 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 No
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: \$316,917

Organization	Type	Sub-Award Amount
PAACA - Positive Action Against Chemical Addict...	M. Nonprofit with 501C3 IRS Status	\$316,917

2A. Project Subrecipients Detail

a. Organization Name: PAACA - Positive Action Against Chemical Addiction, Inc.

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

c. Employer or Tax Identification Number: 04-2791362

d. Unique Entity Identifier: VS45N4FMZ4X5

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: \$316,917

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 checked="" type="checkbox"/>
Youth (under 25)	<input type="checkbox"/>	Mental Illness	<input checked="" type="checkbox"/>

Families with Children	<input checked="" type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>
		Chronic Homeless	<input checked="" 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

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	6	18	0	24

Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Persons over age 24	7	16		23
Persons ages 18-24		2		2
Accompanied Children under age 18	11		0	11
Unaccompanied Children under age 18			0	0
Total Persons	18	18	0	36

Click Save to automatically calculate totals

5B. Program Participants - Subpopulations

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	7		0	5	0	1	0		0	0
Persons ages 18-24		0							0	0
Children under age 18	11									
Total Persons	18	0	0	5	0	1	0	0	0	0

Click Save to automatically calculate totals

Persons in Households without Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24	16		0	14	0	5	1	0	0	0
Persons ages 18-24	2	0	0	2	0	0	0	0	0	0
Total Persons	18	0	0	16	0	5	1	0	0	0

Click Save to automatically calculate totals

Persons in Households with Only Children

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

6A. Funding Request

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. Do any of the properties in this project have an active restrictive covenant? No
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? No
3. Does this project propose to allocate funds according to an indirect cost rate? No
4. Renewal Grant Term: This field is pre-populated with a one-year grant term and cannot be edited: 1 Year

5. Select the costs for which funding is requested:

Leased Units	<input checked="" type="checkbox"/>
Leased Structures	<input type="checkbox"/>
Rental Assistance	<input type="checkbox"/>
Supportive Services	<input checked="" type="checkbox"/>
Operating	<input checked="" type="checkbox"/>
HMIS	<input type="checkbox"/>

6B. Leased Units Budget

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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

Total Annual Assistance Requested:		\$165,055	
Grant Term:		1 Year	
Total Request for Grant Term:		\$165,055	
Total Units:		15	
FMR Area	Total Units Requested	Total Annual Budget Requested	Total Budget Requested
MA - New Bedford,...	15	\$165,055	\$165,055

Leased Units Budget Detail

Enter the appropriate values in the "Number of Units" AND "Total Request" fields.



Metropolitan or non-metropolitan MA - New Bedford, MA HUD Metro FMR Area
 fair market rent area: (2500500520)

Leased Units Annual Budget

Size of Units	# of Units (Applicant)	Total Request (Applicant)
SRO	0	
0 Bedroom	0	
1 Bedroom	0	
2 Bedroom	10	
3 Bedroom	5	
4 Bedroom	0	
5 Bedroom	0	
6 Bedroom	0	
7 Bedroom	0	
8 Bedroom	0	
9 Bedroom	0	
Total Units and Annual Assistance Requested	15	\$165,055
Grant Term		1 Year
Total Request for Grant Term		\$165,055

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

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	\$165,055
1b. Leased Structures	\$0
2. Rental Assistance	\$0
3. Supportive Services	\$124,046
4. Operating	\$2,622
5. HMIS	\$0
6. Sub-total Costs Requested	\$291,723
7. Admin (Up to 10%)	\$25,194
8. Total Assistance plus Admin Requested	\$316,917
9. Cash Match	\$38,896
10. In-Kind Match	\$201,150
11. Total Match	\$240,046
12. Total Budget	\$556,963

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: 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 Jennifer Clarke

Date: 09/19/2022

Title: Deputy 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	09/07/2022
1B. SF-424 Legal Applicant	09/07/2022

Renewal Project Application FY2022	Page 52	09/19/2022
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1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/13/2022
1E. SF-424 Compliance	09/07/2022
1F. SF-424 Declaration	09/07/2022
1G. HUD-2880	09/07/2022
1H. HUD-50070	09/07/2022
1I. Cert. Lobbying	09/07/2022
1J. SF-LLL	09/07/2022
IK. SF-424B	09/07/2022
Submission Without Changes	09/14/2022
Recipient Performance	09/15/2022
Renewal Grant Consolidation or Renewal Grant Expansion	09/13/2022
2A. Subrecipients	09/14/2022
3A. Project Detail	09/07/2022
3B. Description	09/07/2022
3C. Dedicated Plus	09/07/2022
4A. Services	09/15/2022
4B. Housing Type	09/07/2022
5A. Households	09/07/2022
5B. Subpopulations	No Input Required
6A. Funding Request	09/07/2022
6B. Leased Units	09/07/2022
6D. Match	09/07/2022
6E. Summary Budget	No Input Required
7A. Attachment(s)	09/07/2022
7A. In-Kind Match MOU Attachment	No Input Required
7B. Certification	09/13/2022

Internal Revenue Service

District
Director

Department of the Treasury

35 Tillary St., Brooklyn, NY 11201

Date: JAN 26 1990

Positive Action Against Chemical
Addiction, Inc.
Chestnut Place 127 Chestnut St.
New Bedford, MA 02770

Person to Contact
Clifton G. Belnavis
Contact Telephone Number:
718) 780-4501
Re: 04-2791362

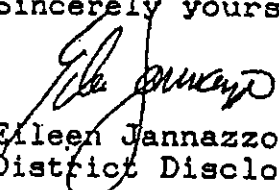
Dear Sir or Madam:

Reference is made to your request for verification of the tax exempt status of Positive Action Against Chemical Addiction, Inc.

A determination or ruling letter issued to an organization granting exemption under the Internal Revenue Code of 1954 or under a prior or subsequent Revenue Act remains in effect until exempt status has been terminated, revoked or modified.

Our records indicate that exemption was granted as shown below.

Sincerely yours,


Eileen Jannazzo
District Disclosure Officer

Name of Organization: Positive Action Against Chemical
Addiction, Inc.

Date of Exemption Letter: August, 1983

Exemption granted pursuant to 1954 Code section 501(c)(3) or
its predecessor Code section.

Foundation Classification (if applicable): Not a private
foundation as you are an organization described in sections
509(a)(1) & 170(b)(1)(A)(vi) of the Internal Revenue Code.

Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember:

- Additional training resources can be found on the HUD.gov at https://www.hud.gov/program_offices/comm_planning/coc.
- Questions regarding the FY 2022 CoC Program Competition process must be submitted to CoCNOFO@hud.gov.
- Questions related to e-snaps functionality (e.g., password lockout, access to user's application account, updating Applicant Profile) must be submitted to e-snaps@hud.gov.
- Project applicants are required to have a Unique Entity Identifier (UEI) 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) 2022 Continuum of Care (CoC) Program Competition. For more information see FY 2022 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2022 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 2021 Project Application will be imported into the FY 2022 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 2022 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission: Application

2. Type of Application: Renewal Project Application

If "Revision", select appropriate letter(s):

If "Other", specify:

3. Date Received: 09/19/2022

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: MA0434

This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

- a. Legal Name:** City of New Bedford
- b. Employer/Taxpayer Identification Number (EIN/TIN):** 04-6001402
- c. Unique Entity Identifier:** MUQVPRRNQM94

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-6600-N-25
Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:
Title:

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (State(s) only): Massachusetts
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: Prism

16. Congressional District(s):

a. Applicant: MA-009
(for multiple selections hold CTRL key)

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

17. Proposed Project

a. Start Date: 10/01/2023

b. End Date: 09/30/2024

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: Ms.

First Name: Jennifer

Middle Name:

Last Name: Clarke

Suffix:

Title: Deputy Director

Telephone Number: (508) 979-1500
(Format: 123-456-7890)

Fax Number: (508) 979-1575
(Format: 123-456-7890)

Email: Jennifer.Clarke@newbedford-ma.gov

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

Date Signed: 09/19/2022

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: 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:

Email: Jennifer.Clarke@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: \$132,155

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)? Yes
 For further information, see 24 CFR Sec. 4.9.

