

Before Starting the Project Application

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

Things to Remember

- Additional training resources can be found on the HUD Exchange at <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/> - Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2017 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2017 Project Application will be imported into the FY 2018 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2018 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission: Application

2. Type of Application: Renewal Project Application

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

If "Other", specify:

3. Date Received: 08/27/2018

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: CT0306

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: Connecticut Department of Housing

b. Employer/Taxpayer Identification Number (EIN/TIN): 32-0410548

	c. Organizational DUNS:	078847898	PLUS 4	
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d. Address

Street 1: 505 Hudson Street

Street 2: 2nd Floor

City: Hartford

County: Hartford

State: Connecticut

Country: United States

Zip / Postal Code: 06106

e. Organizational Unit (optional)

Department Name: Department of Housing

Division Name:

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

Prefix: Mr.

First Name: Steve

Middle Name:

Last Name: DiLella

Suffix:

Title: Director, Individual and Family Support Program Unit

Organizational Affiliation: CT Department of Housing

Telephone Number: (860) 270-8081

Applicant: Connecticut Department of Housing

078847898

Project: Permanent Supportive Housing 1

161013

Extension:

Fax Number: (860) 706-5741

Email: steve.dilella@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: Permanent Supportive Housing 1

16. Congressional District(s):

a. Applicant: CT-005, CT-001, CT-002, CT-003, CT-004
(for multiple selections hold CTRL key)

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: Commissioner

First Name: Evonne

Middle Name:

Last Name: Klein

Suffix:

Title: Commissioner

Telephone Number: (860) 270-8236
(Format: 123-456-7890)

Fax Number: (860) 706-5741
(Format: 123-456-7890)

Email: evonne.klein@ct.gov

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

Date Signed: 08/27/2018

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: Connecticut Department of Housing

Prefix:

First Name: Evonne

Middle Name:

Last Name: Klein

Suffix:

Title: Commissioner

Organizational Affiliation: Connecticut Department of Housing

Telephone Number: (860) 270-8236

Extension:

Email: evonne.klein@ct.gov

City: Hartford

County: Hartford

State: Connecticut

Country: United States

Zip/Postal Code: 06106

2. Employer ID Number (EIN): 32-0410548

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$814,263.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: Permanent Supportive Housing 1 505 Hudson Street 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
Department of Housing 505 Hudson St Hartford, CT 06106	Rapid Rehousing	\$1,940,920.00	rental assistance and support services for homeless households
Department of Housing 505 Hudson St Hartford, CT 06106	Coordinated Access	2500000.0	support services and backbone support for statewide coordinated entry programs
Department of Housing 505 Hudson St Hartford, CT 06106	YHDP Rapid Rehousing grant	\$1,021,011.00	security deposits (HUD HOME) and support services
Department of Housing 505 Hudson St Hartford, CT 06106	YHDP Planning grant	\$9,522.00	YHDP planning activities match - Learning Collaborative
Melville Charitable Trust 55 Church Street New Haven, CT 06510	YHDP Planning grant	\$30,000.00	YHDP planning activities (SDM & 100 Days) grants to contractor/sub

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 (%)
AIDS CT	22-3014883	Rental Assistance Fiduciary	\$932,106.00	22%
BH Care	22-2598799	Support Service Provider	\$86,428.00	2%
Center for Human Development	04-2503926	Support Service Provider	\$96,596.00	2%
Community Health Resources	06-6082527	Support Service Provider	\$61,008.00	1%
Community Renewal Team	06-0795640	Support Service Provider	\$101,673.00	2%

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: Evonne Klein, Commissioner

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

Date Signed: 07/20/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Connecticut Department of Housing

Program/Activity Receiving Federal Grant Funding: CoC Program

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

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

Sites for Work Performance.

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

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

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

X

accurate.

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

Authorized Representative

Prefix: Commissioner

First Name: Evonne

Middle Name

Last Name: Klein

Suffix:

Title: Commissioner

Telephone Number: (860) 270-8236
(Format: 123-456-7890)

Fax Number: (860) 706-5741
(Format: 123-456-7890)

Email: evonne.klein@ct.gov

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

Date Signed: 08/27/2018

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: Connecticut Department of Housing

Name / Title of Authorized Official: Evonne Klein, Commissioner

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

Date Signed: 08/27/2018

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: Connecticut Department of Housing

Street 1: 505 Hudson Street

Street 2: 2nd Floor

City: Hartford

County: Hartford

State: Connecticut

Country: United States

Zip / Postal Code: 06106

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

I certify that this information is true and complete.

