

## 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 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 2018 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.
- New projects may only be submitted as either Reallocated or Permanent Supportive Housing Bonus Projects. These funding methods are determined in collaboration with local CoC and it is critical that applicants indicate the correct funding method. Project applicants must communicate with their CoC to make sure that the CoC submissions reflect the same funding method.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- HUD reserves the right to reduce or reject any new project that fails to adhere to (24 CFR part 578 and application requirements set forth in FY 2018 CoC Program Competition NOFA.

## 1A. SF-424 Application Type

**1. Type of Submission:**

**2. Type of Application:** New Project Application

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

**If "Other", specify:**

**3. Date Received:** 09/14/2018

**4. Applicant Identifier:**

**5a. Federal Entity Identifier:**

**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

	<b>c. Organizational DUNS:</b>	078847898	<b>PLUS 4:</b>	
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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

**Extension:**  
**Fax Number:** (860) 706-5741  
**Email:** [steve.dilella@ct.gov](mailto: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:** DOH CCADV BOS RRH project

**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  
(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:** 09/14/2018



# 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:** \$1,327,082.00

(Requested amounts will be automatically entered within applications)

**5. State the name and location (street address, City and State) of the project or activity.**

Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

**Part I Threshold Determinations**

**1. Are you applying for assistance for a specific project or activity?** Yes  
(For further information, see 24 CFR Sec. 4.3).

**2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9.** Yes

**Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds**

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
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	\$2,500,000.00	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

**Note: If additional sources of Government Assistance, please use the "Other Attachments" screen of the project applicant profile.**

**Part III Interested Parties**

You must disclose:

1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation	Financial Interest in Project/Activity (\$)	Financial Interest in Project/Activity (%)
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%

**Note: If there are no other people included, write NA in the boxes.**

**Certification**

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

I certify that 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:** 09/05/2017

# 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;	

### 2. Sites for Work Performance.

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

**I 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:** 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:** 09/14/2018

## **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:** 09/14/2018

# 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 Representative:** Considered signed upon submission in e-snaps.  
**Date Signed:** 09/14/2018

## 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: \$1,300,000**

Organization	Type	Sub-Award Amount
Connecticut Coalition Against Domestic Violence	M. Nonprofit with 501C3 IRS Status	\$361,456
AIDS CT	M. Nonprofit with 501C3 IRS Status	\$938,544

## 2A. Project Subrecipients Detail

**a. Organization Name:** Connecticut Coalition Against Domestic Violence

**b. Organization Type:** M. Nonprofit with 501C3 IRS Status  
**If "Other" specify:**

**c. Employer or Tax Identification Number:** 06-0985675

	<b>* d. Organizational DUNS:</b>	088978429	<b>PLUS 4:</b>	
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### e. Physical Address

**Street 1:** 912 Silas Deane Highway

**Street 2:**

**City:** Wethersfield

**State:** Connecticut

**Zip Code:** 06109

**f. Congressional District(s):** CT-005, CT-001, CT-002, CT-003, CT-004  
**(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:** \$361,456

### j. Contact Person

**Prefix:** Mrs.

**First Name:** Karen

**Middle Name:**

**Last Name:** Jarmoc  
**Suffix:**  
**Title:** CEO  
**E-mail Address:** kjarmoc@ctcadv.org  
**Confirm E-mail Address:** kjarmoc@ctcadv.org  
**Phone Number:** 860-282-7899  
**Extension:**  
**Fax Number:**

## 2A. Project Subrecipients Detail

**a. Organization Name:** AIDS CT

**b. Organization Type:** M. Nonprofit with 501C3 IRS Status  
**If "Other" specify:**

**c. Employer or Tax Identification Number:** 22-3014883

	<b>* d. Organizational DUNS:</b>	009779294	<b>PLUS 4:</b>	
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### e. Physical Address

**Street 1:** 110 Bartholomew Ave

**Street 2:**

**City:** Hartford

**State:** Connecticut

**Zip Code:** 06106

**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:** \$938,544

**j. Contact Person**

**Prefix:** Mr.

**First Name:** John

**Middle Name:**

**Last Name:** Merz

**Suffix:**

**Title:** Executive Director

**E-mail Address:** JMerz@aids-ct.org

**Confirm E-mail Address:** JMerz@aids-ct.org

**Phone Number:** 860-247-2437

**Extension:**

**Fax Number:**

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

### **1. Describe the experience of the applicant and potential subrecipients (if any), in effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations.**

CT Dept. of Housing (DOH) is the applicant for this RRH project & will be the grantee & fiscal manager. DOH is a lead state agency for housing in CT, managing over \$200 million a year, including HUD funds from CDBG, CDBGDR, HOME, Section 811, Section 8 HCV, VASH, ESG & HOPWA. DOH administers state programs, including ones that fund ES, RRH, PSH, HMIS, Coordinated Access, HIV/AIDS housing, a state run rental assistance program with over 1,000 units dedicated to homeless individuals. DOH manages the eight Coordinated Access Networks (CANS) in CT. During HUD's 2016 CoC Competition, DOH successfully obtained SSO funding to support the work of the CANS. DOH has strong financial accounting systems and robust organizational & management structures using internal & external coordination strategies to manage \$25 million in HUD funds annually & has internal & external controls to ensure financial transactions are accurate & compliant w/standard accounting protocols/HUD reqs. DOH has achieved: timely draw downs in LOCCS/submission of APRs, limited monitoring findings, timely resolution of findings, an overall spend down rate of apprx 90% & consistent track record of prompt apartment inspections & timely rent payment. DOH secures matching funds from SAMHSA, HOPWA, CT Dept. of Mental Health & Addiction Services (DMHAS), CT Housing Finance Agency (CHFA), Melville Charitable Trust & many other sources. The DOH Commissioner oversees all agency operations.

Sub-Recipient: Connecticut Coalition Against Domestic Violence (CCADV), established in 1978 - operates a \$13.3 million budget, which is 95% pass-through dollars to the state's designated domestic violence organizations. CCADV currently manages federal and state contracts for service delivery around emergency domestic violence shelters, transitional housing for victims of domestic violence, 24/7 hotline, legal advocacy in criminal and civil courts, medical advocacy, underserved/underrepresented populations, law enforcement, engaging men and boys, and community-based services, for example. CCADV manages 227 licensed shelter beds and 75 dv transitional housing beds through funding from the Department of Social Services. CCADV is responsible for the delivery of outcomes for all of these grants to include quarterly and annual financial and programmatic reporting of all data and narratives, statewide for domestic violence services. DV advocates all certified with competency in privacy, confidentiality, risk assessment and trauma-informed care. CCADV, with housing partners, has five-year collaboration around housing access to dv survivors to include cross-system training and technical assistance, data collection, COC collaboration and establishment of working protocols.

Subrecipient ACT has administered statewide DSS/Department of Housing

RRH funds - \$2,220,594 for 2009-12; \$4,383,843.36 in total for 2012-2017, assisting 1323 clients served in total. ACT also administers RRH for OFDC, CT's other CoC. ACT has a comprehensive Policy and Procedures manual along with regularly updated forms that have standardized this program.