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	\$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: Jennifer Clarke, Deputy Director

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

Date Signed: 09/07/2022

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:	
<p>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.</p>	<p>e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;</p>
<p>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.</p>	<p>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;</p>
<p>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.;</p>	<p>g. Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.</p>
<p>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;</p>	

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 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.

X

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: Ms.

First Name: Jennifer

Middle Name

Last Name: Clarke

Suffix:

Title: Deputy Director

Telephone Number: (508) 979-1500
(Format: 123-456-7890)

Fax Number: (508) 979-1575
(Format: 123-456-7890)

Email: Jennifer.Clarke@newbedford-ma.gov

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

Date Signed: 09/19/2022

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:

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: Jennifer Clarke, Deputy Director

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

Date Signed: 09/19/2022

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352. Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer "Yes" if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: "The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action."

Answer "No" if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program? No

Legal Name: City of New Bedford

Street 1: 608 Pleasant Street

Street 2:

City: New Bedford

County: Bristol

State: Massachusetts

Country: United States

Zip / Postal Code: 02740

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I certify that this information is true and complete.

Authorized Representative

Prefix: Ms.

First Name: Jennifer

Middle Name:

Last Name: Clarke

Suffix:

Title: Deputy Director

Telephone Number: (508) 979-1500
(Format: 123-456-7890)

Fax Number: (508) 979-1575
(Format: 123-456-7890)

Email: Jennifer.Clarke@newbedford-ma.gov

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

Date Signed: 09/19/2022

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: Ms.
First Name: Jennifer

Middle Name:

Last Name: Clarke

Suffix:

Title: Deputy Director

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

Date Signed: 09/19/2022

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.

The data from previously submitted new and renewal project applications can be imported into a FY 2022 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 2021 information
- a project that had Issues or Conditions that were addressed in FY 2021 Post-Award and updates need to be reflected in the FY 2022 project application
- a project that had amendments approved in FY 2020 or FY 2021 that need to be reflected in the FY 2022 project application

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

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 2021 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 2022 CoC Competition.

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award due to reallocation? No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

Part 2 - Subrecipient Information	
2A. Subrecipients	<input checked="" type="checkbox"/>
Part 3 - Project Information	
3A. Project Detail	<input checked="" type="checkbox"/>
3B. Description	<input checked="" type="checkbox"/>
3C. Dedicated Plus	<input type="checkbox"/>
Part 4 - Housing Services and HMIS	
4A. Services	<input type="checkbox"/>
4B. Housing Type	<input type="checkbox"/>
Part 5 - Participants and Outreach Information	
5A. Households	<input type="checkbox"/>
5B. Subpopulations	<input type="checkbox"/>
Part 6 - Budget Information	
6A. Funding Request	<input checked="" type="checkbox"/>
6B. Leased Units	<input checked="" type="checkbox"/>
6D. Match	<input checked="" type="checkbox"/>
6E. Summary Budget	<input checked="" type="checkbox"/>
Part 7 - Attachment(s) & Certification	

7A. Attachment(s)	<input checked="" type="checkbox"/>
7A. In-Kind Match MOU Attachment	<input type="checkbox"/>
7B. Certification	<input checked="" type="checkbox"/>

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

- Part 2-updated to reflect current subrecipient contact information and expected subrecipient award from GIW. Completed performance questions.
- 3B-updated Project Description to reflect current program information.
- 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 Grant Amount: \$114,233 – Amount Disbursed: \$100,088.75 – Balance: \$14,144.25 (Leasing \$2,581.54; Operating \$11,562.71)
FY19 Grant Amount: \$116,619 – Amount Disbursed: \$82,131.73 – Balance: \$34,487.27 (Supportive Services \$12,662.91; Operating \$12,824.36) *

Operations funds are unspent due to less than anticipated number of incidents caused by tenant damages, and repairs over the last two contract years. It should be noted that the operations funds awarded remain the same as the original Prism contract, which had many more units than the current configuration. CSS was again unsuccessful in filling the vacant case manager position for this contract. CSS is hopeful that we will be able to hire and retain employees in the supportive services line so that we will be able to expend all contract funds.

Renewal Grant Consolidation or Renewal Grant Expansion

The FY2022 CoC Competition will continue offering opportunities to expand or consolidate CoC projects.

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 budget 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 No
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: \$132,155

Organization	Type	Sub-Award Amount
Catholic Social Services of Fall River, Inc.	M. Nonprofit with 501C3 IRS Status	\$132,155

2A. Project Subrecipients Detail

a. Organization Name: Catholic Social Services of Fall River, Inc.

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

c. Employer or Tax Identification Number: 04-2106394

d. Unique Entity Identifier: Y9C6WT71E6H3

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: \$132,155

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): 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. This renewal project consists 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 prioritization assessment level determined 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 creating a positive non-isolating environment that helps clients with social as well as problem-solving/negotiating skills. Once the client is stabilized and the need for shelter has been eliminated, the client can then choose to participate in getting wrap-around support services. 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 resources 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 acknowledging each individual’s unique situation and needs to stress 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. 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 checked="" type="checkbox"/>
Veterans	<input checked="" type="checkbox"/>	Substance Abuse	<input checked="" type="checkbox"/>

Youth (under 25)	<input checked="" type="checkbox"/>	Mental Illness	<input checked="" type="checkbox"/>
Families with Children	<input type="checkbox"/>	HIV/AIDS	<input checked="" type="checkbox"/>
		Chronic Homeless	<input checked="" 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 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: 6

Total Beds: 12

Total Dedicated CH Beds: 12

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...)	---	6	12

4B. Housing Type and Location Detail

1. **Housing Type:** Scattered-site apartments (including efficiencies)

2. **Indicate the maximum number of units and beds available for program participants at the selected housing site.**

a. **Units:** 6

b. **Beds:** 12

3. **How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless?** 12

This includes both the "dedicated" and "prioritized" beds from previous competitions.

4. Address:

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.

Street 1: 238 Bonney Street

Street 2:

City: New Bedford

State: Massachusetts

ZIP Code: 02744

5. **Select the geographic area(s) associated with the address:
(for multiple selections hold CTRL Key)**

251614 New Bedford

5A. Program Participants - Households

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	0	12	0	12

Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Persons over age 24	0	12		12
Persons ages 18-24	0	0		0
Accompanied Children under age 18	0		0	0
Unaccompanied Children under age 18			0	0
Total Persons	0	12	0	12

Click Save to automatically calculate totals

5B. Program Participants - Subpopulations

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

Persons in Households with at Least One Adult and One Child

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

Persons in Households without Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24	11		1	8	0	4	1	0	0	0
Persons ages 18-24		0	0	0	0	0	0	0	0	0
Total Persons	11	0	1	8	0	4	1	0	0	0

Click Save to automatically calculate totals

Persons in Households with Only Children

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

6A. Funding Request

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

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

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

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

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

a. Please complete the indirect cost rate schedule below:

Cognizant Agency	Indirect Cost Rate	Direct Cost Base	Plan approved by cognizant agency or will use 10% de minimis rate
Federal de minimis rate	10%	\$50,592	Will use 10% de minimis rate

4. Renewal Grant Term: This field is pre-populated with a one-year grant term and cannot be edited: 1 Year

5. Select the costs for which funding is requested:

Leased Units	X
Leased Structures	
Rental Assistance	
Supportive Services	X
Operating	X
HMIS	

6B. Leased Units Budget

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

Total Annual Assistance Requested:		\$81,563	
Grant Term:		1 Year	
Total Request for Grant Term:		\$81,563	
Total Units:		6	
FMR Area	Total Units Requested	Total Annual Budget Requested	Total Budget Requested
MA - New Bedford,...	6	\$81,563	\$81,563

Leased Units Budget Detail

Enter the appropriate values in the "Number of Units" AND "Total Request" fields.