X

Authorized Representative

Prefix: Commissioner

First Name: Evonne

Middle Name:

Last Name: Klein

Suffix:

Title: Commissioner

Telephone Number: (860) 270-8236
(Format: 123-456-7890)

Fax Number: (860) 706-5741
(Format: 123-456-7890)

Email: evonne.klein@ct.gov

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

Date Signed: 08/27/2018

Information About Submission without Changes

After Part 1 is completed; including this screen, Recipient Performance screen, and Renewal Grant Consolidation screen, then Parts 2-6, are available for review as "Read-Only;" except for 3A, 7A and 7B which are mandatory for all projects to update. After project applicants finish reviewing all screens, they will be guided to a "Submissions without Changes" Screen. At this screen, if applicants decide no edits or updates are required to any screens other than the mandatory questions, they can submit without changes. However, if changes to the application are required, e-snaps allows applicants to open individual screens for editing, rather than the entire application. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Importantly, once an applicant makes those selections and clicks "Save" the applicant cannot uncheck those boxes.

If the project is a first-time renewal or selects "Fully Consolidated" on the Renewal Grants Consolidation screen, the "Submit Without Changes" function is not available, and applicants must input data into the application for all required fields relevant to the component type.

Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request? No

Explain why the APR for the most recently expired grant term related to this renewal project request has not been submitted.

This application is for a first time renewal of a grant expiring on 6/30/2019. The APR will be submitted within 90 days of the end of Year 1 of the award.

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request? No

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request? No

Explain why the recipient has not maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request.

Year 1 of this project began on 7/1/2018; therefore, the grant is still in its first quarter. We anticipate that Quarterly Drawdowns will be maintained consistently throughout the grant term.

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request? No

Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2018 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2019, as confirmed on the FY 2018 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

- 1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2018 CoC Program Competition?** No
If “No” click on “Next” or “Save & Next” below to move to the next screen.

2A. Project Subrecipients

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the  icon. To view or update subrecipient information already listed, select the view  option.

Total Expected Sub-Awards: \$276,674

Organization	Type	Type	Sub-Award Amount
Liberty Community Services	M. Nonprofit with 501C3 IRS Status		\$94,320
Friendship Service Center	M. Nonprofit with 501C3 IRS Status		\$69,168
Windham Regional Community Council	M. Nonprofit with 501C3 IRS Status		\$31,442
Mercy Housing and Shelter	M. Nonprofit with 501C3 IRS Status		\$81,744

2A. Project Subrecipients Detail

a. Organization Name: Liberty Community Services

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

c. Employer or Tax Identification Number: 22-2849124

	* d. Organizational DUNS:	789707692	PLUS 4	
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e. Physical Address

Street 1: 129 CHURCH ST SUITE 202

Street 2:

City: New Haven

State: Connecticut

Zip Code: 06510

f. Congressional District(s): CT-003
(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: \$94,320

j. Contact Person

Prefix: Ms.

First Name: Silvia

Middle Name:

Last Name: Moscariello

Suffix:
Title: Program Director
E-mail Address: Silvia.Moscariello@libertycs.org
Confirm E-mail Address: Silvia.Moscariello@libertycs.org
Phone Number: 203-497-2323
Extension:
Fax Number:

2A. Project Subrecipients Detail

a. Organization Name: Friendship Service Center

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

c. Employer or Tax Identification Number: 06-0871295

	* d. Organizational DUNS:	198805418	PLUS 4	
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e. Physical Address

Street 1: 85 Arch Street

Street 2:

City: New Britain

State: Connecticut

Zip Code: 06050-1896

f. Congressional District(s): CT-005
(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: \$69,168

j. Contact Person

Prefix: Ms.
First Name: Suzy
Middle Name:
Last Name: Rivera
Suffix:
Title: Finance and Human Resources Director
E-mail Address: SRivera@fsc-ct.org
Confirm E-mail Address: SRivera@fsc-ct.org
Phone Number: 860-225-0211
Extension: 208
Fax Number: 860-832-8903

2A. Project Subrecipients Detail

a. Organization Name: Windham Regional Community Council

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

c. Employer or Tax Identification Number: 06-0990205

	* d. Organizational DUNS:	108962757	PLUS 4
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e. Physical Address

Street 1: 872 Main Street
Street 2:
City: Willimantic
State: Connecticut
Zip Code: 06226

f. Congressional District(s): CT-002
(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: \$31,442

j. Contact Person

Prefix: Ms.