**2. Describe the experience of the applicant and potential subrecipients (if any) in leveraging other Federal, State, local, and private sector funds.**

DOH is successful in leveraging state dollars to match its numerous fed programs to expand the effectiveness of programs by providing additional resources. DOH has created units of low income housing & PSH housing units to serve the most vulnerable. DOH collaborates with subrecipients, the Corporation for Supportive Housing (CSH), 10 state agencies, & priv. foundations to leverage resources for homeless housing projects statewide. DOH & subrecipients supplement HUD funds through tax credits & collaborations w/CHFA to leverage development dollars. In partnership with CSH, DOH has leveraged tax credits to create 334 PSH units. DOH collaborate w/ the CT Dept of Mental Health & Addiction Services to provide over \$17.5m of state funding for the provision of housing based case management services for the homeless in a PSH model. DOH has collaborated w/ state & priv. agencies to develop the CT Collaborative on Re-entry, which provides 100+ RA units & support services to homeless disabled individuals cycling between the criminal justice & homeless shelters w/high rates of incarceration. DOH w/ state & priv. partners has been part of the Social Innovation Fund program, providing 114 RA units & support services to indivs who are homeless, disabled & have high Medicaid costs. DOH leveraged approx \$11m to provide RA w/housing first model & over \$150m in state general obligation or 501c3 bonds through CHFA to provide capital funding for the production of 500+ units of single site PSH. DOH leveraged state funds to create 100 units of PSH for vets who are VASH ineligible & has become the 1st state to end CH veteran homelessness & to functionally end Vet Homelessness in part due to the ability of DOH to provide leveraged resources to expand on HUD funding. DOH funds the Coordinated Access Networks (CAN) thru state funding to provide staffing for CANs so CT can efficiently use resources to house the most vulnerable CH individuals. DOH & subrecipients have a long-standing partnership resulting in private funds for homeless projects through the Melville Charitable Trust.

CCADV, the sub-recipient, and CCADV DV Organizations, as contractors, have extensive experience w/ managing funds for leverage and/or match purposes. CCADV has been the recipient of fed funding through the Victims of Crime Act & Family Violence Prevention and Services Act, for 20+ years. VOCA requires match funding. CCADV applies non-fed funding through funds raised, volunteer hours & state awards to support two fed projects that exceed \$5m dollars. CCADV and its dv organizations are experienced securing funds through board development, community collaborations, grants & special events. CCADV dv Organizations annual budgets maintain an average of funds raised between 25%- 35%.

AIDS-CT also has significant experience leveraging federal, state, local ,and/or private resources and each has demonstrated a minimum of 150% leverage for all existing CoC projects.

**3. Describe the basic organization and management structure of the applicant and subrecipients (if any). Include evidence of internal and external coordination and an adequate financial accounting system.**

DOH is the CT's lead housing agency w/multi HUD contracts: CDBG, CDBG-DR, ESG, HOPWA, HOME & HCV. DOH has used internal/external strategies to manage \$25m+ in HUD funds & will use those structures to manage this project. DOH Commissioner oversees agency ops & the Dir. of the Indiv & Fam Support Prog Unit (DIFSP) reports to the Commissioner. The DIFSP manages CoC projects, ensures internal coord w/ staff working on CoC projects, & external coord w/subrecipients/LLDs/other external partners.

DOH's Fiscal Unit manages accounting/contracting/payment functions & a stand-alone auditing unit monitors contracts/payments ensuring funds are expended per HUD rules. The Lead Accountant reports to the DIFSP & is responsible for fiscal mgmt; LOCCS draw-downs; subrecipient contracting. DOH follows standard acctg procedures & has internal/external controls ensuring fin transactions are accurate & compliant w/ standard acctg protocols/HUD regs. DOH has achieved timely draw downs in LOCCS/submission of APRs; timely resolution of findings; overall spend down rate of approx. 90%; & timely rent payment. DOH will continue ensuring timely project start-up, prompt inspections, compliance w/all HUD requirements & subrecipient oversight.

CCADV supports state dv services w/ \$13.3m yrly funding. Admin of funds is led by a CEO, V.P. Finance & Admin (VPFA) & V.P. of Operations (VPO). The org's fin admin is managed by a Bd & fin committee. A project dir. will supervise case mgmt (CM) by dv agencies & work w/ statewide human trafficking, housing & dv systems on system training, TA & reporting. CCADV will contract w/ dv agencies for CM to assist clients w/ gaining & maintaining employ/benefits. CCADV's CEO reports to an 18-member Bd. Accounting is supervised by the VPFA - an experienced prof w/ 11+ yrs of public acctg w/ a national firm, specializing in fed/state funded nonprofits. The VPFA has managed fed/state grants for a health system, including grant compliance, reporting, expenditure tracking, & budgeting. Project funds will be recorded & monitored in a fin mgmt system w/ the ability to track separate revenue/expense cost centers. The system allows CCADV to use internal controls (Bd approved & audited annually) to safeguard agency & grant assets ensuring funds are used for authorized purposes. The VPFA prepares & reviews quarterly fin reports ensuring only grant approved expenses are charged to cost centers. All expenditures are authorized by the project dir., then by the CEO or VPO before disbursement. CEO, Dir. of Training & Prevention, & VPO have check signing authority. CEO reviews bank statement & reconciles. DV orgs are led by a Bd, ED & fin administrator. CCADV reviews annual audits.

ACT's fin mngmt segregates funding & RA funds using cost centers. The ED oversees operations & reports to a Bd that oversees fiscal ops, est strategic goals & review program outcomes. The Bd Treas works closely w/ a Dir of Fin to maintain & update internal controls.

**4a. Are there any unresolved monitoring or audit findings for any HUD grants(including ESG) operated by the applicant or potential** No



**subrecipients (if any)?**

### 3A. Project Detail

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

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

**2. Project Name:** DOH CCADV BOS RRH project

**3. Project Status:** Standard

**4. Component Type:** PH

**4a. Will the PH project provide PSH or RRH?** RRH

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

**6. Is this new project application requesting to transition from eligible renewal project(s) that were awarded to the same recipient and fully eliminated through reallocation in the FY 2018 CoC Program Competition? (Section II.B.2. and Section III.C.3.q. of the FY 2018 NOFA).** No

### 3B. Project Description

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

This project is a collaboration between CCADV, 18 dv orgs, & the state’s chief immigrant & refugee org to provide RRH RA, housing search & case mngmt (CM) to 134 fam units (268 people) annually to meet the needs of survivors of dv/human trafficking & their families. All will meet Cat 4 of the HUD homeless def. Homeless orgs (Journey Home, New London Homeless Hospitality Center, Columbus House) have housing search & inspection expertise. DV orgs provide CM & skilled advocacy to for unique needs. Advocates focus on assisting survivors to gain & maintain employ using models to increase finan literacy & econ stability. CIRI provides TA support on human trafficking. AIDS-CT administers RA. Current partnerships w/ Bank of America build econ empowerment among advocates, survivors & victims.

CCADV & CT Coalition to End Homelessness (CCEH) created national best practices for including survivors on a statewide By Name List (BNL) for housing resource prioritization. Families on the BNL are prioritized per CE’s prioritization protocols (HUD Notice CPD-16-11). Partners will convene 6 times/yr for cross system training that includes: peer monitoring, client evaluations/harm reduction & case review. CCADV OVW funded proj dir offers TA to engage issues of race, racism, equity, & inclusion. CCEH offers training webinars & live chats for advocates to support capacity bldg. & identify needs. CCEH & the Nat’l DV & Housing Consortium assist w/ policy briefs & TA.

