

## **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:** 09/17/2018

**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

**Applicant:** Connecticut Department of Housing

078847898

**Project:** Mercy RRH Reallocation

169271

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**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:** Mercy RRH Reallocation

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

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

**b. Project:** CT-001

(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:** 09/17/2018



# 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:** \$82,775.00

(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:** 09/17/2018

## **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:** 09/17/2018

# 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:** 09/17/2018

## 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: \$82,775**

Organization	Type	Sub-Award Amount
Mercy Housing and Shelter Corporation	M. Nonprofit with 501C3 IRS Status	\$82,775

## 2A. Project Subrecipients Detail

**a. Organization Name:** Mercy Housing and Shelter Corporation

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

**c. Employer or Tax Identification Number:** 06-1090211

	<b>* d. Organizational DUNS:</b>	198768772	<b>PLUS 4:</b>	
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### e. Physical Address

**Street 1:** 211 Wethersfield Avenue

**Street 2:**

**City:** Hartford

**State:** Connecticut

**Zip Code:** 06114

**f. Congressional District(s):** CT-001  
**(for multiple selections hold CTRL key)**

**g. Is the subrecipient a Faith-Based Organization?** No

**h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency?** Yes

**i. Expected Sub-Award Amount:** \$82,775

### j. Contact Person

**Prefix:** Ms.

**First Name:** Judith

**Middle Name:**

**Last Name:** Gough

**Suffix:**

**Title:** Executive Director

**E-mail Address:** jgough@mercyhousingct.org

**Confirm E-mail Address:** jgough@mercyhousingct.org

**Phone Number:** 860-808-2028

**Extension:**

**Fax Number:**

## 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: Mercy Shelter & Housing Corporation, has an Executive Director (ED) responsible for oversight of all agency operations & reports to a Board of Trustees that meets regularly to oversee fiscal operations, establish strategic goals & review program outcomes. The Director of Finance reports to the ED. This individual is responsible for maintaining & updating internal controls & accounting/reporting systems. The Board of Trustees ensures an annual independent financial audit, review audit results, adopt annual budgets & monitor agencies' spending. Mercy Shelter & Housing has experience managing RRH / PSH programs & has strong relationships w/ landlords & has served homeless individuals in a Housing First model for decades.

The agency is able to effectively assist in housing placement w/participants with: histories of incarceration, low or no income, serious and persistent mental illness, substance abuse & other potential barriers to housing. Mercy Housing & Shelter is an active member of the Greater Hartford (GH) & Middlesex, Meriden, Wallingford (MMW) Coordinated Access Networks (CAN) and participates in their local sub-CoCs and the BOS CT CoC. Mercy Housing & Shelter has 35 years of experience serving low-income persons and homeless and formerly homeless persons in the Greater Hartford area. Serving as a model for other CANS, Mercy has been instrumental in the creation of Greater Hartford's diversion center. The agency serves as the centralized assessment location for

coordinated entry. They have been successful in reallocating existing state funding and working with partners to leverage dedicated staff for the diversion center. The agency has 150 units of PSH & has Emergency Shelter and Homeless prevention/Diversion Programs. The agency also serves persons living w/HIV/AIDS and successfully manages their Ryan White contract. Mercy also has RRH programs funded thru the CoC and the City of Hartford. The agency has consistently been able to leverage match funding from matching funds from federal, state, local, & private resources including but not limited to: CT DMHAS, CT DOH, City of Hartford, United Way, Melville Trust, & many more.

Sub-receipt: AIDS-CT 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 Opening Doors Fairfield County, 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 has been successful in leveraging state dollars to match its numerous federal programs to expand on the effectiveness of these programs by providing additional resources. CT DOH has created units of low income housing & PSH housing units to serve the most vulnerable pops. DOH collaborates with subrecipients, the Corporation for Supportive Housing (CSH), 10 state agencies, & private foundations to leverage resources for housing projects for homeless people statewide. DOH & subrecipients supplement HUD funds through tax credits, collaborations w/the Connecticut Housing Finance Authority (CHFA) to leverage development dollars. In partnership with CSH, DOH has leveraged tax credits to create 334 units of PSH. DOH & subrecipients collaborate w/ the State Department of Mental Health & Addiction Services to provide over \$17.5 million of state funding for the provision of housing based case management services for the homeless pop in a PSH model. DOH has collaborated w/the state & private agencies to develop the Connecticut Collaborative on Re-entry, which provides over 100 rental assistance units & support services to homeless disabled individuals cycling between the criminal justice & homeless shelters w/high rates of incarceration. DOH with state and private partners has been part of the Social Innovation Fund program, providing 114 rental assistance vouchers & support services to individuals who are homeless, disabled & have high Medicaid costs. DOH leveraged approximately \$11 million to provide rental assistance w/housing first model & over \$150 million in state general obligation or 501c3 bonds through CHFA to provide capital funding for the production of over 500 units of single site PSH. DOH leveraged state funds to create 100 units of PSH for veterans who are ineligible for VASH & has become the first state to end chronic veteran homelessness & to functionally end all 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 hardest to serve, most CH individuals. DOH & Mercy (subrecipient) have a long- standing partnership