Metropolitan or non-metropolitan MA - New Bedford, MA HUD Metro FMR Area
 fair market rent area: (2500500520)

Leased Units Annual Budget

Size of Units	# of Units (Applicant)	Total Request (Applicant)
SRO		
0 Bedroom		
1 Bedroom		
2 Bedroom	6	
3 Bedroom		
4 Bedroom		
5 Bedroom		
6 Bedroom		
7 Bedroom		
8 Bedroom		
9 Bedroom		
Total Units and Annual Assistance Requested	6	\$81,563
Grant Term		1 Year
Total Request for Grant Term		\$81,563

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:	\$11,409
Total Value of In-Kind Commitments:	\$1,239
Total Value of All Commitments:	\$12,648

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

1a. Briefly describe the source of the program income:

Occupancy charges will be collected according to HUD regulations and recorded as program income, which will be applied towards the sub-recipient match requirement.

1b. Estimate the amount of program income \$3,150
 that will be used 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...	\$11,409
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: \$11,409

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	\$81,563
1b. Leased Structures	\$0
2. Rental Assistance	\$0
3. Supportive Services	\$24,797
4. Operating	\$15,887
5. HMIS	\$0
6. Sub-total Costs Requested	\$122,247
7. Admin (Up to 10%)	\$9,908
8. Total Assistance plus Admin Requested	\$132,155
9. Cash Match	\$11,409
10. In-Kind Match	\$1,239
11. Total Match	\$12,648
12. Total Budget	\$144,803

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	FY22 Nonprofit Do...	09/09/2022
2) Other Attachment	No		
3) Other Attachment	No		

Attachment Details

Document Description: FY22 Nonprofit Documentation Letter

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 Jennifer Clarke

Date: 09/19/2022

Title: Deputy 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	09/07/2022
1B. SF-424 Legal Applicant	09/01/2022

Renewal Project Application FY2022	Page 52	09/19/2022
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1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/09/2022
1E. SF-424 Compliance	09/01/2022
1F. SF-424 Declaration	09/07/2022
1G. HUD-2880	09/07/2022
1H. HUD-50070	09/07/2022
1I. Cert. Lobbying	09/07/2022
1J. SF-LLL	09/07/2022
IK. SF-424B	09/07/2022
Submission Without Changes	09/09/2022
Recipient Performance	09/15/2022
Renewal Grant Consolidation or Renewal Grant Expansion	09/09/2022
2A. Subrecipients	09/19/2022
3A. Project Detail	09/09/2022
3B. Description	09/15/2022
3C. Dedicated Plus	09/01/2022
4A. Services	09/01/2022
4B. Housing Type	09/01/2022
5A. Households	09/01/2022
5B. Subpopulations	No Input Required
6A. Funding Request	09/13/2022
6B. Leased Units	09/01/2022
6D. Match	09/15/2022
6E. Summary Budget	No Input Required
7A. Attachment(s)	09/09/2022
7A. In-Kind Match MOU Attachment	No Input Required
7B. Certification	09/15/2022

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

Department of the Treasury

Date: September 1, 2021

Person to Contact:

R. Meyer ID# 0110429

Toll Free Telephone Number:

877-829-5500

United States Conference of Catholic
Bishops
3211 4th Street, NE
Washington, DC 20017-1194

Group Exemption Number:

0928

Dear Sir/Madam:

This responds to your July 29, 2021, 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 2021*, 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 2021* 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,

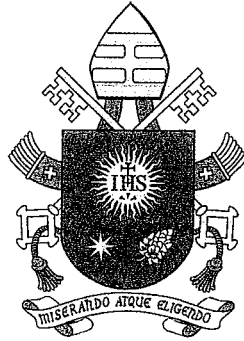
A handwritten signature in cursive script that reads "Stephen A. Martin".

Stephen A. Martin
Director, Exempt Organizations
Rulings and Agreements

CALIFORNIA • MICHIGAN • MINNESOTA • MISSISSIPPI • MISSOURI • WEST VIRGINIA • NEW YORK • NEVADA
NORTH DAKOTA • PENNSYLVANIA • SOUTH CAROLINA • SOUTH DAKOTA • MARYLAND • ARKANSAS
ALABAMA • COLORADO • ARIZONA • MAINE • TEXAS • UTAH • ALASKA
IOWA • LOUISIANA • WISCONSIN • TENNESSEE • IDAHO
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NEW HAMPSHIRE • NEW JERSEY • NEW MEXICO • CONNECTICUT • FLORIDA • MASSACHUSETTS
INDIANA • OKLAHOMA • RHODE ISLAND • MONTANA
HAWAII • WASHINGTON • VIRGINIA • VERMONT • WYOMING • OHIO

1817

2021



The Official Catholic Directory

Anno
Domini
2021

Published Annually by
P.J. Kennedy & Sons

Robinwood Rd., P.O. Box 63, Onset, 02558.
T: 508-759-7280; charles848@aol.com. Deacon
Charles Gingerich, O.F.M., M.R.E., Guard. & Deacon.

[F] CONVENTS AND RESIDENCES FOR SISTERS

DIGHTON. *Dominican Sisters of Charity of the Presentation of the Blessed Virgin*, 3012 Elm St., Dighton, 02715. T: 508-669-5425; T: 508-669-5023 (Novitiate); F: 508-669-6521; domsrs@presentation-op-usa-org; www.presentation-op-usa-org. Sr. Vimala Vadakumpadan, O.P., Major Supr. Provincial House-Residence, Residence for Aged Sisters, Novitiate. Sisters 32.

FAIRHAVEN. *Sisters of the Sacred Hearts, Community Headquarters*, 35 Huttleston Ave., Fairhaven, 02719-3154. T: 508-994-9341; chouchard@sscc.org. Sisters Eleanor Marie Cyr, SS.CC., Supr.; Claire Bouchard, SS.CC.; Muriel Ann Lebeau, SS.CC. *Sisters of the Sacred Hearts of Jesus and Mary and of Perpetual Adoration, SS.CC.* Sisters 3.

SOUTH DARTMOUTH. *Dominican Sisters of Hope* (1995) Bethany Community, 51 Middle St., Dartmouth, 02748. T: 508-996-1305; www.opohpe.org. Sr. Lorelle Elcock, O.P., Prioress. Sisters 2.

TAUNTON. *Villa Fatima* (1934) 90 County St., Taunton, 02780. T: 508-822-6282; F: 508-823-0825; roe23roe@aol.com; www.sistersofsaintdorothy.org. Sr. Rosalie Patrello, S.S.D., Local Coord. Sisters of St. Dorothy.

[G] RETREAT HOUSES

ATTLEBORO. *La Salette Retreat and Conference Center*, 947 Park St., Attleboro, 02703-0965. T: 508-222-8530; T: 508-222-5410; F: 508-236-9089; office@lasalettecenter.com; lasalettecenterdirector@gmail.com; www.lasalettecenter.com. Rev. Bernard B. Baris, M.S., Dir.; Bro. Donald Wininski, M.S., Hospitality; Justin Richardson, Youth Retreat Facilit.; Dorothy J. Levesque, Retreat Leader.

EAST FREETOWN. *Cathedral Camp and Retreat Center* (1919) 167 Middleboro Rd., P.O. Box 428, East Freetown, 02717-0428. T: 508-763-8874; F: 508-763-2230; rena@cathedralcamp.net; www.cathedralcamp.net. Rena Lemieux, Dir. *Cathedral Camp Retreat Center*, 167 Middleboro Rd., P.O. Box 428, East Freetown, 02717-0428. T: 508-763-8874; F: 508-763-2230; rena@cathedralcamp.net; www.cathedralcamp.net. Rena Lemieux, Asst. Dir.

NORTH EASTON. *Holy Cross Retreat House*, 490 Washington St., North Easton, 02356-1294. T: 508-238-2051; F: 508-238-0164; jfcal4@hotmail.com; www.retreathouse.org. Rev. Joseph F. Callahan, C.S.C., Spiritual Dir.