The project uses a low barrier HF model. Staff review leases w/ a family & identify ongoing supports to ensure lease compliance. Services such as CM, life skills, benefits advocacy, employ, MH & addiction services, & tenancy skill building are provided by staff & community orgs. CM staff will work w/tenants to obtain & maintain (non)cash resources. Tenants will be connected to mainstream resources by assisting w/ application to CT Dept. Of Social Services’ SNAP/TANF & health insur options. DV CM can partner w/ SOAR trained orgs to help w/applying for SSI/D. Staff work w/local employment agencies such as Labor Ready, One Stops, Bur. of Rehab. Services, etc. Services are designed to assist families maintain PH & achieve housing stability. Outcomes: a) 90% exit to PH b) 80% housed w/in 30 days of program entry.

The CoC supports BOS DV RRH b/c it addresses the need to assist survivors & families of dv/trafficking obtain a lease, maintain PH, increase income & build life skills. PIT ’18 id’d 506 homeless adults (19% of adults) self-reported experiencing DV, sex assault, stalking. In CT BOS, dv shelters operate at 122% capacity. Lack of affordable, stable housing is #1 reason cited. The majority of families benefit from short-term RA & services only. Quickly offering RA & services is a vital part of the CoC’s strategy to end homelessness. The project leverages mainstream resources to stabilize PH & relies on CoC funding to support activities that are not funded thru other sources.

**2. For each primary project location or structure in the project, enter the number of days from the execution of the grant agreement that each of the following milestones will occur as related to CoC Program funds requested in this project application. If a milestone is not applicable, leave the associated fields blank. If the project has only one location or structure, or no structures, complete only column A. If multiple structures, complete one column for each structure.**

Note: To expend funds within statutorily required deadlines, project applicants must be able to begin assistance within 12 months of conditional award. The one exception is for applicants who are conditionally awarded sponsor-based and project-based rental assistance. These conditional award recipients will have 24 months to execute a grant agreement; however, HUD encourages all recipients conditionally awarded funds to begin assistance within 12 months. The estimated schedule should reflect these statutorily required deadlines.

Project Milestones	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement
	A	B	C	D
New project staff hired, or other project expenses begin?	30			
Participant enrollment in project begins?	60			
Participants begin to occupy leased units or structure(s), and supportive services begin?	90			
Leased or rental assistance units or structure, and supportive services near 100% capacity?	150			
Closing on purchase of land, structure(s), or execution of structure lease?				
Rehabilitation started?				
Rehabilitation completed?				
New construction started?				
New construction completed?				

**3. Will your project participate in a CoC Coordinated Entry Process?** Yes

**\* 4. Please identify the project's specific population focus.**

**(Select ALL that apply)**

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

**5. Housing First**

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

**b. 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"/>

**c. 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"/>

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

**6. If applicable, describe the proposed development activities and the responsibilities that the applicant and potential subrecipients (if any) will have in developing, operating, and maintaining the property.**

N/A. This project will provide RRH Rental Assistance & Supportive Services at scattered-site locations.

**7. Will participants be required to live in a particular structure, unit, or locality, at some point during the period of participation?** No

**8. Will more than 16 persons live in one structure?** No

### **3C. Project Expansion Information**

**1. Will the project use an existing homeless facility or incorporate activities provided by an existing project?** No

## 4A. Supportive Services for Participants

1. Applicants requesting funds to provide housing or services to children and youth, with or without families, must establish policies and practices that are consistent with and do not restrict the exercise of rights provided by subtitle B of title VII of the McKinney-Vento Act (42 U.S.C. 11431, et seq.), and other laws (e.g. Head Start, part C of the Individuals with Disabilities Education Act) relating to the provision of educational and related services to individuals and families experiencing homelessness. Projects serving households with children or youth must have a staff person that is designated to ensure children or youth are enrolled in school and connected to the appropriate services within the community. Reminder: failure to comply with federal education assurances may result in Federal sanctions and significantly reduce the likelihood of receiving funding through the CoC Program Competition.

**Please check the box that you acknowledge you will be required to meet the above requirements if you have any qualifying participants.**

### 2. Describe how participants will be assisted to obtain and remain in permanent housing.

Units will be identified and rent reasonableness managed by the housing locators (Journey Homes, New London Homeless Hospitality, Columbus House). Case management by the dv providers, involves advocacy to understand the health and behavioral health needs of clients while working with community-based health and behavioral health providers to address challenges, to include substance use. Annual trauma-informed training and systemic advocacy is mandated for dv providers, and trauma-informed advocacy is provided to dv survivors as a best practice. All dv advocates offer support to clients around economic empowerment. Advocates are trained to impart strategies to dv survivors from an evidence-base through such models as; "Your Money. Your Goals," a project which matches financial coaches with provider organizations to work with survivors for 3-6 months as well as "Rise and Thrive," a grant funded project which offers on-site child care, job coaching, resume writing and financial management.

### 3. Describe specifically how participants will be assisted both to increase their employment and/or income and to maximize their ability to live independently.

Participants will receive ongoing counseling and support case management through local dv organizations. These organizations have an established practice of working collaboratively within communities around access to employment, child care, healthcare and mainstream benefits. This project involves a partnership with Bank of America in regard to it's "Better Money Habits," curricula to also be supported by job coaching, mentoring, and resume

writing that occurs through the advocacy and case management work within domestic violence organizations. Access to SSI/SSDI is a function of domestic violence organizations with training, technical assistance and oversight by CCADV's Director of Health Professional Outreach.

**4. 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	Daily
Assistance with Moving Costs	Subrecipient	As needed
Case Management	Subrecipient	Daily
Child Care	Partner	As needed
Education Services	Non-Partner	Bi-monthly
Employment Assistance and Job Training	Partner	Weekly
Food	Partner	Daily
Housing Search and Counseling Services	Subrecipient	Daily
Legal Services	Partner	Daily
Life Skills Training	Partner	Daily
Mental Health Services	Partner	Monthly
Outpatient Health Services	Partner	As needed
Outreach Services	Partner	Daily
Substance Abuse Treatment Services	Partner	Monthly
Transportation	Partner	Daily
Utility Deposits	Subrecipient	As needed

**5. Please identify whether the project will include the following activities:**

**5a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs?** Yes

**5b. Regular follow-ups with participants to ensure mainstream benefits are received and renewed?** Yes



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

**6a. Has the staff person providing the** Yes



**technical assistance completed SOAR  
training in the past 24 months.**

## 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:** 67

**Total Beds:** 134

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...)	---	67	134

## 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:** 67

**b. Beds:** 134

### 3. 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:** 505 Hudson Street

**Street 2:**

**City:** Hartford

**State:** Connecticut

**ZIP Code:** 06106

**\*4. Select the geographic area(s) associated with the address. For new projects, select the area(s) expected to be covered.  
(for multiple selections hold CTRL key)**

090114 Bristol, 099007 Middlesex County, 099009 New Haven County, 091194 Waterbury, 091230 West Hartford, 091236 West Haven, 099005 Litchfield County, 099013 Tolland County, 090594 Manchester, 099003 Hartford County, 090630 Middletown, 099011 New London County, 090612 Meriden, 090696 New Britain, 090726 New Haven, 090336 East Hartford, 090636 Milford Town, 090258 Danbury, 090738 New London, 090480 Hamden Town, 099015 Windham County, 090492 Hartford, 090816 Norwich

