

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: CT Department of Mental Health and Addiction Services

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

	c. Organizational DUNS:	103626086	PLUS 4:	
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d. Address

Street 1: 410 Capitol Avenue

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

City: Hartford

County: Hartford

State: Connecticut

Country: United States

Zip / Postal Code: 06134

e. Organizational Unit (optional)

Department Name: DMHAS

Division Name: Statewide Services

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

Prefix: Ms.

First Name: Alice

Middle Name:

Last Name: Minervino

Suffix:

Title: Program Manager

Organizational Affiliation: CT Department of Mental Health and Addiction Services

Telephone Number: (860) 418-6942

Extension:

Fax Number: (860) 418-6696

Email: Alice.Minervino@ct.gov

1C. SF-424 Application Details

9. Type of Applicant: A. State Government

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

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

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

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

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

15. Descriptive Title of Applicant's Project: Danbury Supportive Services Project

16. Congressional District(s):

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

b. Project: CT-005

(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 07/01/2019

b. End Date: 06/30/2020

18. Estimated Funding (\$)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

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

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

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

If "YES," provide an explanation:

1F. SF-424 Declaration

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

I AGREE:

21. Authorized Representative

Prefix: Ms.

First Name: Miriam

Middle Name: E

Last Name: Delphin-Rittmon

Suffix: Ph.D

Title: Commissioner

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

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

Email: miriam.delphin-rittmon@ct.gov

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

Date Signed: 09/14/2018

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: CT Department of Mental Health and Addiction Services

Prefix: Ms.

First Name: Miriam

Middle Name: E

Last Name: Delphin-Rittmon

Suffix: Ph.D

Title: Commissioner

Organizational Affiliation: CT Department of Mental Health and Addiction Services

Telephone Number: (860) 418-6676

Extension:

Email: miriam.delphin-rittmon@ct.gov

City: Hartford

County: Hartford

State: Connecticut

Country: United States

Zip/Postal Code: 06134

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

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$102,704.00

(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? (For further information, see 24 CFR Sec. 4.3). Yes

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

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

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

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
Connecticut Department of Mental Health and Addiction Services 410 Capitol Avenue Hartford CT 06134	State Funding	\$6,432,067.00	Supportive Services

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

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: Miriam Delphin-Rittmon, Commissioner

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

Date Signed: 06/08/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: CT Department of Mental Health and Addiction Services

Program/Activity Receiving Federal Grant Funding: CoC Program

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

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

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 the accompaniment herewith, is true and accurate.



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

Authorized Representative

Prefix: Ms.

First Name: Miriam

Middle Name: E

Last Name: Delphin-Rittmon

Suffix: Ph.D

Title: Commissioner

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

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

Email: miriam.delphin-rittmon@ct.gov

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

Date Signed: 09/14/2018

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: CT Department of Mental Health and Addiction Services

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

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

Date Signed: 09/14/2018

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: CT Department of Mental Health and Addiction Services

Street 1: 410 Capitol Avenue

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

City: Hartford

County: Hartford

State: Connecticut

Country: United States

Zip / Postal Code: 06134

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

I certify that this information is true and

complete.

Authorized Representative

Prefix: Ms.

First Name: Miriam

Middle Name: E

Last Name: Delphin-Rittmon

Suffix: Ph.D

Title: Commissioner

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



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

Email: miriam.delphin-rittmon@ct.gov

Signature of Authorized 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: \$95,515

Organization	Type	Sub-Award Amount
New Reach	M. Nonprofit with 501C3 IRS Status	\$95,515

2A. Project Subrecipients Detail

a. Organization Name: New Reach

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

c. Employer or Tax Identification Number: 22-3037451

	* d. Organizational DUNS:	884451345	PLUS 4:	
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e. Physical Address

Street 1: 153 East St.

Street 2:

City: New Haven

State: Connecticut

Zip Code: 06511

f. Congressional District(s): CT-003
(for multiple selections hold CTRL key)

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

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

i. Expected Sub-Award Amount: \$95,515

j. Contact Person

Prefix: Ms.

First Name: Meredith

Middle Name:

Last Name: Damboise

Suffix:

Title: Director of Quality Assurance and Compliance

E-mail Address: mdamboise@newreach.org

Confirm E-mail Address: mdamboise@newreach.org

Phone Number: 203-492-4866

Extension: 117

Fax Number: 203-492-4872

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.

Funds for this project will be used for services only for existing PSH projects that are underfunded for services. The fiduciary is the CT Department of Mental Health and Addiction Services (DMHAS) and New Reach will be the subrecipient. DMHAS currently manages 67 CoC grants: 1253 PSH rental assistance units, 2 TH & 5 RRH projects. DMHAS has received over \$150M in CoC funds & despite funding limitations, has achieved: cost savings resulting in 12% more households being served in PSH than units funded, timely draw downs in LOCCS/submission of APRs, limited monitoring findings, timely resolution of any findings, & an overall spend down rate of apprx 90%. DMHAS and New Reach have a long-standing history of eliminating barriers to PSH, such as income eligibility, clean time, & credit checks. DMHAS has successfully operated Housing First (HF) programs for close to 20 years. DMHAS & New Reach participate in local Coordinated Access Networks using the VI-SPDAT to prioritize the highest need CH applicants. DMHAS will be administering this grant including reporting and New Reach, as the subrecipient, will be providing services to 15 households already enrolled in existing underfunded projects. New Reach will subcontract with ARC and Catholic Charities to provide these services. All projects are using the Housing First model and operate within the Fairfield County Coordinated Access Network. New Reach has a solid infrastructure in place for providing supportive services. New Reach currently provides services (both rapid rehousing and permanent supportive housing) on 4 HUD CoC funded projects, as well as several state funded projects.

