

## **Before Starting the Project Application**

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

Things to Remember:

- Only Collaborative Applicants may apply for CoC Planning funds using this application, and only one CoC Planning application may be submitted during the FY 2018 CoC Program grant competition.
- Additional training resources can be found on the HUD Exchange at <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD the HUD Exchange Ask A Question
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award management (SAM) in order to apply for funding under the Continuum of Care (CoC) Program Competition. For more information see the FY 2018 CoC Program NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA, including the General Section Technical Correction, and all requirements and criteria met.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with the instructions found on each individual screen
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- HUD reserves the right to reduce or reject any new or renewal project that fails to adhere to 24 CFR Part 578 and application requirements set forth in the FY 2018 CoC Program NOFA.

## 1A. SF-424 Application Type

**1. Type of Submission:**

**2. Type of Application:** CoC Planning Project Application

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

**If "Other", specify:**

**3. Date Received:** 09/11/2018

**4. Applicant Identifier:**

**5a. Federal Entity Identifier:**

**5b. Federal Award Identifier:**

**6. Date Received by State:**

**7. State Application Identifier:**

## 1B. SF-424 Legal Applicant

### 8. Applicant

**a. Legal Name:** CT Department of Mental Health and Addiction Services

**b. Employer/Taxpayer Identification Number (EIN/TIN):** 06-6000798

<b>c. Organizational DUNS:</b>	103626086	<b>PLUS 4</b>	
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### d. Address

**Street 1:** 410 Capitol Avenue

**Street 2:** MS# 14 HOU P.O. Box 341431

**City:** Hartford

**County:** Hartford

**State:** Connecticut

**Country:** United States

**Zip / Postal Code:** 06134

### e. Organizational Unit (optional)

**Department Name:** DMHAS

**Division Name:** Statewide Services

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

**Prefix:** Ms.

**First Name:** Alice

**Middle Name:**

**Last Name:** Minervino

**Suffix:**

**Title:** Program Manager

**Organizational Affiliation:** CT Department of Mental Health and Addiction Services

**Telephone Number:** (860) 418-6942

**Extension:**

**Fax Number:** (860) 418-6696

**Email:** Alice.Minervino@ct.gov

## 1C. SF-424 Application Details

**9. Type of Applicant:** A. State Government

**10. Name of Federal Agency:** Department of Housing and Urban Development

**11. Catalog of Federal Domestic Assistance Title:** CoC Program

**CFDA Number:** 14.267

**12. Funding Opportunity Number:** FR-6200-N-25

**Title:** Continuum of Care Homeless Assistance Competition

**13. Competition Identification Number:**

**Title:**

## 1D. SF-424 Congressional District(s)

**14. Area(s) affected by the project (state(s) only):** Connecticut  
**(for multiple selections hold CTRL+Key)**

**15. Descriptive Title of Applicant's Project:** BOS Planning Grant

**16. Congressional District(s):**

**a. Applicant:** CT-005, CT-001, CT-002, CT-003, CT-004

**b. Project:** CT-005, CT-001, CT-002, CT-003, CT-004  
**(for multiple selections hold CTRL+Key)**

**17. Proposed Project**

**a. Start Date:** 07/01/2019

**b. End Date:** 06/30/2020

**18. Estimated Funding (\$)**

**a. Federal:**

**b. Applicant:**

**c. State:**

**d. Local:**

**e. Other:**

**f. Program Income:**

**g. Total:**

## 1E. SF-424 Compliance

**19. Is the Application Subject to Review By State Executive Order 12372 Process?** b. Program is subject to E.O. 12372 but has not been selected by the State for review.

**If "YES", enter the date this application was made available to the State for review:**

**20. Is the Applicant delinquent on any Federal debt?** No

**If "YES," provide an explanation:**

## 1F. SF-424 Declaration

**By signing and submitting this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

**I AGREE:**

### 21. Authorized Representative

**Prefix:** Ms.

**First Name:** Miriam

**Middle Name:** E

**Last Name:** Delphin-Rittmon

**Suffix:** Ph.D

**Title:** Commissioner

**Telephone Number:** (860) 418-6676  
**(Format: 123-456-7890)**

**Fax Number:** (860) 418-6696  
**(Format: 123-456-7890)**

**Email:** miriam.delphin-rittmon@ct.gov

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

**Date Signed:** 09/11/2018



# 1G. HUD 2880

**Applicant/Recipient Disclosure/Update Report - Form 2880**  
**U.S. Department of Housing and Urban Development**  
**OMB Approval No. 2510-0011 (exp.11/30/2018)**