## 5A. Project Participants - Households

**Households Table**

	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
<b>Number of Households</b>	67			67
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
<b>Adults over age 24</b>	53			53
<b>Adults ages 18-24</b>	14			14
<b>Accompanied Children under age 18</b>	67			67
<b>Unaccompanied Children under age 18</b>				0
<b>Total Persons</b>	134	0	0	134

**Click Save to automatically calculate totals**

## 5B. Project Participants - Subpopulations

### Persons in Households with at Least One Adult and One Child

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24							53			
Adults ages 18-24							14			
Children under age 18							33			34
<b>Total Persons</b>	0	0	0	0	0	0	100	0	0	34

Click Save to automatically calculate totals

### Persons in Households without Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24										
Adults ages 18-24										
<b>Total Persons</b>	0	0	0	0	0	0	0	0	0	0

### Persons in Households with Only Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Accompanied Children under age 18										
Unaccompanied Children under age 18										
<b>Total Persons</b>	0				0	0	0	0	0	0

#### Describe the unlisted subpopulations referred to above:

The unlisted populations are minor children who are part of a household who may not have experienced domestic violence or human trafficking. These children may have been living in safe environments while the head of household

was fleeing or attempting to flee situations of domestic violence or human trafficking.

## 5C. Outreach for Participants

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

	Directly from the street or other locations not meant for human habitation.
	Directly from emergency shelters.
	Directly from safe havens.
100%	Persons fleeing domestic violence.
	Directly from transitional housing eliminated in a previous CoC Program Competition.
	Directly from the TH Portion of a Joint TH and PH-RRH Component project.
	Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program (Eligible for JOINT projects if from TH or Emergency Shelters).
100%	Total of above percentages

**2. Describe the outreach plan to bring these homeless participants into the project.**

Given that Connecticut’s domestic violence shelters operate at a documented 122% capacity there is an understanding that fulfilling the need for housing stability will not be a challenge. In FY '18, 519 households were served in DV shelter and transitional housing projects in the CoC region. CCADV’s annual needs assessment indicates that victims are staying longer in shelter (46 day average) due to their complex needs around safety and trauma, as well as the lack of available housing. The need is going to outweigh the available resources. Having said this, CCADV, in collaboration with dv organizations, CIRI and its housing partners will coordinate outreach to domestic violence and human trafficking survivors within community-based networks to heighten the public understanding of this new opportunity for housing resources. The project will serve clients from the BNL for housing resources, according to CoC's and local Coordinated Access Network's existing prioritization protocols. CCADV has a proven track record in providing assistance with housing locations - over 6,000 survivors were assisted in FY '18.

## 6A. Funding Request

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

**2. What type of CoC funding is this project applying for in the 2018 CoC Competition?** DV Bonus

**Only RRH, SSO and JOINT component types can apply for this funding**

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

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

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

<b>Rental Assistance</b>	<input checked="" type="checkbox"/>
<b>Supportive Services</b>	<input checked="" type="checkbox"/>
<b>HMIS</b>	<input type="checkbox"/>



## 6E. 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.**

<b>Total Request for Grant Term:</b>			\$938,544
<b>Total Units:</b>			67
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	CT - Danbury, CT HUD Metro FMR Area (...)	8	\$132,192
TRA	CT - Hartford-West Hartford-East Hart...	7	\$101,808
TRA	CT - Litchfield County, CT (0900502760)	7	\$91,980
TRA	CT - Southern Middlesex County, CT HU...	8	\$131,232
TRA	CT - Milford-Ansonia-Seymour, CT HUD ...	7	\$87,864
TRA	CT - New Haven-Meriden, CT HUD Metro ...	7	\$111,300
TRA	CT - Waterbury, CT HUD Metro FMR Area...	8	\$95,424
TRA	CT - Colchester-Lebanon, CT HUD Metro...	7	\$96,600
TRA	CT - Windham County, CT HUD Metro FMR...	8	\$90,144

## Rental Assistance Budget Detail

**Instructions:**

Type of Rental Assistance: Select the applicable type of rental assistance from the dropdown menu. Options include tenant-based (TRA), sponsor-based (SRA), and project-based assistance (PRA). Each type has unique requirements and applicants should refer to the 24 CFR 578.51 before making a selection.

Metropolitan or non-metropolitan fair market rent area: This is a required field. Select the FY 2016 FMR area in which the project is located. The list is sorted by state abbreviation. The selected FMR area will be used to populate the rents in the chart below.

Size of Units: These options are system generated. Unit size is defined by the number of distinct bedrooms and not by the number of distinct beds.

# of units: This is a required field. For each unit size, enter the number of units for which funding is being requested.

FMR: These fields are populated with the FY 2016 FMR amounts based on the FMR area selected by the applicant. The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>.

12 Months: These fields are populated with the value 12 to calculate the annual rent request.

Total Request: This column populates with the total calculated amount from each row based on the number of units multiplied by the corresponding FMR and by 12 months.

Total Units and Annual Assistance Requested: The fields in this row are automatically calculated based on the total number of units and the sum of the total requests per unit size per year.

Grant Term: This field is populated based on the grant term selected on Screen "6A. Funding Request" and will be read only.

Total Request for Grant Term: This field is automatically calculated based on the total annual assistance requested multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the HUD Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

**Type of Rental Assistance:** TRA

**Metropolitan or non-metropolitan fair market rent area:** CT - Danbury, CT HUD Metro FMR Area (0900104720)

Size of Units	# of Units (Applicant)		FMR Area (Applicant)		12 Months		Total Request (Applicant)
SRO		x	\$666	x	12	=	\$0
0 Bedroom		x	\$888	x	12	=	\$0
1 Bedroom		x	\$1,103	x	12	=	\$0

<b>2 Bedrooms</b>	8	x	\$1,377	x	12	=	\$132,192
<b>3 Bedrooms</b>		x	\$1,723	x	12	=	\$0
<b>4 Bedrooms</b>		x	\$2,161	x	12	=	\$0
<b>5 Bedrooms</b>		x	\$2,485	x	12	=	\$0
<b>6 Bedrooms</b>		x	\$2,809	x	12	=	\$0
<b>7 Bedrooms</b>		x	\$3,133	x	12	=	\$0
<b>8 Bedrooms</b>		x	\$3,458	x	12	=	\$0
<b>9 Bedrooms</b>		x	\$3,782	x	12	=	\$0
<b>Total Units and Annual Assistance Requested</b>	8						\$132,192
<b>Grant Term</b>							1 Year
<b>Total Request for Grant Term</b>							\$132,192

**Click the 'Save' button to automatically calculate totals.**

## Rental Assistance Budget Detail

### Instructions:

**Type of Rental Assistance:** Select the applicable type of rental assistance from the dropdown menu. Options include tenant-based (TRA), sponsor-based (SRA), and project-based assistance (PRA). Each type has unique requirements and applicants should refer to the 24 CFR 578.51 before making a selection.

**Metropolitan or non-metropolitan fair market rent area:** This is a required field. Select the FY 2016 FMR area in which the project is located. The list is sorted by state abbreviation. The selected FMR area will be used to populate the rents in the chart below.

**Size of Units:** These options are system generated. Unit size is defined by the number of distinct bedrooms and not by the number of distinct beds.

**# of units:** This is a required field. For each unit size, enter the number of units for which funding is being requested.