First Name: Kim

Middle Name:

Last Name: Jakowski

Suffix:

Title: Associate Director of Housing

E-mail Address: kim.jakowski@wrccinc.org

Confirm E-mail Address: kim.jakowski@wrccinc.org

Phone Number: 860-423-4534

Extension:

Fax Number:

2A. Project Subrecipients Detail

a. Organization Name: Mercy Housing and Shelter

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

c. Employer or Tax Identification Number: 06-1090211

	* d. Organizational DUNS:	198768772	PLUS 4	
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e. Physical Address

Street 1: 211 Wethersfield Ave.

Street 2:

City: Hartford

State: Connecticut

Zip Code: 06114

f. Congressional District(s): CT-001
(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: \$81,744

j. Contact Person

Prefix: Ms.

First Name: Judith

Middle Name:

Last Name: Gough

Suffix:

Title: Executive Director

E-mail Address: jgough@mercyhousingct.org

Confirm E-mail Address: jgough@mercyhousingct.org

Phone Number: 860-808-2028

Extension:

Fax Number:

3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: CT0306

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

2a. CoC Number and Name: CT-505 - Connecticut Balance of State CoC

2b. CoC Collaborative Applicant Name: Connecticut Department of Mental Health and Addiction Services

3. Project Name: Permanent Supportive Housing 1

4. Project Status: Standard

5. Component Type: PH

5a. Does the PH project provide PSH or RRH? PSH

6. Does this project use one or more properties that have been conveyed through the Title V process? No

7. Will this renewal project be part of a new application for a Renewal Expansion Grant? No

3B. Project Description

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

The project will provide PSH to 44 CH individuals w/the longest history of homelessness/most severe service needs, as identified on the prioritized By-Name List (BNL) in the Greater Hartford, Greater New Haven, Northeast & Central CT/New Britain Coordinated Access Areas (CAN). The project will serve 11 CH indiv in a single site proj in New Britain, Howey House, w/Friendship Service Center managing the property & providing supportive services. The project will also provide 33 scattered site units in the New Haven, Hartford, Willimantic areas w/Mercy Housing, Liberty Comm Services & WRCC providing the supportive services. CT DOH will contract John D'Amelia & Assoc. to administer RA. CH individuals will be living w/disabilities such as HIV/AIDS, MI, & SA. Youth will also be a focus. Some CH participants may also be survivors of DV & veterans ineligible for VASH. The subrecipients for the project, 4 highly experienced nonprofits, will provide client centered supportive services. There is a critical community need for PSH to serve CH persons in the region; in 2017 PIT, BOS had 339 sheltered & unsheltered CH individuals. Project will follow HUD Notice CPD-16-11 to prioritize serving CH persons w/the longest homeless hx & most severe service needs as indicated in the notice. The VI-SPDAT serves as the common assessment tool for determining severe service need. During intake process for scatter site units, staff work w/tenants to ID housing needs/preferences & locate a suitable unit. All tenants complete a full assessment w/in 30 days of entry & a service plan focused on ensuring tenants understand lease obligations, have income & are connected to needed services to address medical/behavioral health issues that may impede housing stability; reassessments/service plans are completed every 6 months. Primary goal of project is to maintain housing stability (targets: 95% of tenants remain in PSH or move to PH; 40% to increase income at exit or end of operating year). The project will rely on HUD funds to support activities that cannot be funded through mainstream sources. Outreach will be conducted by PATH staff, Housing Outreach Teams, & in all ES. Applicants come through 211 & 211 makes an appt w/ 1 of 8 CANS throughout the CoC. Communication between 211 & the local CAN is coordinated via statewide HMIS. A statewide By Name List housing registry, filtered by region, is kept in HMIS, which allows for sharing of clt info by sub-recipients. Subrecipients will work closely w/ DMHAS & the LMHAS to connect tenants to MH services & will make referrals to health centers, SA treatment, food pantries, transportation, employ, education & other services. Providers work to improve income & will connect tenants to CT Works, Labor Ready, American Job Centers. The Housing 1st approach for this project will provide housing quickly w/o barriers such as income, sobriety, or svc participation reqs then provide services once housed to meet tenancy obligations.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

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

Other:

3. Housing First

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

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

Having too little or little income	<input checked="" type="checkbox"/>
Active or history of substance use	<input checked="" type="checkbox"/>
Having a criminal record with exceptions for state-mandated restrictions	<input checked="" type="checkbox"/>
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

Failure to participate in supportive services	<input checked="" type="checkbox"/>
Failure to make progress on a service plan	<input checked="" type="checkbox"/>
Loss of income or failure to improve income	<input checked="" type="checkbox"/>
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

3d. Does the project follow a "Housing First" Yes

approach?