## Applicant/Recipient Information

### 1. Applicant/Recipient Name, Address, and Phone

**Agency Legal Name:** CT Department of Mental Health and Addiction Services

**Prefix:** Ms.

**First Name:** Miriam

**Middle Name:** E

**Last Name:** Delphin-Rittmon

**Suffix:** Ph.D

**Title:** Commissioner

**Organizational Affiliation:** CT Department of Mental Health and Addiction Services

**Telephone Number:** (860) 418-6676

**Extension:**

**Email:** miriam.delphin-rittmon@ct.gov

**City:** Hartford

**County:** Hartford

**State:** Connecticut

**Country:** United States

**Zip/Postal Code:** 06134

**2. Employer ID Number (EIN):** 06-6000798

**3. HUD Program:** Continuum of Care Program

**4. Amount of HUD Assistance Requested/Received:** \$1,028,111

(Requested amounts will be automatically entered within applications)

**5. State the name and location (street address, city and state) of the project or activity:** BOS Planning Grant 410 Capitol Avenue  
Hartford Connecticut

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
Connecticut Department of Mental Health and Addiction Services 410 Capitol Avenue Hartford CT 06134	State Funding	\$6,432,067.00	Supportive Services

**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 (%)
Salvation Army Hartford	13-5562351	Support Services and Rental Assistance	\$82,271.00	0%
Liberty Community Services	22-2849124	Support Services	\$132,207.00	1%
Mental Health Connecticut	06-0646593	Support Services and Rental Assistance	\$150,383.00	1%
Center For Human Development	04-2503926	Support Services	\$181,472.00	1%
Windham Regional Community Council	06-0990205	Support Services and Rental Assistance	\$191,224.00	1%

**Certification**

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

I certify that this information is true and complete.

**I AGREE:**

**Name / Title of Authorized Official:** Miriam Delphin-Rittmon, Commissioner

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

**Date Signed:** 06/08/2018

# 1H. HUD 50070

## HUD 50070 Certification for a Drug Free Workplace

**Applicant Name:** CT Department of Mental Health and Addiction Services

**Program/Activity Receiving Federal Grant Funding:** CoC Program

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

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

### Sites for Work Performance.

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

Workplaces, including addresses, entered in the attached project application. Refer to addresses entered into the attached project application.

I hereby certify that all the information stated herein, as well as any information provided in

X

**the accompaniment herewith, is true and accurate.**



Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

**Authorized Representative**

**Prefix:** Ms.

**First Name:** Miriam

**Middle Name** E

**Last Name:** Delphin-Rittmon

**Suffix:** Ph.D

**Title:** Commissioner

**Telephone Number:** (860) 418-6676  
**(Format: 123-456-7890)**

**Fax Number:** (860) 418-6696  
**(Format: 123-456-7890)**

**Email:** miriam.delphin-rittmon@ct.gov

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

**Date Signed:** 09/11/2018

## **CERTIFICATION REGARDING LOBBYING**

### **Certification for Contracts, Grants, Loans, and Cooperative Agreements**

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

### **Statement for Loan Guarantees and Loan Insurance**

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

**the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.**

**I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:**

X

**Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)**

**Applicant's Organization:** CT Department of Mental Health and Addiction Services

**Name / Title of Authorized Official:** Miriam Delphin-Rittmon, Commissioner

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

**Date Signed:** 09/11/2018

# 1J. SF-LLL

## DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.

Approved by OMB0348-0046

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

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

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

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

**Legal Name:** CT Department of Mental Health and Addiction Services

**Street 1:** 410 Capitol Avenue

**Street 2:** MS# 14 HOU P.O. Box 341431

**City:** Hartford

**County:** Hartford

**State:** Connecticut

**Country:** United States

**Zip / Postal Code:** 06134

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:** Miriam

**Middle Name:** E

**Last Name:** Delphin-Rittmon

**Suffix:** Ph.D

**Title:** Commissioner

**Telephone Number:** (860) 418-6676  
**(Format: 123-456-7890)**

**Fax Number:** (860) 418-6696  
**(Format: 123-456-7890)**

**Email:** miriam.delphin-rittmon@ct.gov

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

**Date Signed:** 09/11/2018

## 2A. Project Detail

**1a. CoC Number and Name:** CT-505 - Connecticut Balance of State CoC

**1b. Collaborative Applicant Name:** Connecticut Department of Mental Health and  
Addiction Services

**2. Project Name:** BOS Planning Grant

**3. Component Type:** CoC Planning Project Application

## 2B. Project Description

### 1. Provide a description that addresses the entire scope of the proposed project and how the Collaborative Applicant will use grant funds to comply with the provisions of 24 CFR 578.7.