**FMR:** These fields are populated with the FY 2016 FMR amounts based on the FMR area selected by the applicant. The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>.

**12 Months:** These fields are populated with the value 12 to calculate the annual rent request.

**Total Request:** This column populates with the total calculated amount from each row based on the number of units multiplied by the corresponding FMR and by 12 months.

**Total Units and Annual Assistance Requested:** The fields in this row are automatically calculated based on the total number of units and the sum of the total requests per unit size per year.

**Grant Term:** This field is populated based on the grant term selected on Screen "6A. Funding Request" and will be read only.

**Total Request for Grant Term:** This field is automatically calculated based on the total annual

assistance requested multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the HUD Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

**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)

Size of Units	# of Units (Applicant)		FMR Area (Applicant)		12 Months		Total Request (Applicant)
SRO		x	\$587	x	12	=	\$0
0 Bedroom		x	\$782	x	12	=	\$0
1 Bedroom		x	\$971	x	12	=	\$0
2 Bedrooms	7	x	\$1,212	x	12	=	\$101,808
3 Bedrooms		x	\$1,516	x	12	=	\$0
4 Bedrooms		x	\$1,707	x	12	=	\$0
5 Bedrooms		x	\$1,963	x	12	=	\$0
6 Bedrooms		x	\$2,219	x	12	=	\$0
7 Bedrooms		x	\$2,475	x	12	=	\$0
8 Bedrooms		x	\$2,731	x	12	=	\$0
9 Bedrooms		x	\$2,987	x	12	=	\$0
<b>Total Units and Annual Assistance Requested</b>	7						\$101,808
<b>Grant Term</b>							1 Year
<b>Total Request for Grant Term</b>							\$101,808

Click the 'Save' button to automatically calculate totals.

## Rental Assistance Budget Detail

### Instructions:

Type of Rental Assistance: Select the applicable type of rental assistance from the dropdown menu. Options include tenant-based (TRA), sponsor-based (SRA), and project-based assistance (PRA). Each type has unique requirements and applicants should refer to the 24 CFR 578.51 before making a selection.

Metropolitan or non-metropolitan fair market rent area: This is a required field. Select the FY 2016 FMR area in which the project is located. The list is sorted by state abbreviation. The

selected FMR area will be used to populate the rents in the chart below.

**Size of Units:** These options are system generated. Unit size is defined by the number of distinct bedrooms and not by the number of distinct beds.

**# of units:** This is a required field. For each unit size, enter the number of units for which funding is being requested.

**FMR:** These fields are populated with the FY 2016 FMR amounts based on the FMR area selected by the applicant. The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>.

**12 Months:** These fields are populated with the value 12 to calculate the annual rent request.

**Total Request:** This column populates with the total calculated amount from each row based on the number of units multiplied by the corresponding FMR and by 12 months.

**Total Units and Annual Assistance Requested:** The fields in this row are automatically calculated based on the total number of units and the sum of the total requests per unit size per year.

**Grant Term:** This field is populated based on the grant term selected on Screen "6A. Funding Request" and will be read only.

**Total Request for Grant Term:** This field is automatically calculated based on the total annual assistance requested multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the HUD Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

**Type of Rental Assistance: TRA**

**Metropolitan or non-metropolitan CT - Litchfield County, CT (0900502760)  
 fair market rent area:**

Size of Units	# of Units (Applicant)		FMR Area (Applicant)		12 Months		Total Request (Applicant)
SRO		x	\$521	x	12	=	\$0
0 Bedroom		x	\$695	x	12	=	\$0
1 Bedroom		x	\$868	x	12	=	\$0
2 Bedrooms	7	x	\$1,095	x	12	=	\$91,980
3 Bedrooms		x	\$1,400	x	12	=	\$0
4 Bedrooms		x	\$1,509	x	12	=	\$0
5 Bedrooms		x	\$1,735	x	12	=	\$0
6 Bedrooms		x	\$1,962	x	12	=	\$0
7 Bedrooms		x	\$2,188	x	12	=	\$0
8 Bedrooms		x	\$2,414	x	12	=	\$0
9 Bedrooms		x	\$2,641	x	12	=	\$0
<b>Total Units and Annual Assistance Requested</b>	7						\$91,980
<b>Grant Term</b>							1 Year

Total Request for Grant Term
------------------------------

\$91,980
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Click the 'Save' button to automatically calculate totals.

## Rental Assistance Budget Detail

### Instructions:

Type of Rental Assistance: Select the applicable type of rental assistance from the dropdown menu. Options include tenant-based (TRA), sponsor-based (SRA), and project-based assistance (PRA). Each type has unique requirements and applicants should refer to the 24 CFR 578.51 before making a selection.

Metropolitan or non-metropolitan fair market rent area: This is a required field. Select the FY 2016 FMR area in which the project is located. The list is sorted by state abbreviation. The selected FMR area will be used to populate the rents in the chart below.

Size of Units: These options are system generated. Unit size is defined by the number of distinct bedrooms and not by the number of distinct beds.

# of units: This is a required field. For each unit size, enter the number of units for which funding is being requested.

FMR: These fields are populated with the FY 2016 FMR amounts based on the FMR area selected by the applicant. The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>.

12 Months: These fields are populated with the value 12 to calculate the annual rent request.

Total Request: This column populates with the total calculated amount from each row based on the number of units multiplied by the corresponding FMR and by 12 months.

Total Units and Annual Assistance Requested: The fields in this row are automatically calculated based on the total number of units and the sum of the total requests per unit size per year.

Grant Term: This field is populated based on the grant term selected on Screen "6A. Funding Request" and will be read only.

Total Request for Grant Term: This field is automatically calculated based on the total annual assistance requested multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the HUD Exchange: <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: CT - Southern Middlesex County, CT HUD Metro FMR Area (0900715350)

Size of Units	# of Units (Applicant)		FMR Area (Applicant)		12 Months		Total Request (Applicant)
SRO		x	\$665	x	12	=	\$0
0 Bedroom		x	\$886	x	12	=	\$0
1 Bedroom		x	\$1,029	x	12	=	\$0
2 Bedrooms	8	x	\$1,367	x	12	=	\$131,232
3 Bedrooms		x	\$1,990	x	12	=	\$0
4 Bedrooms		x	\$2,051	x	12	=	\$0
5 Bedrooms		x	\$2,359	x	12	=	\$0
6 Bedrooms		x	\$2,666	x	12	=	\$0
7 Bedrooms		x	\$2,974	x	12	=	\$0
8 Bedrooms		x	\$3,282	x	12	=	\$0
9 Bedrooms		x	\$3,589	x	12	=	\$0
<b>Total Units and Annual Assistance Requested</b>	8						\$131,232
<b>Grant Term</b>							1 Year
<b>Total Request for Grant Term</b>							\$131,232

Click the 'Save' button to automatically calculate totals.

## Rental Assistance Budget Detail

### Instructions:

Type of Rental Assistance: Select the applicable type of rental assistance from the dropdown menu. Options include tenant-based (TRA), sponsor-based (SRA), and project-based assistance (PRA). Each type has unique requirements and applicants should refer to the 24 CFR 578.51 before making a selection.

Metropolitan or non-metropolitan fair market rent area: This is a required field. Select the FY 2016 FMR area in which the project is located. The list is sorted by state abbreviation. The selected FMR area will be used to populate the rents in the chart below.