3C. Dedicated Plus

Dedicated and DedicatedPLUS

A “100% Dedicated” project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and families, according to NOFA Section III.3.b.

A “DedicatedPLUS” project is a permanent supportive housing project where 100% of the beds are dedicated to serve individuals with disabilities and families in which one adult or child has a disability, including unaccompanied homeless youth, that at a minimum, meet ONE of the following criteria according to NOFA Section III.3.d:

- (1) experiencing chronic homelessness as defined in 24 CFR 578.3;
- (2) residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project;
- (3) residing in a place not meant for human habitation, emergency shelter, or safe haven; but the individuals or families experiencing chronic homelessness as defined at 24 CFR 578.3 had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement;
- (4) residing in transitional housing funded by a joint TH and PH-RRH component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3 prior to entering the project;
- (5) residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions; or
- (6) receiving assistance through a Department of Veterans Affairs(VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

A renewal project where 100 percent of the beds are dedicated in their current grant as described in NOFA Section III.A.3.b. must either become DedicatedPLUS or remain 100% Dedicated. If a renewal project currently has 100 percent of its beds dedicated to chronically homeless individuals and families and elects to become a DedicatedPLUS project, the project will be required to adhere to all fair housing requirements at 24 CFR 578.93. Any beds that the applicant identifies in this application as being dedicated to chronically homeless individuals and families in a DedicatedPLUS project must continue to operate in accordance with Section III.A.3.b. Beds are identified on Screen 4B.

1. Indicate whether the project is "100% Dedicated", "DedicatedPLUS", or "N/A", according to the information provided above. 100% Dedicated

4A. Supportive Services for Participants

**1. For all supportive services available to participants, indicate who will provide them and how often they will be provided.
 Click 'Save' to update.**

Supportive Services	Provider	Frequency
Assessment of Service Needs	Subrecipient	Bi-weekly
Assistance with Moving Costs	Subrecipient	As needed
Case Management	Subrecipient	Bi-weekly
Child Care		
Education Services	Subrecipient	As needed
Employment Assistance and Job Training	Subrecipient	Monthly
Food	Subrecipient	Monthly
Housing Search and Counseling Services	Subrecipient	As needed
Legal Services	Non-Partner	As needed
Life Skills Training	Subrecipient	Monthly
Mental Health Services	Subrecipient	As needed
Outpatient Health Services	Subrecipient	As needed
Outreach Services	Subrecipient	As needed
Substance Abuse Treatment Services	Subrecipient	As needed
Transportation	Subrecipient	Bi-weekly
Utility Deposits	Subrecipient	As needed

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

2b. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

3. Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Yes

3a. 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: 44

Total Beds: 44

Total Dedicated CH Beds: 44

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...)	---	15	15
Clustered apartments	---	11	11
Scattered-site apartments (...)	---	5	5
Scattered-site apartments (...)	---	13	13

4B. Housing Type and Location Detail

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

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

a. Units: 15

b. Beds: 15

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 15

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

4. Address:

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

Street 1: 129 CHURCH ST SUITE 202

Street 2:

City: New Haven

State: Connecticut

ZIP Code: 06510

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

090726 New Haven

4B. Housing Type and Location Detail

1. Housing Type: Clustered apartments

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

- a. Units:** 11
- b. Beds:** 11

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 11

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: 85 Arch Street

Street 2:

City: New Britain

State: Connecticut

ZIP Code: 06050-1896

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

090696 New Britain

4B. Housing Type and Location Detail

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

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

- a. Units:** 5
- b. Beds:** 5

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

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:** 872 Main Street
- Street 2:**
- City:** Willimantic
- State:** Connecticut
- ZIP Code:** 06226

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

099015 Windham County

4B. Housing Type and Location Detail

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

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

- a. Units:** 13

b. Beds: 13

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 13

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: 211 Wethersfield Ave.