[H] DEPARTMENT OF CATHOLIC SOCIAL SERVICES AND SPECIAL APOSTOLATES

FALL RIVER. *Campaign For Human Development Apostolate*, 1600 Bay St., P.O. Box M, S. Sta., 02724. T: 508-674-4681; F: 508-675-2224; SMazzarella@cssdioc.org; DBerg@cssdioc.org. Ms. Susan Mazzarella, M.A., L.S.W., CEO; Debora Berg, Coord. Tot Asst. Annually 2; Total Staff 1.

Catholic Social Services of Fall River, 1600 Bay St., 02724. T: 508-674-4681; F: 508-675-2224; SMazzarella@cssdioc.org. Ms. Susan Mazzarella, M.A., L.S.W., CEO; Martha Reed, Admin.; Rui Rosa, Vice Pres.; Pamela Benoit, Admin. Tot Asst. Annually 40,000; Total Staff 106.

Catholic Social Services of New Bedford, 238 Bonney St., New Bedford, 02744. T: 508-997-7337; F: 508-984-1667; SMazzarella@cssdioc.org. Ms. Susan Mazzarella, M.A., L.S.W., CEO. Total Staff 38.

Catholic Social Services of Cape Cod, 261 South St., Hyannis, 02601. T: 508-771-6771; F: 508-771-4711; SMazzarella@cssdioc.org. Ms. Susan Mazzarella, M.A., L.S.W., CEO. Tot Asst. Annually 1,290; Total Staff 14.

Adoption By Choice, 1600 Bay St., P.O. Box M S. Sta., 02724. 311 Hooper St., Tiverton, RI 02878. T: 401-624-9270; F: 508-675-2224; SMazzarella@cssdioc.org. Ms. Susan Mazzarella, M.A., L.S.W., CEO. Tot Asst. Annually 18; Total Staff 2.

HYANNIS. *St. Clare's Residence for Women* Elaine Haley, Contact Person. Bed Capacity 5; Tot Asst. Annually 16; Total Staff 6.

[I] CAMPS AND COMMUNITY CENTERS

FALL RIVER. *Diocesan Catholic Youth Organization*, 709 Hanover St., 02720. T: 508-679-6732; F: 508-675-4755. Very Rev. Jay T. Maddock, J.C.L., V.F., Diocesan Dir.

Fall River Area Catholic Youth Organization, Sullivan-McCarrick CYO Center, 403 Anawan St., 02720. T: 508-672-9644; F: 508-675-4755;

office@holynamefr.com. Mr. Thomas Chippendale, Area Dir.

New Bedford Area Catholic Youth Organization, Kennedy Youth Center, 377 County St., New Bedford, 02740. T: 508-996-0536; office@holynamefr.com. Mr. Gregory Parker, Dir. *Taunton Area Catholic Youth Organization*, 61 Summer St., Taunton, 02780. T: 774-222-1834; F: 508-675-4755; office@holynamefr.com. Mr. Donald Morrison, Area Dir.

[J] NEWMAN CENTERS AND CAMPUS MINISTRY

FALL RIVER. *Bristol Community College Campus Ministry*, 777 Elsbree St., 02720-7395. T: 508-678-2811, Ext. 2810; F: 508-730-3286; father.frederici@bristolcc.edu; www.bccatholics.com. Rev. David C. Frederici, Chap. Total Staff 1.

Diocesan Education Center, 423 Highland Ave., 02720. T: 508-678-2828; F: 508-674-4218; sperla@atholicsa.org; www.catholicsschoolsalliance.org. Mr. Stephen A. Perla, Supt.; Sandra M. Drummey, Asst. Supt. for Academics and Personnel; Denise M. Peixoto, Asst. Supt. for Academics and Student Affairs; Claire M. McManus, S.T.L., Dir. Faith Formation.

NORTH DARTMOUTH. *Umass Dartmouth Campus Ministry*, 285 Old Westport Rd., North Dartmouth, 02747-2300. T: 508-999-8872; dfrederici@umassd.edu; www.umassdatholics.com. Rev. David C. Frederici, Chap.; Deacon Frank R. Luca, Campus Min. *Wheaton College Office for Campus Ministry*, P.O. Box 70737, North Dartmouth, 02747. F: 774-202-3047. Rev. David C. Frederici, Dir.

WEST BARNSTABLE. *Cape Cod Campus Ministry*, P.O. Box 1558, Pocasset, 02559. T: 774-202-3047; dfrederici@umassd.edu; www.capecatholics.com/Rev. David C. Frederici, Chap.

[K] MISCELLANEOUS LISTINGS

FALL RIVER. *Assisi Housing Corporation*, 1600 Bay St., 02724. T: 508-997-0130; F: 774-425-3790; nlawson@cafbh.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. T: 508-997-0130; F: 774-425-3790; AMcNamee@cafbh.org. Debora Berg, CEO; Ed Allard, Prog. Coord.

Diocesan Facilities Self-Insurance Group, Inc., 450 Highland Ave., 02720. T: 508-675-1311; shaunk@dioc-fr.org. P.O. Box 1110, 02722. Rev. John M. Murray.

St. Dominic's Apartments, Inc., 72 Eighth St., New Bedford, 02740. T: 508-916-2434; F: 508-997-0130; EAbdow@cafbh.org; nlawson@cafbh.org. 818 Middle St., 02721. Arlene A. McNamee, L.C.S.W., CEO. Tot Asst. Annually 17; Total Staff 2.

Foundation to Advance Catholic Education, Inc., P.O. Box 2577, 02722. sdubury@dioc-fr.org. 450 Highland Ave., 02720. T: 508-675-1311; F: 508-676-6591; www.face-dfr.org. Sandra M. Duxbury, Exec. Dir.

Oscar Romero House, Inc., 8 Allen St., New Bedford, 02740. T: 774-202-6971; T: 508-997-0130; sfyock@cafbh.org; nlawson@cafbh.org. 72 Eighth St., New Bedford, 02740. Arlene A. McNamee, L.C.S.W., CEO, Contact Person.

FAIRHAVEN. *Congregation of the Sacred Hearts - United States Province* aka Sacred Hearts Fathers; Sacred Hearts Missions, 77 Adams St., P.O. Box 111, Fairhaven, 02719. T: 508-993-2442; F: 508-996-5499; usprovincial@sscc.org; www.sscc.org. Rev. Richard McNally, SS.CC., Vicar; Very Rev. Herman Gomes, SS.CC., Prov.; Revs. Stephen Banjare, SS.CC., Dir.; Richard J. Danyluk, SS.CC., Dir.; Martin T. Gomes, SS.CC., Dir. *Sacred Hearts Missions National Center of the Enthronement*, 77 Adams St., P.O. Box 111, Fairhaven, 02719. T: 508-999-2680; ncenter@juno.com. Revs. Kevin (Columban) Crotty, SS.CC., Dir.; David P. Reid, SS.CC., Dir.; Sr. Claire Bouchard, SS.CC., Dir. Congregation of the Sacred Hearts-United States Province. *Damien Residence Retirement Home*, 73 Adams St., P.O. Box 111, Fairhaven, 02719-0111. T: 508-999-0500; usprovincial@sscc.org. Revs. James E. McDonough, SS.CC., Dir.; Kevin (Columban) Crotty, SS.CC.; Michael Kelly, SS.CC.; David P. Reid, SS.CC.; Bro. James Rukavina, SS.CC.; Revs. Michael Shanahan, SS.CC.; Matthias Shanley, SS.CC.; Desmond (Fintan) Sheeran, SS.CC.; Bro. Paul R. Alves, SS.CC. *Sacred Hearts Missions.*

NEW BEDFORD. *The Institute of the Incarnate Word, Inc.*, 1359 Acushnet Ave., New Bedford, 02746. T: 508-993-1691; F: 508-999-4775; octaviocortez@ive.org;

www.saintanthonynewbedford.com. Rev. Octavio Cortez, I.V.E.

Missionaries of Charity, 566 County St., New Bedford, 02740. T: 508-997-7347; srpaulina.hurtado@yahoo.com. Sr. Benedict Ann, Supr. Shelter for homeless women.