Size of Units: These options are system generated. Unit size is defined by the number of distinct bedrooms and not by the number of distinct beds.

# of units: This is a required field. For each unit size, enter the number of units for which funding is being requested.

FMR: These fields are populated with the FY 2016 FMR amounts based on the FMR area selected by the applicant. The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>.

12 Months: These fields are populated with the value 12 to calculate the annual rent request.

Total Request: This column populates with the total calculated amount from each row based on the number of units multiplied by the corresponding FMR and by 12 months.

Total Units and Annual Assistance Requested: The fields in this row are automatically calculated based on the total number of units and the sum of the total requests per unit size per year.

Grant Term: This field is populated based on the grant term selected on Screen "6A. Funding Request" and will be read only.

Total Request for Grant Term: This field is automatically calculated based on the total annual assistance requested multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the HUD Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

**Type of Rental Assistance: TRA**

**Metropolitan or non-metropolitan fair market rent area:** CT - Milford-Ansonia-Seymour, CT HUD Metro FMR Area (0900901220)

Size of Units	# of Units (Applicant)		FMR Area (Applicant)		12 Months		Total Request (Applicant)
SRO		x	\$740	x	12	=	\$0
0 Bedroom		x	\$986	x	12	=	\$0
1 Bedroom	7	x	\$1,046	x	12	=	\$87,864
2 Bedrooms		x	\$1,295	x	12	=	\$0
3 Bedrooms		x	\$1,620	x	12	=	\$0
4 Bedrooms		x	\$1,897	x	12	=	\$0
5 Bedrooms		x	\$2,182	x	12	=	\$0
6 Bedrooms		x	\$2,466	x	12	=	\$0
7 Bedrooms		x	\$2,751	x	12	=	\$0
8 Bedrooms		x	\$3,035	x	12	=	\$0
9 Bedrooms		x	\$3,320	x	12	=	\$0
<b>Total Units and Annual Assistance Requested</b>	7						\$87,864
<b>Grant Term</b>							1 Year
<b>Total Request for Grant Term</b>							\$87,864

Click the 'Save' button to automatically calculate totals.

**Rental Assistance Budget Detail**



**Instructions:**

Type of Rental Assistance: Select the applicable type of rental assistance from the dropdown menu. Options include tenant-based (TRA), sponsor-based (SRA), and project-based assistance (PRA). Each type has unique requirements and applicants should refer to the 24 CFR 578.51 before making a selection.

Metropolitan or non-metropolitan fair market rent area: This is a required field. Select the FY 2016 FMR area in which the project is located. The list is sorted by state abbreviation. The selected FMR area will be used to populate the rents in the chart below.

Size of Units: These options are system generated. Unit size is defined by the number of distinct bedrooms and not by the number of distinct beds.

# of units: This is a required field. For each unit size, enter the number of units for which funding is being requested.

FMR: These fields are populated with the FY 2016 FMR amounts based on the FMR area selected by the applicant. The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>.

12 Months: These fields are populated with the value 12 to calculate the annual rent request.

Total Request: This column populates with the total calculated amount from each row based on the number of units multiplied by the corresponding FMR and by 12 months.

Total Units and Annual Assistance Requested: The fields in this row are automatically calculated based on the total number of units and the sum of the total requests per unit size per year.

Grant Term: This field is populated based on the grant term selected on Screen "6A. Funding Request" and will be read only.

Total Request for Grant Term: This field is automatically calculated based on the total annual assistance requested multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the HUD Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

**Type of Rental Assistance:** TRA

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

Size of Units	# of Units (Applicant)		FMR Area (Applicant)		12 Months		Total Request (Applicant)
SRO		x	\$726	x	12	=	\$0
0 Bedroom		x	\$968	x	12	=	\$0
1 Bedroom		x	\$1,093	x	12	=	\$0
2 Bedrooms	7	x	\$1,325	x	12	=	\$111,300
3 Bedrooms		x	\$1,708	x	12	=	\$0
4 Bedrooms		x	\$2,013	x	12	=	\$0
5 Bedrooms		x	\$2,315	x	12	=	\$0

6 Bedrooms		x	\$2,617	x	12	=	\$0
7 Bedrooms		x	\$2,919	x	12	=	\$0
8 Bedrooms		x	\$3,221	x	12	=	\$0
9 Bedrooms		x	\$3,523	x	12	=	\$0
<b>Total Units and Annual Assistance Requested</b>	7						\$111,300
<b>Grant Term</b>							1 Year
<b>Total Request for Grant Term</b>							\$111,300

**Click the 'Save' button to automatically calculate totals.**

## Rental Assistance Budget Detail

### Instructions:

**Type of Rental Assistance:** Select the applicable type of rental assistance from the dropdown menu. Options include tenant-based (TRA), sponsor-based (SRA), and project-based assistance (PRA). Each type has unique requirements and applicants should refer to the 24 CFR 578.51 before making a selection.

**Metropolitan or non-metropolitan fair market rent area:** This is a required field. Select the FY 2016 FMR area in which the project is located. The list is sorted by state abbreviation. The selected FMR area will be used to populate the rents in the chart below.

**Size of Units:** These options are system generated. Unit size is defined by the number of distinct bedrooms and not by the number of distinct beds.

**# of units:** This is a required field. For each unit size, enter the number of units for which funding is being requested.

**FMR:** These fields are populated with the FY 2016 FMR amounts based on the FMR area selected by the applicant. The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>.

**12 Months:** These fields are populated with the value 12 to calculate the annual rent request.

**Total Request:** This column populates with the total calculated amount from each row based on the number of units multiplied by the corresponding FMR and by 12 months.

**Total Units and Annual Assistance Requested:** The fields in this row are automatically calculated based on the total number of units and the sum of the total requests per unit size per year.

**Grant Term:** This field is populated based on the grant term selected on Screen "6A. Funding Request" and will be read only.

**Total Request for Grant Term:** This field is automatically calculated based on the total annual assistance requested multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the HUD Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

**Type of Rental Assistance:** TRA

**Metropolitan or non-metropolitan fair market rent area:** CT - Waterbury, CT HUD Metro FMR Area (0900946940)

Size of Units	# of Units (Applicant)		FMR Area (Applicant)		12 Months		Total Request (Applicant)
SRO		x	\$473	x	12	=	\$0
0 Bedroom		x	\$631	x	12	=	\$0
1 Bedroom		x	\$801	x	12	=	\$0
2 Bedrooms	8	x	\$994	x	12	=	\$95,424
3 Bedrooms		x	\$1,244	x	12	=	\$0
4 Bedrooms		x	\$1,394	x	12	=	\$0
5 Bedrooms		x	\$1,603	x	12	=	\$0
6 Bedrooms		x	\$1,812	x	12	=	\$0
7 Bedrooms		x	\$2,021	x	12	=	\$0
8 Bedrooms		x	\$2,230	x	12	=	\$0
9 Bedrooms		x	\$2,440	x	12	=	\$0
<b>Total Units and Annual Assistance Requested</b>	8						\$95,424
<b>Grant Term</b>							1 Year
<b>Total Request for Grant Term</b>							\$95,424

Click the 'Save' button to automatically calculate totals.

## Rental Assistance Budget Detail

### Instructions:

Type of Rental Assistance: Select the applicable type of rental assistance from the dropdown menu. Options include tenant-based (TRA), sponsor-based (SRA), and project-based assistance (PRA). Each type has unique requirements and applicants should refer to the 24 CFR 578.51 before making a selection.