Street 2:

City: Hartford

State: Connecticut

ZIP Code: 06114

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

090492 Hartford

5A. Project 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		44		44

Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Adults over age 24		33		33
Adults ages 18-24		11		11
Accompanied Children under age 18				0
Unaccompanied Children under age 18				0
Total Persons	0	44	0	44

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

Persons in Households with at Least One Adult and One Child

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represent ed by listed subpopu lations
Adults over age 24										
Adults ages 18-24										
Children under age 18										
Total Persons	0	0	0	0	0	0	0	0	0	0

Persons in Households without Children

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represent ed by listed subpopu lations
Adults over age 24	31	2		16	2	15	3	3		
Adults ages 18-24	11			7	1	5				
Total Persons	42	2	0	23	3	20	3	3	0	0

Click Save to automatically calculate totals

Persons in Households with Only Children

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represent ed by listed subpopu lations
Accompanied Children under age 18										
Unaccompanied Children under age 18										
Total Persons	0			0	0	0	0	0	0	0

5C. Outreach for Participants

1. Enter the percentage of project participants that will be coming from each of the following locations.

50%	Directly from the street or other locations not meant for human habitation.
50%	Directly from emergency shelters.
	Directly from safe havens.
	Persons fleeing domestic violence.
100%	Total of above percentages

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: 1 Year
5. Select the costs for which funding is being requested:
- | | |
|---------------------|-------------------------------------|
| Leased Units | <input type="checkbox"/> |
| Leased Structures | <input type="checkbox"/> |
| Rental Assistance | <input checked="" type="checkbox"/> |
| Supportive Services | <input checked="" type="checkbox"/> |
| Operating | <input type="checkbox"/> |
| HMIS | <input type="checkbox"/> |

6C. Rental Assistance Budget

The following list summarizes the rental assistance funding request for the total term of the project. To add information to the list, select the icon. To view or update information already listed, select the icon.

Total Request for Grant Term:		\$519,888	
Total Units:		44	
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
PRA	CT - Hartford-West Hartford-East Hart...	11	\$128,172
TRA	CT - New Haven-Meriden, CT HUD Metro ...	15	\$196,740
TRA	CT - Windham County, CT HUD Metro FMR...	5	\$43,500
TRA	CT - Hartford-West Hartford-East Hart...	13	\$151,476

Rental Assistance Budget Detail

Type of Rental Assistance: PRA

Metropolitan or non-metropolitan fair market rent area: CT - Hartford-West Hartford-East Hartford, CT HUD Metro FMR Area (0900302060)

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? No

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	HUD Paid Rent (Applicant)		12 Months		Total Request (Applicant)
SRO		x	\$587	\$587	x	12	=	\$0
0 Bedroom		x	\$782	\$782	x	12	=	\$0
1 Bedroom	11	x	\$971	\$971	x	12	=	\$128,172
2 Bedrooms		x	\$1,212	\$1,212	x	12	=	\$0
3 Bedrooms		x	\$1,516	\$1,516	x	12	=	\$0
4 Bedrooms		x	\$1,707	\$1,707	x	12	=	\$0
5 Bedrooms		x	\$1,963	\$1,963	x	12	=	\$0
6 Bedrooms		x	\$2,219	\$2,219	x	12	=	\$0
7 Bedrooms		x	\$2,475	\$2,475	x	12	=	\$0
8 Bedrooms		x	\$2,731	\$2,731	x	12	=	\$0
9 Bedrooms		x	\$2,987	\$2,987	x	12	=	\$0
Total Units and Annual Assistance Requested	11							\$128,172
Grant Term								1 Year
Total Request for Grant Term								\$128,172

Click the 'Save' button to automatically calculate totals.

Are you requesting a 15 year renewal per section IV.B.3.b. This request is only available for PRA rental assistance projects and 1 year of funding according to the relevant section of the FY 2015 CoC Program Competition NOFA.

Rental Assistance Budget Detail

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: CT - New Haven-Meriden, CT HUD Metro FMR Area (0900904580)

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? No

Size of Units	# of Units (Applicant)	FMR Area (Applicant)	HUD Paid Rent (Applicant)	12 Months	Total Request (Applicant)
SRO	x	\$726	\$726	x	\$0
0 Bedroom	x	\$968	\$968	x	\$0
1 Bedroom	15	\$1,093	\$1,093	x	\$196,740
2 Bedrooms	x	\$1,325	\$1,325	x	\$0
3 Bedrooms	x	\$1,708	\$1,708	x	\$0
4 Bedrooms	x	\$2,013	\$2,013	x	\$0
5 Bedrooms	x	\$2,315	\$2,315	x	\$0
6 Bedrooms	x	\$2,617	\$2,617	x	\$0
7 Bedrooms	x	\$2,919	\$2,919	x	\$0
8 Bedrooms	x	\$3,221	\$3,221	x	\$0
9 Bedrooms	x	\$3,523	\$3,523	x	\$0
Total Units and Annual Assistance Requested	15				\$196,740
Grant Term					1 Year
Total Request for Grant Term					\$196,740

Click the 'Save' button to automatically calculate totals.