The grant will continue funding comprehensive support for the CT BOS CoC (BOS) ensuring compliance with 24 CFR 578.7 (CoC Responsibilities). Funds will be used to coordinate the implementation of an effective/efficient housing & service system for all homeless persons in the BOS geographic areas. Assistance will focus on alignment w/HEARTH & the Federal Strategic Plan & support achievement of national & local goals & preparation of a strong application. CT Dept of Mental Health & Addiction Services (DMHAS) will manage the project using state staff, non-profit staff & consultants. The project will provide coordination of: CoC meetings/trainings/activities, CoC/ESG project evaluation & monitoring, CoC Application, Con Plan participation & developing the CoC system & geography. This includes ensuring compliance with all regulations & CoC/Coordinated Entry policies & procedures, updating written standards & providing technical assistance as needed. BOS performance standards incorporate HUD Systems Perf measures, spending & grants management & are updated annually. All CoC/ESG projects will be evaluated; those not meeting standards will be required to develop a corrective action plan. TA & training will be provided & reallocation explored. Trainings on Housing First, Employment, Critical Time Intervention, Trauma-Informed Care, RRH, Public Benefits, Compliance with CoC/HUD requirements & APRs will be offered. The project will support compliance monitoring w/up to 8 agencies to review service & financial files, interview staff/participants & tour programs. The monitoring tool includes HUD & BOS policies. Written reports detailing findings, best practices & recommendations are provided. Agencies with findings will develop follow up plans & be offered TA. This project will: ensure compliance/accuracy of CoC application & PIT, Youth PIT, HIC, Gaps Analysis & GIW information; work with the Dept of Housing, DMHAS & Opening Doors CT to address gaps through ongoing re-alignment of CoC, ESG & State Funds, especially to increase the supply of RRH/PSH & plan reallocation. BOS has merged with all CoC's in CT except Fairfield County. The project will support: continued merger discussions & integration of policies and practices as determined by the CoC Boards; coordination with & development of policies & procedures for the Coord Access Networks (CANs) to ensure systems are efficient, compliant, target all homeless sub-populations & end homelessness rapidly & permanently. The CoC will participate actively in the State & entitlement jurisdiction Con Plans, providing PIT, HIC, & HMIS data, written recommendations for use of ESG funds, & evaluation/monitoring to the authorizing agencies. The CoC will also use the funds to develop agency and component level reports on SPMs and other tools for analysis of the data. Funds will also support CoC Strategic Planning and coordination with Reaching Home/Opening Doors CT, the CoC's Board.

### 2. Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely

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**completion of all work.**

It is assumed that this project will commence in mid to late 2019. CoC Coordination activities (committee meetings, coordinated access planning) will be in progress already & will be ongoing throughout the course of the project. The performance evaluation of all CoC & ESG projects will begin immediately at contract execution & will be completed within six months of beginning. Working with the CoC Steering Committee, the CoC lead, the Connecticut Department of Mental Health & Addiction Services (DMHAS), & the CoC's planning consultants, BOS will review progress on performance measures. All programs will submit information for the evaluations & will be scored based on their success in achieving the CoC established benchmarks. Agency compliance monitoring activities will begin one month into the program year & site visits & reports will be completed by the end of the program year. These activities will include visits at up to 8 agencies & review of relevant documents to assess compliance with HUD regulations & CoC Policies. The CoC activities related to the CoC system analysis, reallocation planning & re-aligning state & federal homeless resources will begin immediately upon contract execution & will be ongoing throughout the year. Consolidated planning participation is an ongoing process based on the Con Plan schedule & activities related to that will begin immediately upon contract execution. The CT Department of Housing (DOH) & other Con Plan jurisdictions will receive PIT & HIC data as soon as the PIT analysis is completed. Merger discussions with the other CoC in the State are ongoing & planning funds will assist in integration as determined by the CoC Boards. Activities related to HUD compliance & the CoC Application will begin immediately upon contract execution. This includes overseeing the HIC & PIT data submission & updating the Grant Inventory Worksheet (GIW). The State & its consultant will develop a detailed plan & schedule for completing the annual HUD application as soon as HUD has announced the NOFA or issued sufficient instructions. The effective & timely completion of the work will be monitored by the Steering Committee of the BOS CoC to assure that all program requirements & deadlines are reached. A work plan for all activities will be developed with deliverables & time lines. At its regular meetings, the Steering Committee will receive reports on progress on the work plan. The State of CT will enter into contracts with project partners & consultants that will specify deliverables & time frames for all activities. In coordination with staff from DMHAS, the CoC Steering Committee will monitor & oversee contract performance on these planning activities.