resulting in significant private funds for homeless projects through the Melville Charitable Trust. Mercy also has significant experience leveraging federal, state, local, and/or private resources.

**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 lead housing agency for the State of CT w/numerous contracts w/HUD, including CDBG, CDBG-DR, ESG, HOPWA, HOME & Section 8 HCV. DOH has robust organization & management structures & has used internal/external coordination strategies to successfully manage over \$25 million in HUD funds annually & will use those structures to manage the proposed project. The DOH Commissioner oversees all agency operations and the Director of the Individual & Family Support Program Unit (DIFSP) reports to directly to the Commissioner. The DIFSP manages CoC projects & ensures internal coordination w/the team of staff working on these projects as well as the external coordination w/subrecipients, landlords & other external partners.

DOH's Fiscal Unit manages accounting/contracting/payment functions & a stand-alone auditing unit monitors contracts/payments to ensure funds are expended according to requirements. The Lead Accountant is responsible for fiscal management of the CoC projects, including LOCCS draw-downs & subrecipient contracting & reports to the DIFSP. DOH follows standard accounting procedures & has several layers of internal & external controls to ensure all financial transactions are accurate & compliant w/ standard accounting protocols/HUD requirements. DOH has achieved timely draw downs in LOCCS/submission of APRs; limited monitoring findings; timely resolution of findings; overall spend down rate of approximately 90%; a consistent track record of prompt apt inspections and timely rent payment. The team will continue ensuring timely project start-up, prompt apt inspections, compliance w/all HUD requirements & subrecipient oversight.

The subrecipient, Mercy Shelter & Housing Corporation, has an ED responsible for oversight of all agency operations & reports to a Board of Trustees that meets regularly to oversee fiscal operations, establish strategic goals & review program outcomes. The Board ensures an annual independent financial audit, reviews audit results, adopts annual budgets & monitors agency spending. The Board works closely with a Director of Finance to maintain & update internal controls & accounting/reporting systems. The agency has robust internal coordination & coordinates w/external partners through structures such as written MOUs and regular meetings. Mercy Shelter & Housing is an active participant in statewide/regional system planning through the CT BOS CoC & their local Greater Hartford (GH) and Middlesex, Meriden, Wallingford (MMW) Coordinated Access Networks (CAN). DOH maintains contracts with all subrecipients & has frequent communication w/sub recipient staff to discuss rent payments, housing quality, & supportive service provision. DOH/sub-recipient are subject to independent monitoring contracted through the CT BOS CoC to ensure compliance with CT BOS CoC and HUD regulations.

**4a. Are there any unresolved monitoring or No**

New Project Application FY2018	Page 23	09/17/2018
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**audit findings for any HUD grants(including  
ESG) operated by the applicant or potential  
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:** Mercy RRH Reallocation

**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.**

Mercy Shelter & Housing Corp will be the sub-recipient providing case management (CM) & housing search for 4 fam & 11 indivs. All will be literally homeless (ES & unsheltered). Participants may be living w/ MI, physical disabilities, or substance use. Some may be survivors of DV or parenting youth 18-24. The project will participate in CE & obtain referrals from the GH CAN. Staff will provide housing search & may support shared housing models to help participants locate appropriate PH quickly. The project uses a low barrier HF model (i.e. does not have service participation requirements / preconditions to entry; prioritizes rapid placement). Once housing is secured, staff review lease requirements w/ participant & identify ongoing supports to ensure lease compliance. Services such as CM, life skills training, employment, mental health & addiction services, & tenancy skill building are provided by staff & community agencies. Support staff will work w/tenants to obtain & maintain cash & non-cash resources. Staff will connect tenants to mainstream resources by assisting them to apply to CT Dept. of Social Services for entitlements such as SNAP & TANF & Access CT for Medicaid & other health insurance options. SOAR trained staff will assist w/applying for SSI/D. Staff collaborate w/local emp agencies such as Labor Ready, DOL One Stops, Bureau of Rehabilitation Services, etc. Services are designed to assist participants to maintain PH & achieve long term housing stability.