Rental Assistance Budget Detail

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: CT - Windham County, CT HUD Metro FMR Area (0901501430)

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? No

Size of Units	# of Units (Applicant)	FMR Area (Applicant)	HUD Paid Rent (Applicant)	12 Months	Total Request (Applicant)
SRO	x	\$499	\$499	x 12	= \$0
0 Bedroom	x	\$665	\$665	x 12	= \$0
1 Bedroom	5 x	\$725	\$725	x 12	= \$43,500
2 Bedrooms	x	\$939	\$939	x 12	= \$0
3 Bedrooms	x	\$1,175	\$1,175	x 12	= \$0
4 Bedrooms	x	\$1,294	\$1,294	x 12	= \$0
5 Bedrooms	x	\$1,488	\$1,488	x 12	= \$0
6 Bedrooms	x	\$1,682	\$1,682	x 12	= \$0
7 Bedrooms	x	\$1,876	\$1,876	x 12	= \$0
8 Bedrooms	x	\$2,070	\$2,070	x 12	= \$0
9 Bedrooms	x	\$2,265	\$2,265	x 12	= \$0
Total Units and Annual Assistance Requested	5				\$43,500
Grant Term					1 Year
Total Request for Grant Term					\$43,500

Click the 'Save' button to automatically calculate totals.

Rental Assistance Budget Detail

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: CT - Hartford-West Hartford-East Hartford, CT HUD Metro FMR Area (0900302060)

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? No

Size of Units	# of Units (Applicant)	FMR Area (Applicant)	HUD Paid Rent (Applicant)	12 Months	Total Request (Applicant)
SRO	x	\$587	\$587	x 12	= \$0
0 Bedroom	x	\$782	\$782	x 12	= \$0
1 Bedroom	13 x	\$971	\$971	x 12	= \$151,476
2 Bedrooms	x	\$1,212	\$1,212	x 12	= \$0
3 Bedrooms	x	\$1,516	\$1,516	x 12	= \$0
4 Bedrooms	x	\$1,707	\$1,707	x 12	= \$0

5 Bedrooms		x	\$1,963	\$1,963	x	12	=	\$0
6 Bedrooms		x	\$2,219	\$2,219	x	12	=	\$0
7 Bedrooms		x	\$2,475	\$2,475	x	12	=	\$0
8 Bedrooms		x	\$2,731	\$2,731	x	12	=	\$0
9 Bedrooms		x	\$2,987	\$2,987	x	12	=	\$0
Total Units and Annual Assistance Requested						13		\$151,476
Grant Term								1 Year
Total Request for Grant Term								\$151,476

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 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:	\$203,566
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$203,566

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	Connecticut Depar...	08/16/2018	\$203,566

Sources of Match Detail

1. Will this commitment be used towards Match? Yes

2. Type of Commitment: Cash

3. Type of Source: Government

4. Name the Source of the Commitment: Connecticut Department of Housing
(Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 08/16/2018

6. Value of Written Commitment: \$203,566

6E. Summary Budget

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	\$0
1b. Leased Structures	\$0
2. Rental Assistance	\$519,888
3. Supportive Services	\$241,912
4. Operating	\$0
5. HMIS	\$0
6. Sub-total Costs Requested	\$761,800
7. Admin (Up to 10%)	\$52,463
8. Total Assistance plus Admin Requested	\$814,263
9. Cash Match	\$203,566
10. In-Kind Match	\$0
11. Total Match	\$203,566
12. Total Budget	\$1,017,829

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	Nonprofit Documen...	08/23/2018
2) Other Attachmenbt	No	CT Department of ...	08/23/2018
3) Other Attachment	No		

Attachment Details

Document Description: Nonprofit Documentation

Attachment Details

Document Description: CT Department of Mental Health & Addiction
Services Match Letter

Attachment Details

Document Description:

7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

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

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

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

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

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

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

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

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

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

Additional for Rental Assistance Projects:

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

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

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

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

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

1-Year Operation Rule.