**3. How will the requested funds improve or maintain the CoC's ability to evaluate the outcome of CoC and ESG projects?**

Through this planning process the CoC will continue to deepen its existing evaluation process & continue to provide a comprehensive program of performance monitoring & quality improvement for all CoC & ESG programs in the jurisdiction. The CT BOS Performance Standards address all of the key HEARTH outcomes and HUD Systems Performance Measures, including decreasing homelessness, rapidly exiting people to permanent housing, reducing returns to homelessness & increasing participants' income. This grant will support the development of reporting tools to enable CoC/subCoC leaders and projects within the CoC to run project and component level outcome reports on HUD Systems Performance Measures for all ESG and CoC projects. Outcomes will be reported on regularly for individual programs, components & system-wide. This ongoing review of performance creates a strong incentive for

providers to improve outcomes & allows for prompt response to performance problems as well as the timely dissemination of effective practices. This performance improvement framework will deepen the existing outcome-based evaluation process. The continued refinement of a systematic program to monitor achievement of performance targets, provide support in improving outcomes & make recommendations for funding & program changes will expand the CoC's ability to evaluate projects & ensure they are meeting or exceeding HEARTH, HUD & CoC standards & requirements. In particular, monitoring will assess compliance with the CoC's Housing First Policies & prioritizing chronically homeless people for all vacancies & new units coming on-line according to the HUD CH Prioritization and the Coordinated Entry Notices. Funding will support, for those providers who are not achieving established performance targets established, more follow-up technical assistance support. These include: evaluating the effectiveness of proposed plans of correction, monitoring the implementation of these plans, & providing technical assistance & training to improve performance. This grant will also expand CoC ability to evaluate & strengthen efforts to end youth homelessness by continuing to conduct a youth-specific point-in-time count.

**4. How will the planning activities continue beyond the expiration of HUD financial assistance?**

The CT Balance of State CoC will continue to do comprehensive planning to prevent & end homelessness & work to incorporate evidence based & best practices into homeless services. Designated committees of the CoC & Opening Doors CT will continue their planning efforts & support work should HUD financial assistance expire. The CoC is an active partner in the state-wide initiatives, Opening Doors CT & Reaching Home CT. These efforts will lead to the creation of hundreds of additional units of PSH for people who are chronically homeless &/or high service utilizers as well as a state-wide infrastructure focused on planning, performance management & the strategic utilization of resources to address homelessness in CT. Additionally, the CT Department of Mental Health & Addiction Services & the CT Department of Housing have been & will continue to be committed to ongoing evaluation & improvement of the homeless system in the State. They will continue to monitor & evaluate programs & the system as well as support the CoC and Coordinated Entry processes in the absence of HUD funds. In addition, the HUD planning funds will enable the development of robust systems for ensuring compliance with HEARTH & HUD regulations, evaluating & monitoring performance & ensuring a more rational system of access to homeless resources. This infrastructure will enable the CoC to make a big leap forward in systematizing its planning & evaluation activities, ensuring all providers are well-grounded in the HEARTH & HUD regulations & requirements. These planning activities will also create tools for ongoing self-monitoring on key HUD administrative & financial regulations & requirements and the Systems Performance Measures.