Project outcomes include: a) 90% of participants will exit to PH b) 80% will be housed w/in 30 days of program entry. The project is supported by the CoC b/c it addresses the community's need to expedite housing search; assist homeless households to obtain a lease; maintain PH; increase income; build life skills.

There is a need in GH for additional RRH support services; the 2018 PIT count indicated that there were 38 homeless fam & 412 homeless indivs in GH. Within the GH CAN, approximately \$1.3m in RRH funding is available through CoC, State of CT ESG, and municipal ESG funding. CT is pairing Critical Time Intervention w/ RRH with a goal of exiting households w/in 6 months or less. Increasing the CAN's capacity to expedite the movement of households into PH through dedicated housing search will assist in advancing this goal. In FY '18, GH referred households to RRH in an average of 157 days from CE entry. On average, households were housed in 57 days. Adding staff capacity will decrease these rates. The project is an essential part of the CoC strategy to end homelessness. The project leverages mainstream resources to provide services & max client income. CoC funding is needed to support activities that cannot be used 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?	60			
Participant enrollment in project begins?	90			
Participants begin to occupy leased units or structure(s), and supportive services begin?	120			
Leased or rental assistance units or structure, and supportive services near 100% capacity?	210			
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 checked="" type="checkbox"/>	Domestic Violence	<input type="checkbox"/>
Veterans	<input type="checkbox"/>	Substance Abuse	<input checked="" type="checkbox"/>
Youth (under 25)	<input type="checkbox"/>	Mental Illness	<input checked="" type="checkbox"/>
Families	<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 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? Yes

2. Is this New project application requesting a "Project Expansion" of an eligible renewal project of the same component type? No

3. Select the activities below that describe the expansion project, and click on the "Save" button below to provide additional details. Provide additional supportive services to homeless persons

#### Additional supportive services to homeless persons

Indicate how the project is proposing to "provide additional supportive services to the homeless persons served." Increase frequency and/or intensity of supportive services

#### Describe the reason for the supportive service increase indicated above.

The Greater Hartford CAN has identified a need for additional RRH support services in order to expend existing ESG funds that provide RRH rental assistance. CT BOS has recently concluded a pilot project to use a 6-month Critical Time Intervention (CTI) model with RRH, and is also beginning to operationalize progressive engagement. Most households experiencing literal homelessness will be offered RRH as a first, "light-touch" intervention. Therefore, households with long homeless histories, and high services needs are more likely to be offered RRH as a primary housing intervention. In order to serve a more vulnerable population, the Greater Hartford CAN needs to increase its supportive services capacity.

## 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.

Literally homeless individuals & families are referred to Mercy through Coordinated Entry to assist tenants to locate units, meet lease requirements, & sustain housing. A case manager (CM) may explore shared housing options to achieve housing affordability & develop natural supports. Mercy has a LLD network & is able to locate apts quickly that meet rent reasonableness. The CM works to resolve housing barriers. Providers find apts for tenants w/criminal hx by helping w/expungements or finding LLDs willing to rent to tenants w/such hx. CM assesses ability to sustain housing & supp svcs needed. A service plan is created & CM coordinates w/ providers to make referrals for healthcare, mental health, educ., employ, life skills, sub. abuse tx, child care, food, etc. Participating in CE, CM has access to a provider network offering consultation regarding a household's need. If a CM identifies need for a higher level of care, CE can transition a tenant from RRH to PSH.

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

It is anticipated that the literally homeless participants being served by this program will have unmet service needs including living with substance abuse, mental illness, physical disabilities & domestic violence. In addition, some people may be able to afford rent but have other barriers to stability. Others may not have sufficient benefits or income to pay rent. During the assessment and reassessment process, CM collect information on participants' employment, current income, medical coverage, & other benefits. CM works with tenants to