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

C. Explanation.

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

Name of Authorized Certifying Official Evonne Klein

Date: 08/27/2018

Title: Commissioner

Applicant Organization: Connecticut Department of Housing

PHA Number (For PHA Applicants Only):

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

X

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

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

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

Part 2 - Subrecipient Information	
2A. Subrecipients	<input checked="" type="checkbox"/>
Part 3 - Project Information	
3A. Project Detail	<input checked="" type="checkbox"/>
3B. Description	<input checked="" type="checkbox"/>
3C. Dedicated Plus	<input checked="" 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"/>
5C. Outreach	<input checked="" type="checkbox"/>
Part 6 - Budget Information	
6A. Funding Request	<input checked="" type="checkbox"/>
6C. Rental Assistance	<input checked="" type="checkbox"/>

6D. Match	<input checked="" type="checkbox"/>
6E. Summary Budget	<input checked="" type="checkbox"/>
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	<input checked="" type="checkbox"/>
7B. Certification	<input checked="" type="checkbox"/>

The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

This project is a first-time renewal. Per the 2018 CoC Renewal Project Application Detailed Instructions, the "Submit Without Changes" function is not available for first-time renewal projects.

- 3B – Project Description: John D’Amelia and Associates will serve as a DOH contractor to administer rental assistance.

- 6D – Match: Cash match amount has been updated.

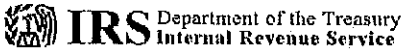
The applicant has selected "Make Changes". Once this screen is saved, the applicant will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	07/20/2018
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required

Renewal Project Application FY2018	Page 57	09/05/2018
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1D. SF-424 Congressional District(s)	07/23/2018
1E. SF-424 Compliance	07/20/2018
1F. SF-424 Declaration	07/20/2018
1G. HUD-2880	07/20/2018
1H. HUD-50070	07/20/2018
1I. Cert. Lobbying	07/20/2018
1J. SF-LLL	07/20/2018
Recipient Performance	08/23/2018
Renewal Grant Consolidation	07/23/2018
2A. Subrecipients	08/27/2018
3A. Project Detail	07/23/2018
3B. Description	08/23/2018
3C. Dedicated Plus	07/23/2018
4A. Services	07/23/2018
4B. Housing Type	07/23/2018
5A. Households	07/23/2018
5B. Subpopulations	No Input Required
5C. Outreach	07/23/2018
6A. Funding Request	07/23/2018
6C. Rental Assistance	07/23/2018
6D. Match	08/23/2018
6E. Summary Budget	No Input Required
7A. Attachment(s)	08/23/2018
7B. Certification	07/23/2018
Submission Without Changes	08/23/2018



Department of the Treasury
Internal Revenue Service

P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 0248164828
Sep. 01, 2016 LTR 4168C 0
06-0871295 000000 00

00020007

BODC: TE

FRIENDSHIP SERVICE CENTER OF NEW
BRITAIN INC
PO BOX 1896
NEW BRITAIN CT 06050



008454

Employer ID Number: 06-0871295
Form 990 required: Yes

Dear Taxpayer:

This is in response to your request dated Aug. 23, 2016, regarding your tax-exempt status.

We issued you a determination letter in February 1971, recognizing you as tax-exempt under Internal Revenue Code (IRC) Section 501(c)(3).

Our records also indicate you're not a private foundation as defined under IRC Section 509(a) because you're described in IRC Sections 509(a)(1) and 170(b)(1)(A)(vi).

Donors can deduct contributions they make to you as provided in IRC Section 170. You're also qualified to receive tax deductible bequests, legacies, devises, transfers, or gifts under IRC Sections 2055, 2106, and 2522.

In the heading of this letter, we indicated whether you must file an annual information return. If a return is required, you must file Form 990, 990-EZ, 990-N, or 990-PF by the 15th day of the fifth month after the end of your annual accounting period. IRC Section 6033(j) provides that, if you don't file a required annual information return or notice for three consecutive years, your exempt status will be automatically revoked on the filing due date of the third required return or notice.

For tax forms, instructions, and publications, visit www.irs.gov or call 1-800-TAX-FORM (1-800-829-3676).

If you have questions, call 1-877-829-5500 between 8 a.m. and 5 p.m., local time, Monday through Friday (Alaska and Hawaii follow Pacific Time).