NORTH EASTON. *Holy Cross Family Ministries* (1942) 518 Washington St., North Easton, 02356-1200. T: 508-238-4095; F: 508-238-3953; swallace@hcfm.org; amcmnamy@hcfm.org; www.hcfm.org. Rev. Wilfred Raymond, C.S.C., Pres.; Susan Wallace, Exec.; Rev. David Guffey, C.S.C., Natl. Dir. of Family Theater Productions; Cynthia Slattery, CFO; Rev. Pinto Paul, C.S.C., Dir.; Elizabeth Ponce, Exec. Corporate Name: The Family Rosary, Inc.; Sponsored by Congregation of Holy Cross (U.S. Province).

RELIGIOUS INSTITUTES OF MEN REPRESENTED IN THE DIOCESE

For further details refer to the corresponding bracketed number in the Religious Institutes of Men or Women section.

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

[1140]—*Congregation of the Sacred Hearts of Jesus and Mary*—SS.CC.

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

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

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

[—]—*Franciscan of Our Lady of the Holy Family*—F.L.H.F.

[0685]—*Institute of the Incarnate Word*—I.V.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]—*Vocationist Fathers.*

RELIGIOUS INSTITUTES OF WOMEN REPRESENTED IN THE DIOCESE

[—]—*Congregation of the Sisters of Mercy of Ireland.*

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

[—]—*Consecrated Virgin.*

[0750]—*Daughters of the Charity of the Sacred Heart of Jesus* (Sacred Heart Prov.)—F.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.

[2070]—*Religious of the Holy Union of the Sacred Hearts* (Immaculate Heart and Sacred Heart Provs.)—S.U.S.C.

[—]—*Secular Institute of the Kingship of Christ*—S.I.M.

[—]—*Servants of The Lord and The Virgin Matara*—S.S.V.M.

[—]—*Sisters of Adoration of the Blessed Sacrament*—S.A.B.S.

[2575]—*Sisters of Mercy of the Americas*—R.S.M.

[—]—*Sisters of Our Lady of La Salette*—S.S.N.D.S.

[3720]—*Sisters of Saint Anne*—S.S.A.

[3830-16]—*Sisters of St. Joseph* (Springfield, MA)—S.S.J.

[0150]—*Sisters of the Assumption*—S.A.S.V.

[3180]—*Sisters of the Cross and Passion*—C.P.

[1830]—*Sisters of the Good Shepherd* (Contemplative/Religious)—C.G.S.R.G.S.

[3690]—*Sisters of the Sacred Hearts of Perpetual Adoration*—SS.CC.

[4048]—*Society of the Sisters, Faithful Companions of Jesus*—F.C.J.

DIOCESAN CEMETERIES

FALL RIVER. *St. John*
St. Mary
Notre Dame
St. Patrick

ATTLEBORO. *St. John*
St. Stephen

EAST FALMOUTH. *St. Anthony*

HYANNIS. *St. Francis*

MANSFIELD. *St. Mary*, Towne Street, Attleboro Falls, 02763. T: 508-695-1173; stmaryna@nooci.com. 14 Park St., North Attleboro, 02760. Rev. David A. Costa

MATTAPOISETT. *St. Anthony*

NANTUCKET. *St. Mary*

NEW BEDFORD. *St. John*
St. Mary
New Bedford Catholic Cemeteries, 1540 Stafford Rd., 02721. T: 508-998-1195; cemetery2@verizon.net
Sacred Heart

NORTH ATTLEBORO. *St. Mary*

NORTH EASTON. *Immaculate Conception*

OAK BLUFFS. *Sacred Heart*

PROVINCETOWN. *St. Peter*

SANDWICH. *St. Peter*

Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember:

- Additional training resources can be found on the HUD.gov at https://www.hud.gov/program_offices/comm_planning/coc.
- Questions regarding the FY 2022 CoC Program Competition process must be submitted to CoCNOFO@hud.gov.
- Questions related to e-snaps functionality (e.g., password lockout, access to user’s application account, updating Applicant Profile) must be submitted to e-snaps@hud.gov.
- Project applicants are required to have a Unique Entity Identifier (UEI) 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) 2022 Continuum of Care (CoC) Program Competition. For more information see FY 2022 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2022 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 2021 Project Application will be imported into the FY 2022 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 2022 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission: Application

2. Type of Application: Renewal Project Application

If "Revision", select appropriate letter(s):

If "Other", specify:

3. Date Received: 09/19/2022

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: MA0433

This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: City of New Bedford

b. Employer/Taxpayer Identification Number (EIN/TIN): 04-6001402

c. Unique Entity Identifier: MUQVPRRNQM94

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-6600-N-25
Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:
Title:

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (State(s) only): Massachusetts
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: Portico

16. Congressional District(s):

a. Applicant: MA-009
(for multiple selections hold CTRL key)

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

17. Proposed Project

a. Start Date: 09/01/2023

b. End Date: 08/31/2024

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: Ms.

First Name: Jennifer

Middle Name:

Last Name: Clarke

Suffix:

Title: Deputy Director

Telephone Number: (508) 979-1500
(Format: 123-456-7890)

Fax Number: (508) 979-1575
(Format: 123-456-7890)

Email: Jennifer.Clarke@newbedford-ma.gov

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

Date Signed: 09/19/2022

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: 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:

Email: Jennifer.Clarke@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: \$725,211

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.

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	\$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: Jennifer Clarke, Deputy Director

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

Date Signed: 09/07/2022

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: City of New Bedford

Program/Activity Receiving Federal Grant Funding: CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:	
a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.	e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
b. Establishing an on-going drug-free awareness program to inform employees — (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.	f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted — (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;	g. Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.
d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will — (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;	

Sites for Work Performance.

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)
 Workplaces, including addresses, entered in the attached project application.
 Refer to addresses entered into the attached project application.

I 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.

X

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: Ms.

First Name: Jennifer

Middle Name

Last Name: Clarke

Suffix:

Title: Deputy Director

Telephone Number: (508) 979-1500
(Format: 123-456-7890)

Fax Number: (508) 979-1575
(Format: 123-456-7890)

Email: Jennifer.Clarke@newbedford-ma.gov

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

Date Signed: 09/19/2022

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:

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: Jennifer Clarke, Deputy Director

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

Date Signed: 09/19/2022

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352. Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer "Yes" if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: "The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action."

Answer "No" if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program? No

Legal Name: City of New Bedford

Street 1: 608 Pleasant Street

Street 2:

City: New Bedford

County: Bristol

State: Massachusetts

Country: United States

Zip / Postal Code: 02740

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I certify that this information is true and complete.

Authorized Representative

Prefix: Ms.

First Name: Jennifer

Middle Name:

Last Name: Clarke

Suffix:

Title: Deputy Director

Telephone Number: (508) 979-1500
(Format: 123-456-7890)

Fax Number: (508) 979-1575
(Format: 123-456-7890)

Email: Jennifer.Clarke@newbedford-ma.gov

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

Date Signed: 09/19/2022

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: Ms.
First Name: Jennifer

Middle Name:

Last Name: Clarke

Suffix:

Title: Deputy Director

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

Date Signed: 09/19/2022

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.

The data from previously submitted new and renewal project applications can be imported into a FY 2022 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 2021 information
- a project that had Issues or Conditions that were addressed in FY 2021 Post-Award and updates need to be reflected in the FY 2022 project application
- a project that had amendments approved in FY 2020 or FY 2021 that need to be reflected in the FY 2022 project application

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

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 2021 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 2022 CoC Competition.