### 3A. Governance and Operations

**1. How often does the CoC conduct meetings of the full CoC membership?** Semi-Annually

**2. Does the CoC include membership of a homeless or formerly homeless person?** Yes

**2a. For members who are homeless or formerly homeless, what role do they play in the CoC membership? (Select all that apply)**

Participates in CoC meetings:	<input checked="" type="checkbox"/>
Votes, including electing Coc Board:	<input checked="" type="checkbox"/>
Sits on CoC Board:	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

**3. Does the CoC's governance charter incorporate written policies and procedures for each of the following**

**a. Written agendas of CoC meetings?** Yes

**b. Coordinated Entry? (Also known as centralized or coordinated assessment)** Yes

**c. Process for monitoring outcomes of ESG recipients?** Yes

**d. CoC policies and procedures?** Yes

**e. Written process for board selection?** Yes

**f. Code of Conduct for board members that includes a recusal process?** Yes

**g. Written standards for administering assistance?** Yes

**4. Were there any written complaints received by the CoC in relation to project review, project selection, or other items related to 24 CFR 578.7 or 578.9 within the past 12 months?** No

### 3B. Committees

Provide information for up to five of the most active CoC-wide planning committees, subcommittees and/or workgroups, to address homeless needs in the CoC's geographic area that recommend and set policy priorities for the CoC, including a brief description of the role and the frequency of the meetings. Only include committees, subcommittees and/or workgroups, that are directly involved in CoC-wide planning and not the regular delivery of services.

Name of Group	Role of the Group (max 750 characters)	Meeting Frequency	Name of Individuals and/or Organizations Represented
Reaching Home Steering Committee	Serves as the CoC Board. Receives reports from and provides guidance to the CT BOS CoC Steering Committee on high-level policy and resource allocation decisions. Strategic coordination between federal and state agencies and resources and public and private partners. Implement statewide plan to end homelessness, Opening Doors CT. Leverage resources and support for the plan. Broad-based coalition working across systems as well as sectors. Work together to reach consensus on policy changes related to the activities of the Reaching Home Campaign. Also provides the support needed to develop the necessary coalitions at the local, regional and state levels to prevent and end homelessness in our state	Quarterly	CCEH, CSH, CCADV, CT Hsg Coal, PSC, Jrny Home, CT DOH, CT DMHAS, CT DPH, CT HFA, AIDSCT, United Way, CT DOE, CT Judicial Branch, CT DOC, CT Office Pol Mgmt, CT DCFS, Yale, NAMI, Melville Trust, US Dept of VA, NH Hsg Auth, Consumers, Providers, CT Comm Health Ctrs Assn
CT BOS Steering Committee	Coordinates efforts to end homelessness, including participation in CT Opening Doors CT & Coordinated Access planning; Develops CoC policies & procedures, including written standards for assistance. Conducts project evaluations; Determines funding priorities & ranks CoC projects; Monitors system & CoC/ESG project performance; Leads quality improvement efforts; Ensures coordination with and leveraging of mainstream resources; Oversees completion of CoC Application; Coordinates with State & local Con Plans; Provides data to inform ESG funding decisions; Monitors compliance with all HUD & CoC requirements; Provides training & TA to support compliance & strengthen outcomes.	Monthly	CT DMHAS, CT DOH, AIDS CT, CCEH, CSH, CCADV, CT DCFS, CT Hsg Finance Agency, US Dept of Vets Affairs, Dept of Correction, Dept of Education, Reaching Home, Consumers, Reps from 8 Coordinated Access Networks representing providers in each region of CT