Metropolitan or non-metropolitan fair market rent area: This is a required field. Select the FY 2016 FMR area in which the project is located. The list is sorted by state abbreviation. The selected FMR area will be used to populate the rents in the chart below.

Size of Units: These options are system generated. Unit size is defined by the number of distinct bedrooms and not by the number of distinct beds.

# of units: This is a required field. For each unit size, enter the number of units for which funding is being requested.

FMR: These fields are populated with the FY 2016 FMR amounts based on the FMR area selected by the applicant. The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>.

12 Months: These fields are populated with the value 12 to calculate the annual rent request.

Total Request: This column populates with the total calculated amount from each row based on the number of units multiplied by the corresponding FMR and by 12 months.

Total Units and Annual Assistance Requested: The fields in this row are automatically calculated based on the total number of units and the sum of the total requests per unit size per year.

Grant Term: This field is populated based on the grant term selected on Screen "6A. Funding Request" and will be read only.

Total Request for Grant Term: This field is automatically calculated based on the total annual assistance requested multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the HUD Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

**Type of Rental Assistance: TRA**

**Metropolitan or non-metropolitan fair market rent area: CT - Colchester-Lebanon, CT HUD Metro FMR Area (0901115910)**

Size of Units	# of Units (Applicant)	FMR Area (Applicant)	12 Months	Total Request (Applicant)
SRO	x	\$607	x 12	= \$0
0 Bedroom	x	\$809	x 12	= \$0
1 Bedroom	x	\$865	x 12	= \$0
2 Bedrooms	7 x	\$1,150	x 12	= \$96,600
3 Bedrooms	x	\$1,452	x 12	= \$0
4 Bedrooms	x	\$1,699	x 12	= \$0
5 Bedrooms	x	\$1,954	x 12	= \$0
6 Bedrooms	x	\$2,209	x 12	= \$0
7 Bedrooms	x	\$2,464	x 12	= \$0
8 Bedrooms	x	\$2,718	x 12	= \$0
9 Bedrooms	x	\$2,973	x 12	= \$0
<b>Total Units and Annual Assistance Requested</b>	7			\$96,600
<b>Grant Term</b>				1 Year
<b>Total Request for Grant Term</b>				\$96,600

**Click the 'Save' button to automatically calculate totals.**

## Rental Assistance Budget Detail

**Instructions:**

**Type of Rental Assistance:** Select the applicable type of rental assistance from the dropdown menu. Options include tenant-based (TRA), sponsor-based (SRA), and project-based assistance (PRA). Each type has unique requirements and applicants should refer to the 24 CFR 578.51 before making a selection.

**Metropolitan or non-metropolitan fair market rent area:** This is a required field. Select the FY 2016 FMR area in which the project is located. The list is sorted by state abbreviation. The selected FMR area will be used to populate the rents in the chart below.

**Size of Units:** These options are system generated. Unit size is defined by the number of distinct bedrooms and not by the number of distinct beds.

**# of units:** This is a required field. For each unit size, enter the number of units for which funding is being requested.

**FMR:** These fields are populated with the FY 2016 FMR amounts based on the FMR area selected by the applicant. The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>.

**12 Months:** These fields are populated with the value 12 to calculate the annual rent request.

**Total Request:** This column populates with the total calculated amount from each row based on the number of units multiplied by the corresponding FMR and by 12 months.

**Total Units and Annual Assistance Requested:** The fields in this row are automatically calculated based on the total number of units and the sum of the total requests per unit size per year.

**Grant Term:** This field is populated based on the grant term selected on Screen "6A. Funding Request" and will be read only.

**Total Request for Grant Term:** This field is automatically calculated based on the total annual assistance requested multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the HUD Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

**Type of Rental Assistance:** TRA

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

Size of Units	# of Units (Applicant)		FMR Area (Applicant)		12 Months		Total Request (Applicant)
SRO		x	\$499	x	12	=	\$0

<b>0 Bedroom</b>		x	\$665	x	12	=	\$0
<b>1 Bedroom</b>		x	\$725	x	12	=	\$0
<b>2 Bedrooms</b>	8	x	\$939	x	12	=	\$90,144
<b>3 Bedrooms</b>		x	\$1,175	x	12	=	\$0
<b>4 Bedrooms</b>		x	\$1,294	x	12	=	\$0
<b>5 Bedrooms</b>		x	\$1,488	x	12	=	\$0
<b>6 Bedrooms</b>		x	\$1,682	x	12	=	\$0
<b>7 Bedrooms</b>		x	\$1,876	x	12	=	\$0
<b>8 Bedrooms</b>		x	\$2,070	x	12	=	\$0
<b>9 Bedrooms</b>		x	\$2,265	x	12	=	\$0
<b>Total Units and Annual Assistance Requested</b>	8						\$90,144
<b>Grant Term</b>							1 Year
<b>Total Request for Grant Term</b>							\$90,144

**Click the 'Save' button to automatically calculate totals.**

## 6F. Supportive Services Budget

**Instructions:**

Enter the quantity and total budget request for each supportive services cost. The request entered should be equivalent to the cost of one year of the relevant supportive service.

**Eligible Costs:** The system populates a list of eligible supportive services for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.53.

**Quantity AND Description:** This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity in detail (e.g. 1 FTE Case Manager Salary + benefits, or child care for 15 children) for each supportive service activity for which funding is being requested. Please note that simply stating "1FTE" is NOT providing "Quantity AND Detail" and limits HUD's understanding of what is being requested. Failure to enter adequate 'Quantity AND Detail' may result in conditions being placed on an award and a delay of grant funding.

**Annual Assistance Requested:** This is a required field. For each grant year, enter the amount of funds requested for each activity. The amount entered must only be the amount that is DIRECTLY related to providing supportive services to homeless participants.

**Total Annual Assistance Requested:** This field is automatically calculated based on the sum of the annual assistance requests entered for each activity.

**Grant Term:** This field is populated based on the grant term selected on Screen "6A. Funding Request" and will be read only.

**Total Request for Grant Term:** This field is automatically calculated based on the total amount requested for each eligible cost multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the HUD Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

**A quantity AND description must be entered for each requested cost.**

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
<b>1. Assessment of Service Needs</b>		
<b>2. Assistance with Moving Costs</b>		
<b>3. Case Management</b>	A total of 3 FTE at \$49,222 w/ 25% related benefits to conduct initial assessment, ongoing support and referral, safety planning and economic empowerment activities AND .5 FTE Program Manager @ \$67,668 and 27% related benefits to for case management coordination.	\$227,552
<b>4. Child Care</b>		
<b>5. Education Services</b>		
<b>6. Employment Assistance</b>		
<b>7. Food</b>		
<b>8. Housing/Counseling Services</b>	A total of 3 housing search locators @ \$24,000 & 25% related benefits for the purpose of housing location, inspection and collaboration with domestic violence providers and other community providers AND .5 FTE Program Manager @ \$67,668 and 27% related benefits to provide coordination of housing location.	\$132,969

9. Legal Services		
10. Life Skills		
11. Mental Health Services		
12. Outpatient Health Services		
13. Outreach Services		
14. Substance Abuse Treatment Services		
15. Transportation		
16. Utility Deposits		
17. Operating Costs		
<b>Total Annual Assistance Requested</b>		\$360,521
<b>Grant Term</b>		1 Year
<b>Total Request for Grant Term</b>		\$360,521