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award due to reallocation? No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

Part 2 - Subrecipient Information	
2A. Subrecipients	<input checked="" type="checkbox"/>
Part 3 - Project Information	
3A. Project Detail	<input checked="" type="checkbox"/>
3B. Description	<input checked="" type="checkbox"/>
3C. Dedicated Plus	<input type="checkbox"/>
Part 4 - Housing Services and HMIS	
4A. Services	<input type="checkbox"/>
4B. Housing Type	<input type="checkbox"/>
Part 5 - Participants and Outreach Information	
5A. Households	<input type="checkbox"/>
5B. Subpopulations	<input type="checkbox"/>
Part 6 - Budget Information	
6A. Funding Request	<input checked="" type="checkbox"/>
6B. Leased Units	<input checked="" type="checkbox"/>
6D. Match	<input checked="" type="checkbox"/>
6E. Summary Budget	<input checked="" type="checkbox"/>
Part 7 - Attachment(s) & Certification	

7A. Attachment(s)	<input checked="" type="checkbox"/>
7A. In-Kind Match MOU Attachment	<input type="checkbox"/>
7B. Certification	<input checked="" type="checkbox"/>

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

- Part 2-updated to reflect current subrecipient contact information and expected subrecipient award from GIW.
- 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 Grant Amount: \$622,163 – Amount Disbursed: \$572,116.71 – Balance: \$50,046.29 (Supportive Services \$10,154.12; Operating \$18,294.29; Leasing \$2,859; Admin \$18,738.88)
FY19 Grant Amount: \$633,070 – Amount Disbursed: \$558,170.08 – Balance: \$74,899.92 (Supportive Services \$29,950.82; Operating \$4,285.74; Leasing \$21,266; Admin \$19,397.36)

Unspent leasing funds were due to difficulty in finding replacement units as well as landlords not requesting rent increases over the last contract year. Operations were unspent due to fewer tenant damages and repairs over the last two contract years. CSS was unable to consistently fill the vacant case manager positions over this contract year and billable supervisory coverage (admin) therefore was sparse; in addition, the staff member providing oversight for Portico was assigned additional oversight for other programs, reducing the amount of time available to perform work under this contract. Hiring and retention has been significantly affected by the COVID-19 pandemic and its repercussions. CSS was recently able to fully staff the Portico program. Finding vacant units to rent for the program has been especially difficult over the last 18-months due to clash between market and FMR reimbursable amounts (with or without utilities included).

Renewal Grant Consolidation or Renewal Grant Expansion

The FY2022 CoC Competition will continue offering opportunities to expand or consolidate CoC projects.

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 budget 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 No
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: \$725,211

Organization	Type	Sub-Award Amount
Catholic Social Services of Fall River, Inc.	M. Nonprofit with 501C3 IRS Status	\$725,211

2A. Project Subrecipients Detail

a. Organization Name: Catholic Social Services of Fall River, Inc.

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

c. Employer or Tax Identification Number: 04-2106394

d. Unique Entity Identifier: Y9C6WT71E6H3

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: \$725,211

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 MA0433
(PIN):

(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 checked="" type="checkbox"/>
Veterans	<input checked="" type="checkbox"/>	Substance Abuse	<input checked="" type="checkbox"/>
Youth (under 25)	<input checked="" type="checkbox"/>	Mental Illness	<input checked="" type="checkbox"/>

Families with Children	<input checked="" type="checkbox"/>	HIV/AIDS	<input checked="" type="checkbox"/>
		Chronic Homeless	<input checked="" 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 this project, subrecipient, or partner agency? Yes

4a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months? Yes

4B. Housing Type and Location

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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

Total Units: 46

Total Beds: 123

Total Dedicated CH Beds: 123

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...)	---	46	123

4B. Housing Type and Location Detail

1. **Housing Type:** Scattered-site apartments (including efficiencies)

2. **Indicate the maximum number of units and beds available for program participants at the selected housing site.**

a. **Units:** 46

b. **Beds:** 123

3. **How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless?** 123

This includes both the "dedicated" and "prioritized" beds from previous competitions.

4. Address:

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.

Street 1: 238 Bonney Street

Street 2:

City: New Bedford

State: Massachusetts

ZIP Code: 02744

5. **Select the geographic area(s) associated with the address:**
(for multiple selections hold CTRL Key)

251614 New Bedford

5A. Program Participants - Households

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	46	0	0	46

Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Persons over age 24	52	0		52
Persons ages 18-24	9	0		9
Accompanied Children under age 18	62		0	62
Unaccompanied Children under age 18			0	0
Total Persons	123	0	0	123

Click Save to automatically calculate totals

5B. Program Participants - Subpopulations

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

Persons in Households with at Least One Adult and One Child

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24	50	2	0	27	0	19	6		0	0
Persons ages 18-24	9	0		6		3			0	0
Children under age 18	62				0	0			10	0
Total Persons	121	2	0	33	0	22	6	0	10	0

Click Save to automatically calculate totals

Persons in Households without Children

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

Persons in Households with Only Children

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

6A. Funding Request

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

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

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

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

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

a. Please complete the indirect cost rate schedule below:

Cognizant Agency	Indirect Cost Rate	Direct Cost Base	Plan approved by cognizant agency or will use 10% de minimis rate
Federal de minimis rate	10%	\$173,688	Will use 10% de minimis rate

4. Renewal Grant Term: This field is pre-populated with a one-year grant term and cannot be edited: 1 Year

5. Select the costs for which funding is requested:

Leased Units	X
Leased Structures	
Rental Assistance	
Supportive Services	X
Operating	X
HMIS	

6B. Leased Units Budget

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

Total Annual Assistance Requested:		\$551,543	
Grant Term:		1 Year	
Total Request for Grant Term:		\$551,543	
Total Units:		46	
FMR Area	Total Units Requested	Total Annual Budget Requested	Total Budget Requested
MA - New Bedford,...	46	\$551,543	\$551,543

Leased Units Budget Detail

Enter the appropriate values in the "Number of Units" AND "Total Request" fields.



Metropolitan or non-metropolitan MA - New Bedford, MA HUD Metro FMR Area
 fair market rent area: (2500500520)

Leased Units Annual Budget

Size of Units	# of Units (Applicant)	Total Request (Applicant)
SRO		
0 Bedroom		
1 Bedroom		
2 Bedroom	17	
3 Bedroom	27	
4 Bedroom	2	
5 Bedroom		
6 Bedroom		
7 Bedroom		
8 Bedroom		
9 Bedroom		
Total Units and Annual Assistance Requested	46	\$551,543
Grant Term		1 Year
Total Request for Grant Term		\$551,543

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:	\$36,700
Total Value of In-Kind Commitments:	\$6,717
Total Value of All Commitments:	\$43,417

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

Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.

Type	Source	Contributor	Value of Commitments
Cash	Private	Catholic Social S...	\$36,700
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: \$36,700

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	\$551,543
1b. Leased Structures	\$0
2. Rental Assistance	\$0
3. Supportive Services	\$93,489
4. Operating	\$26,444
5. HMIS	\$0
6. Sub-total Costs Requested	\$671,476
7. Admin (Up to 10%)	\$53,735
8. Total Assistance plus Admin Requested	\$725,211
9. Cash Match	\$36,700
10. In-Kind Match	\$6,717
11. Total Match	\$43,417
12. Total Budget	\$768,628

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	FY22 Nonprofit Do...	09/13/2022
2) Other Attachment	No		
3) Other Attachment	No		

Attachment Details

Document Description: FY22 Nonprofit Documentation Letter

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 Jennifer Clarke

Date: 09/19/2022

Title: Deputy 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	09/07/2022
1B. SF-424 Legal Applicant	09/01/2022

Renewal Project Application FY2022	Page 52	09/19/2022
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1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/09/2022
1E. SF-424 Compliance	09/01/2022
1F. SF-424 Declaration	09/07/2022
1G. HUD-2880	09/07/2022
1H. HUD-50070	09/07/2022
1I. Cert. Lobbying	09/07/2022
1J. SF-LLL	09/19/2022
IK. SF-424B	09/07/2022
Submission Without Changes	09/13/2022
Recipient Performance	09/15/2022
Renewal Grant Consolidation or Renewal Grant Expansion	09/13/2022
2A. Subrecipients	09/15/2022
3A. Project Detail	09/13/2022
3B. Description	09/13/2022
3C. Dedicated Plus	09/01/2022
4A. Services	09/01/2022
4B. Housing Type	09/01/2022
5A. Households	09/01/2022
5B. Subpopulations	No Input Required
6A. Funding Request	09/19/2022
6B. Leased Units	09/01/2022
6D. Match	09/13/2022
6E. Summary Budget	No Input Required
7A. Attachment(s)	09/13/2022
7A. In-Kind Match MOU Attachment	No Input Required
7B. Certification	09/15/2022