<p>CT Statewide HMIS Committee</p>	<p>Serves as the decision making body for all CT HMIS activities; Provides leadership, guidance &amp; support to HMIS Lead Agency; Develops and updates HMIS Policies &amp; Procedure, including Data Quality, Privacy &amp; Security Plans; Oversees data quality assurance activities; provides oversight of HMIS vendor; Coordinates with funders and providers to ensure maximum HMIS participation; Monitors compliance with all HUD &amp; CoC requirements; Oversees training and TA to support data accuracy and compliance; Oversees HMIS reporting functions &amp; ensures that data are useful to inform funding priorities and efforts to strengthen systems performance &amp; end homelessness.</p>	<p>Monthly</p>	<p>CT DMHAS, CT DOH, AIDS CT, CCEH, Reps from 8 Coordinated Access Networks representing providers in each region of the state</p>
<p>CT CAN (Coordinated Access Network) Leadership Committee</p>	<p>Serves as the decision making body for Statewide coordinated entry activities; Provides leadership, guidance &amp; support to 8 local CANS (Coordinated Access Networks) operating across CT; Develops CAN Policies &amp; Procedures; Coordinates with funders &amp; providers to ensure maximum CAN participation &amp; funding to support CANS; Evaluates CAN performance to ensure: accessibility &amp; client choice, rapid and effective assessment and placement aligned to client needs, prioritization of households homeless the longest/with the most severe service needs, &amp; clarity, transparency and accountability for clients, referral sources, and receiving programs; Oversees training, &amp; TA efforts to support these objectives and promote sharing of knowledge across CANS.</p>	<p>Monthly</p>	<p>Dpt of Hsng, Dpt of MH &amp; Adctn Svcs, AIDS CT, CT Coal to End Homlssnss, Partnrshp for Strong Communities, Journey Home, United Way, 8 homeless service agencies representing each of the 8 CANS in the state</p>
<p>Retooling the Crisis Response System Workgroup</p>	<p>Reaching Home/Opening Doors CT statewide committee that supports housing stability for all homeless populations by creating a coordinated homelessness response system; Implements opportunities to align service delivery; Secures rapid rehousing resources to meet the need; Develops statewide standards and performance measures; Improves discharge planning for individuals leaving institutions; Ensures ES &amp; other solutions are available for emergency needs for all.</p>	<p>Monthly</p>	<p>CCEH, CSH, Partnrshp4Strng Comms, Jrny Home, CT DOH, CT DMHAS, CT DOE, Spp Hsg Works, AIDSCT, CT Office of Pol&amp;Mgmt, CT DCFS, CCADV, United Way, New Reach, Col Hse, Youth Cont, Mercy Hsg, Cath Chars, Melville Trust, Safe Futures, Salv Army, New Opps</p>



### 4A. Sources of Match

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

#### Summary for Match

Total Value of Cash Commitments:	\$257,028
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$257,028

1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? No

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Government	CT Department of ...	09/11/2018	\$257,028

## Sources of Match Details

**1. Will this commitment be used towards Match?** Yes

**2. Type of commitment:** Cash

**3. Type of source:** Government

**4. Name the source of the commitment:** CT Department of Mental Health and Addiction Services  
**(Be as specific as possible and include the office or grant program as applicable)**

**5. Date of Written Commitment:** 09/11/2018

**6. Value of Written Commitment:** \$257,028

## 4B. Funding Request

**1. Will it be feasible for the project to be under grant agreement by September 30, 2020?** Yes

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

**3. Select a grant term:** 1 Year

**A description must be entered for Quantity. Any costs without a Quantity description will be removed from the budget.**

Eligible Costs:	Quantity AND Description (max 400 characters)	Annual Assistance Requested (Applicant)
<b>1. Coordination Activities</b>	Support to CoC process, prepare agendas , minutes, materials and attend monthly meetings. Plan and staff two Bi-annual CoC meetings. Coordinate with monthly Federal Funding Workgroup and Reaching Home Coordinating Committee meetings	\$84,963
<b>2. Project Evaluation</b>	Evaluate performance outcomes of the 100+ projects in the CoC. Analyze APR, consumer satisfaction and HUD compliance data, Develop aggregate and individual performance reports. Manage corrective action and TA process. Approx 6 hours per project.	\$117,250
<b>3. Project Monitoring Activities</b>	Monitor up to 8 CoC/ESG funded agencies to ensure compliance with HUD requirements through site visits & records review. Prepare written reports for agencies & collect follow up plans to correct findings. Manage follow up to ensure projects are in compliance w/HUD regs. Prepare reports on monitoring for the CoC. Develop recommendations for system-wide TA needs. Approximately 50 hours per agency	\$73,499
<b>4. Participation in the Consolidated Plan</b>	Prepare input and provide data for the ESG and homeless sections of the State and local Con Plans. Meet with Con Plan reps within BOS CoC for coordination.	\$11,200
<b>5. CoC Application Activities</b>	Prepare Consolidated Application to HUD and provide TA to agencies to submit Project Applications. Review and provide TA for 100+ project applications. Develop RFP's for new projects and manage reallocation process. Prepare entire CoC Application, assemble attachments, coordinate Con Plan certification submissions, complete project ranking.	\$113,662
<b>6. Determining Geographical Area to Be Served by the CoC</b>	Conduct planning meetings with other CT CoC (Opening Doors Fairfield Cty) merging/considering merging with BOS.	\$2,800
<b>7. Developing a CoC System</b>	Strategic planning for CoC & Coordination w/Reaching Home/Opening Doors CT. Analysis of system investments, gaps & outcomes.Develop CoC new project RFP & reallocation & support svces strategy. Convene Scoring Comm, review up to 16 applications & provide TA to agencies. Training for providers & support to local CES in ongoing policy development & compliance w/regulations. Maintain CoC website.	\$166,670
<b>8. HUD Compliance Activities</b>	Conduct PIT h'less count & youth count. Submit verified PIT/HIC data on more than 200 pgms into HDX. Verify GIW; assess spending for 100+ CoC pgms. Provide training on HUD regs. Prepare reports on systems & program performance for more than 200 programs. Provide TA to agencies on reporting and develop reports to analyze system dynamics. Draft policies & procedures per HUD regulations/directives.	\$458,067
<b>Total Costs Requested</b>		\$1,028,111
<b>Cash Match</b>		\$257,028
<b>In-Kind Match</b>		\$0