0248164828
Sep. 01, 2016 LTR 4168C 0
06-0871295 000000 00
00020008

FRIENDSHIP SERVICE CENTER OF NEW
BRITAIN INC
PO BOX 1896
NEW BRITAIN CT 06050

Sincerely yours,



Kim A. Billups, Operations Manager
Accounts Management Operations 1

P. O. Box 2508
Cincinnati, OH 45201

Date: **MAY 23 2000**

Person to Contact:
John Kennedy 31-07297
Customer Service Representative
Toll Free Telephone Number:
8:00 a.m. to 9:30 p.m. EST
877-829-5500
Fax Number:
513-263-3758
Federal Identification Number:
22-2849124

Liberty Community Services, Inc.
Jo Jill Strawn
254 College St., Ste. 205
New Haven, CT 06510

Dear Madam:

This letter is in response to your organization's Certified Amended Articles of Incorporation, filed March 14, 2000, which reflects a name change. We have updated your organization's name in our records.

Our records indicate that a determination letter issued in November 1987 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.

Liberty Community Services, Inc.
22-2849124

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.

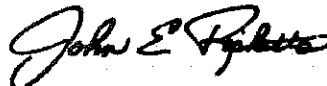
The law requires you to make your organization's annual return available for public inspection without charge for three years after the due date of the return. You are also required to make available for public inspection a copy of your organization's exemption application, any supporting documents and 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 CAS

Internal Revenue Service

Date: January 26, 2004

Mercy Housing & Shelter Corp.
211 Wethersfield Ave.
Hartford, CT 06114-1148

Department of the Treasury
P. O. Box 2508
Cincinnati, OH 45201

Person to Contact:
Gordon Schnur 31-07654
Customer Service Specialist
Toll Free Telephone Number:
8:00 a.m. to 8:30 p.m. EST
877-829-5500
Fax Number:
513-263-3756
Federal Identification Number:
06-1090211
Group Exemption Number:
0928

Dear Sir or Madam:

This is in response to your request of January 26, 2004 regarding your organization's tax-exempt status.

Our records indicate your organization is exempt under section 501(c)(3) of the Internal Revenue Code. Your organization is included in the group ruling issued to the United States Conference of Catholic Bishops, which is not a private foundation within the meaning of 509(a) of the Code because it is described in sections 509(a)(1) and 170(b)(1)(A)(i).

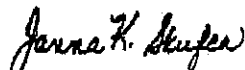
The United States Conference of Catholic Bishops is listed in Publication 78. Donors may deduct contributions to your organization under section 170 of the code.

As your organization is included in a group ruling, there is not an individual exemption letter for it. The group exemption letter applies to all of the subordinate organizations on whose behalf the United States Conference of Catholic Bishops has applied for recognition of exemption. If you want a copy of the group exemption letter, please contact your central organization.

If you are operating an educational organization that normally maintains a regular faculty and curriculum and normally has a regularly enrolled body of pupils or students in attendance at the place where its educational activities are regularly carried on, you are required to file Form 5578, *Annual Certification of Racial Nondiscrimination for a Private School Exempt From Federal Income Tax*. Form 5578 is due annually by the 15th day of the 5th month following the end of the organization's accounting period.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely,



Janna K. Skufca, Acting Director, TE/GE
Customer Account Services

RECEIVED OCT 09 2001

Internal Revenue Service

Department of the Treasury

P. O. Box 2508
Cincinnati, OH 45201

Date: October 3, 2001

Windham Regional Community Council, Inc.
872 Main St
Willimantic, CT 06226-2342

Person to Contact:
Michael Dutcher 31-07421
Customer Service Specialist
Toll Free Telephone Number:
8:00 a.m. to 9:30 p.m. EST
877-829-5500
Fax Number:
513-263-3756
Federal Identification Number:
06-0990205

Dear Sir:

This is in response to your letter dated September 19, 2001, informing us that your organization has been assigned two Employer Identification Numbers. The number listed in the heading of this letter is the number that your organization should use.

Our records indicate that a determination letter issued in February 1976 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.

Windham Regional Community Council
06-0990205

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



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

August 16, 2018

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

Dear Ms. Kabel:

The Department of Mental Health and Addiction Services will commit services to meet the service match requirement for the year 2018 Continuum of Care Department of Housing and Permanent Supportive Housing 1 new application to the U. S. Department of Housing and Urban Development. The following services will be made available: outreach, case management, vocational services, mental health services, and other healthcare services. These services will be provided for a period of one year from the date of funding and are valued at \$203,566.

Sincerely;

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

Alice Minervino
Director of Housing and Homeless Services
Connecticut Department of Mental Health and Addiction Services