**Click the 'Save' button to automatically calculate totals.**



## 6I. Sources of Match

**The following list summarizes the funds that will be used as Match for 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:	\$331,771
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$331,771

**1. Will 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 DSS	06/30/2018	\$184,000
Yes	Cash	Private	The Spardorcia Ca...	06/19/2018	\$100,000
Yes	Cash	Private	United Health Care	07/16/2018	\$25,000
Yes	Cash	Private	Verizon Foundation	06/27/2018	\$15,000
Yes	Cash	Private	Individual	07/12/2018	\$1,000
Yes	Cash	Government	Connecticut Depar...	09/14/2018	\$6,771

## 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: CT DSS  
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment: 06/30/2018
- 6. Value of Written Commitment: \$184,000

## Sources of Match Detail

- 1. Will this commitment be used towards match ? Yes
- 2. Type of commitment: Cash
- 3. Type of source: Private
- 4. Name the source of the commitment: The Spardorcia Cavo Charitable Fund  
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment: 06/19/2018
- 6. Value of Written Commitment: \$100,000

## Sources of Match Detail

- 1. Will this commitment be used towards match ? Yes
- 2. Type of commitment: Cash
- 3. Type of source: Private
- 4. Name the source of the commitment: United Health Care  
(Be as specific as possible and include the

**office or grant program as applicable)**

- 5. Date of Written Commitment:** 07/16/2018
- 6. Value of Written Commitment:** \$25,000

### Sources of Match Detail

- 1. Will this commitment be used towards match ?** Yes
- 2. Type of commitment:** Cash
- 3. Type of source:** Private
- 4. Name the source of the commitment:** Verizon Foundation  
**(Be as specific as possible and include the office or grant program as applicable)**
- 5. Date of Written Commitment:** 06/27/2018
- 6. Value of Written Commitment:** \$15,000

### Sources of Match Detail

- 1. Will this commitment be used towards match ?** Yes
- 2. Type of commitment:** Cash
- 3. Type of source:** Private
- 4. Name the source of the commitment:** Individual  
**(Be as specific as possible and include the office or grant program as applicable)**
- 5. Date of Written Commitment:** 07/12/2018
- 6. Value of Written Commitment:** \$1,000

### 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:** 09/14/2018

**6. Value of Written Commitment:** \$6,771

## 6J. Summary Budget

**The following information summarizes the funding request for the total term of the project. However, administrative costs can be entered in 8. Admin field below.**

Eligible Costs	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	Total Assistance Requested for Grant Term (Applicant)
<b>1a. Acquisition</b>			\$0
<b>1b. Rehabilitation</b>			\$0
<b>1c. New Construction</b>			\$0
<b>2a. Leased Units</b>	\$0	1 Year	\$0
<b>2b. Leased Structures</b>	\$0	1 Year	\$0
<b>3. Rental Assistance</b>	\$938,544	1 Year	\$938,544
<b>4. Supportive Services</b>	\$360,521	1 Year	\$360,521
<b>5. Operating</b>	\$0	1 Year	\$0
<b>6. HMIS</b>	\$0	1 Year	\$0
<b>7. Sub-total Costs Requested</b>			\$1,299,065
<b>8. Admin (Up to 10%)</b>			\$28,017
<b>9. Total Assistance Plus Admin Requested</b>			\$1,327,082
<b>10. Cash Match</b>			\$331,771
<b>11. In-Kind Match</b>			\$0
<b>12. Total Match</b>			\$331,771
<b>13. Total Budget</b>			\$1,658,853

**Click the 'Save' button to automatically calculate totals.**

## 7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	CCADV IRS 501c3	08/24/2018
2) Other Attachment(s)	No	AIDS-CT Non-Profi...	09/09/2018
3) Other Attachment(s)	No		

## **Attachment Details**

**Document Description:** CCADV IRS 501c3

## **Attachment Details**

**Document Description:** AIDS-CT Non-Profit Documentation

## **Attachment Details**

**Document Description:**

## 7D. Certification

### A. For all projects:

#### Fair Housing and Equal Opportunity

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

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

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

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

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

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

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



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

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

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

**Additional for Rental Assistance Projects:**

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR part 578 or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

**B. For non-Rental Assistance Projects Only.**

**15-Year Operation Rule.**

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

**1-Year Operation Rule.**

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

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

**Name of Authorized Certifying Official:** Evonne Klein

**Date:** 09/14/2018

**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**

X
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**statements or claims may subject me to  
criminal, civil, or administrative penalties .  
(U.S. Code, Title 218, Section 1001).**



## 8B. Submission Summary

**Applicant must click the submit button once all forms have a status of Complete.**

Page	Last Updated
<b>1A. SF-424 Application Type</b>	No Input Required
New Project Application FY2018	Page 67
	09/17/2018

<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>	08/21/2018
<b>1E. SF-424 Compliance</b>	08/21/2018
<b>1F. SF-424 Declaration</b>	08/21/2018
<b>1G. HUD 2880</b>	08/21/2018
<b>1H. HUD 50070</b>	08/21/2018
<b>1I. Cert. Lobbying</b>	08/21/2018
<b>1J. SF-LLL</b>	08/21/2018
<b>2A. Subrecipients</b>	09/09/2018
<b>2B. Experience</b>	09/13/2018
<b>3A. Project Detail</b>	08/24/2018
<b>3B. Description</b>	09/13/2018
<b>3C. Expansion</b>	08/22/2018
<b>4A. Services</b>	09/09/2018
<b>4B. Housing Type</b>	09/09/2018
<b>5A. Households</b>	09/09/2018
<b>5B. Subpopulations</b>	09/09/2018
<b>5C. Outreach</b>	09/09/2018
<b>6A. Funding Request</b>	08/22/2018
<b>6E. Rental Assistance</b>	08/27/2018
<b>6F. Supp Srvcs Budget</b>	09/14/2018
<b>6I. Match</b>	09/14/2018
<b>6J. Summary Budget</b>	No Input Required
<b>7A. Attachment(s)</b>	09/09/2018
<b>7D. Certification</b>	08/27/2018

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

Department of the Treasury

Date: May 21, 2015

Person to Contact:  
Mrs. Day #0110209  
Toll Free Telephone Number:  
877-829-5500  
Employer Identification Number:  
08-0985675

CONNECTICUT COALITION AGAINST DOMESTIC  
VIOLENCE  
912 SILAS DEANE HIGHWAY  
WETHERSFIELD CT 06109-3434

Dear Sir or Madam:

This is in response to your May 19, 2015 request for information regarding your tax-exempt status.

Our records indicate you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in March 1981.

Our records also indicate you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section 508(a)(1) and 170(b)(1)(A)(vi).

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

Please refer to our website [www.irs.gov/charities](http://www.irs.gov/charities) for information regarding filing requirements. Specifically, note that section 6033(j) of the Code automatically revokes the tax-exemption of any organization that fails to satisfy its filing requirement for three consecutive years. The automatic revocation of exemption is effective as of the due date of the third required annual filing or notice. The IRS maintains a list of organizations whose tax-exempt status was automatically revoked at [IRS.gov](http://IRS.gov).

If you have any questions, please call the phone number in the heading of this letter.

Sincerely,



Tamera Ripperda  
Director, Exempt Organizations