Total Match		\$257,028
Total Budget		\$1,285,139

**Click the 'Save' button to automatically calculate the Total Assistance**

## 5A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1. Other Attachment(s)	No	DMHAS Match Letter	09/11/2018
2. Other Attachment(s)	No		

## Attachment Details

**Document Description:** DMHAS Match Letter

## Attachment Details

**Document Description:**

## 5B. Certification

### A. For all projects:

#### Fair Housing and Equal Opportunity

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

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

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

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

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

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

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

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

If persons of any particular race, color, religion, sex, age, national origin, familial status, or

disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

**1-Year Operation Rule.**

For applicants receiving assistance for CoC planning: the project will be operated for the purpose specified in the application for any year for which such assistance is provided.

**D. Explanation.**

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

**Name of Authorized Certifying Official:** Miriam Delphin-Rittmon

**Date:** 09/11/2018

**Title:** Commissioner

**Applicant Organization:** CT Department of Mental Health and Addiction Services

**PHA Number (For PHA Applicants Only):**

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

X



## 6A. Submission Summary

Page	Last Updated
<b>1A. SF-424 Application Type</b>	No Input Required
<b>1B. SF-424 Legal Applicant</b>	No Input Required
<b>1C. SF-424 Application Details</b>	No Input Required
<b>1D. SF-424 Congressional District(s)</b>	09/07/2018
<b>1E. SF-424 Compliance</b>	08/30/2018
<b>1F. SF-424 Declaration</b>	08/30/2018
<b>1G. HUD 2880</b>	08/30/2018
<b>1H. HUD 50070</b>	08/30/2018
<b>1I. Cert. Lobbying</b>	08/30/2018
<b>1J. SF-LLL</b>	08/30/2018
<b>2A. Project Detail</b>	08/30/2018

<b>2B. Description</b>	09/07/2018
<b>3A. Governance and Operations</b>	09/10/2018
<b>3B. Committees</b>	09/10/2018
<b>4A. Match</b>	09/11/2018
<b>4B. Funding Request</b>	09/10/2018
<b>5A. Attachment(s)</b>	09/11/2018
<b>5B. Certification</b>	09/11/2018



**STATE OF CONNECTICUT**  
**DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES**  
*A Healthcare Service Agency*

DANNEL P. MALLOY  
GOVERNOR

MIRIAM E. DELPHIN-RITTMON, PH.D.  
COMMISSIONER

September 11, 2018

Alana Kabel, Director  
Office of Community Planning and Development  
U.S. Dept. of Housing and Urban Development  
Hartford Field Office  
One Corporate Center, 10<sup>th</sup> Floor  
Hartford, CT 06103

Dear Ms. Kabel:

The Department of Mental Health and Addiction Services will commit services to meet the cash match requirement for the year 2018 Continuum of Care Balance of State Planning Grant renewal application to the U. S. Department of Housing and Urban Development. The following services will be made available: monitoring CoC programs, determining CoC geography, evaluating outcome of CoC, permanent supportive housing and Emergency Solutions Grants, participating in the consolidated plan process and coordinating the local response to homelessness. These services will be provided for a period of one year from the date of funding and are valued at \$257,028.

Sincerely,

A handwritten signature in black ink, appearing to read "Alice M. Minervino".

Alice M. Minervino, MA  
Behavioral Health Program Manager  
Department of Mental Health and Addition Services