apply for all possible mainstream benefits for which they are eligible. CM also ensures that tenants are able to maintain their existing benefits by assisting in recertification process, document collection, transportation to appointments at DSS and SSI, and continued assistance with follow up. When applicable, tenants also have the opportunity to connect with SOAR trained case managers to help ensure a successful application for SSI. CM will also work with tenants on job-readiness, employment training, job placement, and participation in job fairs. A case manager will make referrals to vocational services such as: CT Works, Bureau of Rehab Services, Behavioral Health Recovery Program Vocational Services, Labor Ready and Goodwill Services. Case managers and employment specialists will also take tenants to job fairs, assist with resume development, connect participants with clothing vouchers and thrift stores. Interest in employment will be proactively assessed at regular intervals and incorporated into service plan and service plan updates. Staff will be responsible for supporting and promoting these efforts. Once housed, participants will receive ongoing life skills training, support and assistance as well as education on tenants rights and responsibilities. Tenants will also be trained in negotiating access to community resources, working with their children's schools, mediating conflict and crisis prevention to further increase independent living skills. These skill sets will be assessed during home visits and meetings. Person-centered service plans will be developed to incorporate related goals. Tenants will be connected to local mental health authorities funded by the CT Department of Mental Health & Addiction Services or private providers as needed to address mental health needs. Medical care can be obtained at Federally Qualified Health Center sites in the Greater Hartford area. CM will also ensure that tenant's have applied for medical insurance. Staff will ensure all of the services are accessible by providing agency transportation or ensuring that tenants have access to public transportation options.

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

Transportation
Utility Deposits

Subrecipient	As needed
Non-Partner	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 technical assistance completed SOAR training in the past 24 months.** Yes



## 4B. Housing Type and Location

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

**Total Units:** 15

**Total Beds:** 19

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...)	---	15	19

## 4B. Housing Type and Location Detail

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

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

**a. Units:** 15

**b. Beds:** 19

### 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:** 211 Wethersfield Avenue

**Street 2:**

**City:** Hartford

**State:** Connecticut

**ZIP Code:** 06114

**\*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)**

090492 Hartford

## 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>	4	11	0	15
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>	2	11		13
<b>Adults ages 18-24</b>	2	0		2
<b>Accompanied Children under age 18</b>	4		0	4
<b>Unaccompanied Children under age 18</b>			0	0
<b>Total Persons</b>	8	11	0	19

**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	0	0	0	0	0	0	0	0	0	2
Adults ages 18-24	0	0	0	0	0	0	0	0	0	2
Children under age 18	0			0	0	0	0	0	0	4
<b>Total Persons</b>	0	0	0	0	0	0	0	0	0	8

**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	5	0	0	3	0	3	0	3	0	2
Adults ages 18-24	0	0	0	0	0	0	0	0	0	0
<b>Total Persons</b>	5	0	0	3	0	3	0	3	0	2

**Click Save to automatically calculate totals**

### 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 either 1) minor children who are part of a

household or 2) people who are not living with disabilities but are literally homeless and come from emergency shelter or an unsheltered situation.

## 5C. Outreach for Participants

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

5%	Directly from the street or other locations not meant for human habitation.
95%	Directly from emergency shelters.
	Directly from safe havens.
	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.**

100% of referrals to the project will come through the CES. 211 is the statewide front door for anyone facing a housing crisis. 211 connects callers to the local Coordinated Access Network (CAN) serving their community. 211 can be accessed by phone/web & is widely publicized through print & electronic media. 211 offers online info in 31 languages; existing mainstream systems (e.g., Behavioral Health, Health Care, Child Welfare, Corrections, Senior Services) conduct outreach & refer to the local CAN; each CAN has a street outreach using Housing First, Motivational Interviewing & Person Centered Planning to engage unsheltered people across the entire CoC area. Info about how to access 211/CAN is available at community-based orgs across the CoC. CANs use standardized assessment protocols (VISPDAT) in all shelters and on all unsheltered persons to ID needs & data systems to track resources & refer households to appropriate RRH vacancies. If there are difficulties serving the populations noted, CANs & sub-recipients will contact DOH immediately & DOH will revisit outreach plan, work w/all outreach teams, provide needed TA to ensure that all CoC areas are covered & that thorough outreach is taking place.