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

Department of the Treasury

Date: September 1, 2021

Person to Contact:

R. Meyer ID# 0110429

Toll Free Telephone Number:

877-829-5500

United States Conference of Catholic
Bishops
3211 4th Street, NE
Washington, DC 20017-1194

Group Exemption Number:

0928

Dear Sir/Madam:

This responds to your July 29, 2021, 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 2021*, 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 2021* 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

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NORTH DAKOTA • PENNSYLVANIA • SOUTH CAROLINA • SOUTH DAKOTA • MARYLAND • ARKANSAS
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1817

2021



The Official Catholic Directory

Anno
Domini
2021

Published Annually by
P.J. Kennedy & Sons

Robinwood Rd., P.O. Box 63, Onset, 02558.
T: 508-759-7280; charles848@aol.com. Deacon
Charles Gingerich, O.F.M., M.R.E., Guard. & Deacon.

[F] CONVENTS AND RESIDENCES FOR SISTERS

DIGHTON. *Dominican Sisters of Charity of the Presentation of the Blessed Virgin*, 3012 Elm St., Dighton, 02715. T: 508-669-5425; T: 508-669-5023 (Novitiate); F: 508-669-6521; domsrs@presentation-op-usa.org; www.presentation-op-usa.org. Sr. Vimala Vadakumpadan, O.P., Major Supr. Provincial House-Residence, Residence for Aged Sisters, Novitiate. Sisters 32.

FAIRHAVEN. *Sisters of the Sacred Hearts, Community Headquarters*, 35 Huttleston Ave., Fairhaven, 02719-3154. T: 508-994-9341; chouchard@sscc.org. Sisters Eleanor Marie Cyr, SS.CC., Supr.; Claire Bouchard, SS.CC.; Muriel Ann Lebeau, SS.CC. *Sisters of the Sacred Hearts of Jesus and Mary and of Perpetual Adoration, SS.CC.* Sisters 3.

SOUTH DARTMOUTH. *Dominican Sisters of Hope* (1995) Bethany Community, 51 Middle St., Dartmouth, 02748. T: 508-996-1305; www.ophope.org. Sr. Lorelle Elcock, O.P., Prioress. Sisters 2.

TAUNTON. *Villa Fatima* (1934) 90 County St., Taunton, 02780. T: 508-822-6282; F: 508-823-0825; roe23roe@aol.com; www.sistersofsaintdorothy.org. Sr. Rosalie Patrello, S.S.D., Local Coord. Sisters of St. Dorothy.

[G] RETREAT HOUSES

ATTLEBORO. *La Salette Retreat and Conference Center*, 947 Park St., Attleboro, 02703-0965.

T: 508-222-8530; T: 508-222-5410; F: 508-236-9089; office@lasalettecenter.com; lasaletteshrinedirector@gmail.com; www.lasalettecenter.com. Rev. Bernard B. Baris, M.S., Dir.; Bro. Donald Wininski, M.S., Hospitality; Justin Richardson, Youth Retreat Facilit.; Dorothy J. Levesque, Retreat Leader.

EAST FREETOWN. *Cathedral Camp and Retreat Center* (1919) 167 Middleboro Rd., P.O. Box 428, East Freetown, 02717-0428. T: 508-763-8874; F: 508-763-2230; rena@cathedralcamp.net; www.cathedralcamp.net. Rena Lemieux, Dir.

Cathedral Camp Retreat Center, 167 Middleboro Rd., P.O. Box 428, East Freetown, 02717-0428. T: 508-763-8874; F: 508-763-2230; rena@cathedralcamp.net; www.cathedralcamp.net. Rena Lemieux, Asst. Dir.

NORTH EASTON. *Holy Cross Retreat House*, 490 Washington St., North Easton, 02356-1294. T: 508-238-2051; F: 508-238-0164; jfc44@hotmail.com; www.retreathouse.org. Rev. Joseph F. Callahan, C.S.C., Spiritual Dir.

[H] DEPARTMENT OF CATHOLIC SOCIAL SERVICES AND SPECIAL APOSTOLATES

FALL RIVER. *Campaign For Human Development Apostolate*, 1600 Bay St., P.O. Box M, S. Sta., 02724. T: 508-674-4681; F: 508-675-2224; SMazzarella@cssdioc.org; DBerg@cssdioc.org. Ms. Susan Mazzarella, M.A., L.S.W., CEO; Debora Berg, Coord. Tot Asst. Annually 2; Total Staff 1.

Catholic Social Services of Fall River, 1600 Bay St., 02724. T: 508-674-4681; F: 508-675-2224; SMazzarella@cssdioc.org. Ms. Susan Mazzarella, M.A., L.S.W., CEO; Martha Reed, Admin.; Rui Rosa, Vice Pres.; Pamela Benoit, Admin. Tot Asst. Annually 40,000; Total Staff 106.

Catholic Social Services of New Bedford, 238 Bonney St., New Bedford, 02744. T: 508-997-7337; F: 508-984-1667; SMazzarella@cssdioc.org. Ms. Susan Mazzarella, M.A., L.S.W., CEO. Total Staff 38.

Catholic Social Services of Cape Cod, 261 South St., Hyannis, 02601. T: 508-771-6771; F: 508-771-4711; SMazzarella@cssdioc.org. Ms. Susan Mazzarella, M.A., L.S.W., CEO. Tot Asst. Annually 1,290; Total Staff 14.

Adoption By Choice, 1600 Bay St., P.O. Box M S. Sta., 02724. 311 Hooper St., Tiverton, RI 02878. T: 401-624-9270; F: 508-675-2224; SMazzarella@cssdioc.org. Ms. Susan Mazzarella, M.A., L.S.W., CEO. Tot Asst. Annually 18; Total Staff 2.

HYANNIS. *St. Clare's Residence for Women* Elaine Haley, Contact Person. Bed Capacity 5; Tot Asst. Annually 16; Total Staff 6.

[I] CAMPS AND COMMUNITY CENTERS

FALL RIVER. *Diocesan Catholic Youth Organization*, 709 Hanover St., 02720. T: 508-679-6732; F: 508-675-4755. Very Rev. Jay T. Maddock, J.C.L., V.F., Diocesan Dir.

Fall River Area Catholic Youth Organization, Sullivan-McCarrick CYO Center, 403 Anawan St., 02720. T: 508-672-9644; F: 508-675-4755;

office@holynamefr.com. Mr. Thomas Chippendale, Area Dir.

New Bedford Area Catholic Youth Organization, Kennedy Youth Center, 377 County St., New Bedford, 02740. T: 508-996-0536; office@holynamefr.com. Mr. Gregory Parker, Dir. *Taunton Area Catholic Youth Organization*, 61 Summer St., Taunton, 02780. T: 774-222-1834; F: 508-675-4755; office@holynamefr.com. Mr. Donald Morrison, Area Dir.

[J] NEWMAN CENTERS AND CAMPUS MINISTRY

FALL RIVER. *Bristol Community College Campus Ministry*, 777 Elsbree St., 02720-7395.

T: 508-678-2811, Ext. 2810; F: 508-730-3286; father.frederici@bristolcc.edu; www.bccatholics.com. Rev. David C. Frederici, Chap. Total Staff 1.

Diocesan Education Center, 423 Highland Ave., 02720. T: 508-678-2828; F: 508-674-4218; sperla@atholicsa.org;

www.catholicsschoolsalliance.org. Mr. Stephen A. Perla, Supt.; Sandra M. Drummey, Asst. Supt. for Academics and Personnel; Denise M. Peixoto, Asst. Supt. for Academics and Student Affairs; Claire M. McManus, S.T.L., Dir. Faith Formation.

NORTH DARTMOUTH. *Umass Dartmouth Campus Ministry*, 285 Old Westport Rd., North Dartmouth, 02747-2300. T: 508-999-8872;

dfrederici@umassd.edu; www.umassdatholics.com. Rev. David C. Frederici, Chap.; Deacon Frank R. Luca, Campus Min.

Wheaton College Office for Campus Ministry, P.O. Box 70737, North Dartmouth, 02747.

F: 774-202-3047. Rev. David C. Frederici, Dir.

WEST BARNSTABLE. *Cape Cod Campus Ministry*, P.O. Box 1558, Pocasset, 02559. T: 774-202-3047;

dfrederici@umassd.edu; www.capecatholics.com/Rev. David C. Frederici, Chap.

[K] MISCELLANEOUS LISTINGS

FALL RIVER. *Assisi Housing Corporation*, 1600 Bay St., 02724. T: 508-997-0130; F: 774-425-3790;

nlawson@cafbh.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. T: 508-997-0130; F: 774-425-3790; AMcNamee@cafbh.org. Debora Berg, CEO; Ed Allard, Prog. Coord.

Diocesan Facilities Self-Insurance Group, Inc., 450 Highland Ave., 02720. T: 508-675-1311;

shaunk@dioc-fr.org. P.O. Box 1110, 02722. Rev. John M. Murray.

St. Dominic's Apartments, Inc., 72 Eighth St., New Bedford, 02740. T: 508-916-2434; F: 508-997-0130; EAbdow@cafbh.org; nlawson@cafbh.org. 818 Middle St., 02721. Arlene A. McNamee, L.C.S.W., CEO. Tot Asst. Annually 17; Total Staff 2.

Foundation to Advance Catholic Education, Inc., P.O. Box 2577, 02722. sdubury@dioc-fr.org. 450 Highland Ave., 02720. T: 508-675-1311; F: 508-676-6591; www.face-dfr.org. Sandra M. Duxbury, Exec. Dir.

Oscar Romero House, Inc., 8 Allen St., New Bedford, 02740. T: 774-202-6971; T: 508-997-0130; sfyock@cafbh.org; nlawson@cafbh.org. 72 Eighth St., New Bedford, 02740. Arlene A. McNamee, L.C.S.W., CEO, Contact Person.

FAIRHAVEN. *Congregation of the Sacred Hearts - United States Province* aka Sacred Hearts Fathers; Sacred Hearts Missions, 77 Adams St., P.O. Box 111, Fairhaven, 02719. T: 508-993-2442;

F: 508-996-5499; usprovincial@sscc.org; www.sscc.org. Rev. Richard McNally, SS.CC., Vicar; Very Rev. Herman Gomes, SS.CC., Prov.; Revs. Stephen Banjare, SS.CC., Dir.; Richard J. Danyluk, SS.CC., Dir.; Martin T. Gomes, SS.CC., Dir.

Sacred Hearts Missions National Center of the Enthronement, 77 Adams St., P.O. Box 111, Fairhaven, 02719. T: 508-999-2680;

newcenter@juno.com. Revs. Kevin (Columban) Crotty, SS.CC., Dir.; David P. Reid, SS.CC., Dir.; Sr. Claire Bouchard, SS.CC., Dir. Congregation of the Sacred Hearts-United States Province. *Damien Residence Retirement Home*, 73 Adams St., P.O. Box 111, Fairhaven, 02719-0111. T: 508-999-0500;

usprovincial@sscc.org. Revs. James E. McDonough, SS.CC., Dir.; Kevin (Columban) Crotty, SS.CC.; Michael Kelly, SS.CC.; David P. Reid, SS.CC.; Bro. James Rukavina, SS.CC.; Revs. Michael Shanahan, SS.CC.; Matthias Shanley, SS.CC.; Desmond (Fintan) Sheeran, SS.CC.; Bro. Paul R. Alves, SS.CC.

Sacred Hearts Missions. *New Bedford. The Institute of the Incarnate Word, Inc.*, 1359 Acuschnet Ave., New Bedford, 02746.

T: 508-993-1691; F: 508-999-4775; octaviocortez@ive.org;

www.saintanthonynewbedford.com. Rev. Octavio Cortez, I.V.E.

Missionaries of Charity, 556 County St., New Bedford, 02740. T: 508-997-7347; srpaulina.hurtado@yahoo.com. Sr. Benedict Ann, Supr. Shelter for homeless women.

NORTH EASTON. *Holy Cross Family Ministries* (1942) 518 Washington St., North Easton, 02356-1200.

T: 508-238-4095; F: 508-238-3953; swallace@hcfm.org; amcmnamy@hcfm.org;

www.hcfm.org. Rev. Wilfred Raymond, C.S.C., Pres.; Susan Wallace, Exec.; Rev. David Guffey, C.S.C., Natl. Dir. of Family Theater Productions; Cynthia Slattery, CFO; Rev. Pinto Paul, C.S.C., Dir.; Elizabeth Ponce, Exec. Corporate Name: The Family Rosary, Inc.; Sponsored by Congregation of Holy Cross (U.S. Province).

RELIGIOUS INSTITUTES OF MEN REPRESENTED IN THE DIOCESE

For further details refer to the corresponding bracketed number in the Religious Institutes of Men or Women section.

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

[1140]—*Congregation of the Sacred Hearts of Jesus and Mary*—SS.CC.

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

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

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

[—*Franciscan of Our Lady of the Holy Family*—F.L.H.F.

[0685]—*Institute of the Incarnate Word*—I.V.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]—*Vocationist Fathers.*

RELIGIOUS INSTITUTES OF WOMEN REPRESENTED IN THE DIOCESE

[—*Congregation of the Sisters of Mercy of Ireland.*

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

[—*Consecrated Virgin.*

[0750]—*Daughters of the Charity of the Sacred Heart of Jesus* (Sacred Heart Prov.)—F.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.

[2070]—*Religious of the Holy Union of the Sacred Hearts* (Immaculate Heart and Sacred Heart Provs.)—S.U.S.C.

[—*Secular Institute of the Kingship of Christ*—S.I.M.

[—*Servants of The Lord and The Virgin Matara*—S.S.V.M.

[—*Sisters of Adoration of the Blessed Sacrament*—S.A.B.S.

[2575]—*Sisters of Mercy of the Americas*—R.S.M.

[—*Sisters of Our Lady of La Salette*—S.S.N.D.S.

[3720]—*Sisters of Saint Anne*—S.S.A.

[3830-16]—*Sisters of St. Joseph* (Springfield, MA)—S.S.J.

[0150]—*Sisters of the Assumption*—S.A.S.V.

[3180]—*Sisters of the Cross and Passion*—C.P.

[1830]—*Sisters of the Good Shepherd* (Contemplative/Religious)—C.G.S.R.G.S.

[3690]—*Sisters of the Sacred Hearts of Perpetual Adoration*—SS.CC.

[4048]—*Society of the Sisters, Faithful Companions of Jesus*—F.C.J.

DIOCESAN CEMETERIES

FALL RIVER. *St. John*

St. Mary

Notre Dame

St. Patrick

ATTLEBORO. *St. John*

St. Stephen

EAST FALMOUTH. *St. Anthony*

HYANNIS. *St. Francis*

MANSFIELD. *St. Mary*, Towne Street, Attleboro Falls,

02763. T: 508-695-1173; stmaryna@nooci.com. 14

Park St., North Attleboro, 02760. Rev. David A.

Costa

MATTAPOISETT. *St. Anthony*

NANTUCKET. *St. Mary*

NEW BEDFORD. *St. John*

St. Mary

New Bedford Catholic Cemeteries, 1540 Stafford Rd.,

02721. T: 508-998-1195; cemetery2@verizon.net

Sacred Heart

NORTH ATTLEBORO. *St. Mary*

NORTH EASTON. *Immaculate Conception*

OAK BLUFFS. *Sacred Heart*

PROVINCETOWN. *St. Peter*

SANDWICH. *St. Peter*