## 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?** Reallocation

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

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

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

**a. Please complete the indirect cost rate schedule below**

Administering Department/Agency	Indirect Cost Rate	Direct Cost Base
U.S. Dept. of Housing & Urban Development	10%	\$82,775

**b. Has this rate been approved by your cognizant agency?** No

**c. Do you plan to use the 10% de minimis rate?** Yes

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

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

Rental Assistance	
Supportive Services	X
HMIS	

## 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>	Case Manager, 1 FTE - \$26,818 AND Supervisor, .025 FTE \$1,983 (\$79,310 total salary) plus 25% fringe benefits	\$36,000
<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>	Case Manager, 1 FTE - \$26,818 AND Supervisor, .025 FTE \$1,983 (\$79,310 total salary) plus 25% fringe benefits	\$36,000
<b>9. Legal Services</b>		
<b>10. Life Skills</b>		
<b>11. Mental Health Services</b>		
<b>12. Outpatient Health Services</b>		



<b>13. Outreach Services</b>		
<b>14. Substance Abuse Treatment Services</b>		
<b>15. Transportation</b>	Mileage reimbursement for approximately 4,500 miles @ \$0.545 per mile to transport clients to services, visit participants, and inspect units.	\$2,500
<b>16. Utility Deposits</b>		
<b>17. Operating Costs</b>	Utilities (\$825); Maintenance (\$6,300); Building security (\$1,625)	\$8,275
<b>Total Annual Assistance Requested</b>		\$82,775
<b>Grant Term</b>		1 Year
<b>Total Request for Grant Term</b>		\$82,775

**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:	\$20,694
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$20,694

**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	Connecticut Depar...	08/24/2018	\$20,694

## Sources of Match Detail

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

**2. Type of commitment:** Cash

**3. Type of source:** Government

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

**5. Date of Written Commitment:** 08/24/2018

**6. Value of Written Commitment:** \$20,694

## 6J. Summary Budget

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

Eligible Costs	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	Total Assistance Requested for Grant Term (Applicant)
1a. Acquisition			\$0
1b. Rehabilitation			\$0
1c. New Construction			\$0
2a. Leased Units	\$0	1 Year	\$0
2b. Leased Structures	\$0	1 Year	\$0
3. Rental Assistance	\$0	1 Year	\$0
4. Supportive Services	\$82,775	1 Year	\$82,775
5. Operating	\$0	1 Year	\$0
6. HMIS	\$0	1 Year	\$0
7. Sub-total Costs Requested			\$82,775
8. Admin (Up to 10%)			\$0
9. Total Assistance Plus Admin Requested			\$82,775
10. Cash Match			\$20,694
11. In-Kind Match			\$0
12. Total Match			\$20,694
13. Total Budget			\$103,469

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

## 7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	Mercy Shelter & H...	08/24/2018
2) Other Attachment(s)	No	CT Department of ...	08/24/2018
3) Other Attachment(s)	No		

## **Attachment Details**

**Document Description:** Mercy Shelter & Housing Corporation Non-profit Documentation

## **Attachment Details**

**Document Description:** CT Department of Housing Match Letter

## **Attachment Details**

**Document Description:** 2017 CoC Project Application - CT DMHAS - Salvation Army - RRH

## 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:** 09/17/2018

**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
---



**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
<b>1B. SF-424 Legal Applicant</b>	No Input Required

New Project Application FY2018	Page 50	09/17/2018
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<b>1C. SF-424 Application Details</b>	No Input Required
<b>1D. SF-424 Congressional District(s)</b>	08/23/2018
<b>1E. SF-424 Compliance</b>	08/23/2018
<b>1F. SF-424 Declaration</b>	08/23/2018
<b>1G. HUD 2880</b>	08/23/2018
<b>1H. HUD 50070</b>	08/23/2018
<b>1I. Cert. Lobbying</b>	08/23/2018
<b>1J. SF-LLL</b>	08/23/2018
<b>2A. Subrecipients</b>	08/23/2018
<b>2B. Experience</b>	09/13/2018
<b>3A. Project Detail</b>	08/27/2018
<b>3B. Description</b>	09/07/2018
<b>3C. Expansion</b>	09/13/2018
<b>4A. Services</b>	09/13/2018
<b>4B. Housing Type</b>	08/24/2018
<b>5A. Households</b>	08/24/2018
<b>5B. Subpopulations</b>	08/27/2018
<b>5C. Outreach</b>	08/24/2018
<b>6A. Funding Request</b>	09/13/2018
<b>6F. Supp Srvcs Budget</b>	09/17/2018
<b>6I. Match</b>	08/24/2018
<b>6J. Summary Budget</b>	No Input Required
<b>7A. Attachment(s)</b>	08/24/2018
<b>7D. Certification</b>	08/24/2018

**Internal Revenue Service**

**Date:** January 26, 2004

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

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

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

Dear Sir or Madam:

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

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

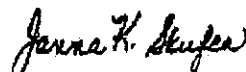
The United States Conference of Catholic Bishops is listed in Publication 78. Donors may deduct contributions to your organization under section 170 of the code.

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

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

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

Sincerely,



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