Clients and staff will co-create action plans that will identify both the strengths and needs of the client to guide the work during the program. New Reach has strong working relationships with other service providers and will make referrals on an as needed basis. These needs may include; childcare, education, employment, food, legal, mental or medical health, and substance abuse.

All program data will be entered through HMIS. New Reach is actively participating in the local CAN system for both individuals and families.

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

DMHAS has received over \$150M in CoC funds & has used that investment to leverage many times that amount in other federal, state, local and private resources. DMHAS provides approximately \$17,500,000 in funding for services to provide housing based case management in a housing first model. Many of these services are provided by sub-recipients in this application or through the Local Mental Health Authorities (LMHAs). These supportive services funding

resources have leveraged millions in federal funding for additional services, housing subsidies and capital development. DMHAS has leveraged 150 Housing Choice vouchers for PSH, worth approximately \$1.5 M. DMHAS collaborates with its subrecipients, the Corporation for Supportive Housing (CSH), five state agencies, and private foundations to leverage resources for housing projects for homeless people. DMHAS supplements HUD funds through tax credits, collaborations with the Connecticut Housing Finance Authority (CHFA) and Department of Economic Development to leverage development dollars. For example, in partnership with CSH, DMHAS has leveraged tax credits to create 334 units of PSH. DMHAS collaborates with the State Departments of Social Services & Housing to provide Rental Assistance (RAP) for CoC projects. DOH has provided approx 1100 RAP subsidies for state funded PSH at a value of approx. \$11 million. DMHAS has collaborated these state and private agencies to develop the Housing First Pilot Project and the Frequent Users Service Enhancement (FUSE) Program, which provides rental assistance and support services to individuals who are homeless, disabled and have high rates of incarceration. DMHAS has also leveraged approximately \$17.5 million to provide housing based case management using a housing first model and over \$150 million in state general obligation or 501©3 bonds through CHFA to provide capital funding for the production of over 100 units of single site PSH. DMHAS also has a long-standing partnership resulting in significant private funds for homeless projects through the Melville Charitable Trust. Additionally, DMHAS is the primary provider of Medicaid funded behavioral health services in CT and has successfully managed hundreds of millions of dollars in Medicaid funding. New Reach (NR) has significant experience in identifying and securing matching funds and leveraging other Federal, State, local, and private sector funds in order to effectively and efficiently serve people experiencing homelessness. NR currently uses HUD, CT Department of Housing, CT DMHAS, and private funds to provide PSH services in 2 Coordinated Access Networks. New Reach uses multiple and diverse funding streams to support comprehensive program, with streamlined policies and procedures. New Reach's Program Director, Finance Director, and Director and Quality Assurance and Compliance work ensure that funds are spent per funder requirements and that reports are submitted in a timely and accurate manner.

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.

DMHAS has been managing rental assistance for 20+ years. DMHAS has robust organization & mgmt structures & has used internal/external coordination strategies to successfully manage over \$150M in CoC funds and will use those structures to manage the proposed project. DMHAS has achieved: cost savings resulting in 12% more households being served in PSH than units funded, timely draw downs in LOCCS/submission of APRs, limited monitoring findings, timely resolution of findings, an overall spend down rate of apprx 90%, & a consistent track record of prompt apartment inspections and timely rent payment. The DMHAS Commissioner oversees all agency operations. The Dir of Housing and Homeless Services (DHHS) oversees all CoC projects, including ensuring timely project start-up, prompt apartment inspections, compliance with all HUD requirements, and subrecipient oversight. The DHHS reports to the Dir of Statewide Services. DMHAS' Fiscal Unit manages

accounting/contracting/payment functions, and a stand-alone auditing unit monitors contracts/payments to ensure funds are expended according to requirements. The Finance Director is responsible for fiscal management of the CoC projects, including timely rent payment/LOCCS draw downs and subrecipient contracting. The Finance Director reports to the Chief Operating Officer. DMHAS follows standard accounting procedures & has several layers of internal and external controls to ensure all financial transactions are accurate & compliant with standard accounting protocols/HUD requirements. New Reach has a CEO responsible for oversight of all agency operations & reporting to a Bd of Directors that meets regularly to oversee fiscal operations, establish strategic goals and review program outcomes. The Boards ensure an annual independent financial audit, review audit results, adopt annual budgets and monitor agencies' spending. Board Treasurer works closely with the Director of Finance to maintain and update internal controls and accounting/reporting systems. New Reach has robust internal coordination structures such as regular staff meetings/staff supervision to ensure that projects are meeting the housing and service needs of participants. New Reach also coordinates with external partners through structures such as written MOUs & regular meetings & are active participants in statewide/regional system planning through the CT BOS CoC & their regional sub CoCs. DMHAS maintains contracts with New Reach & has frequent communication with their staff, including meeting regularly to discuss rent payments, housing quality, & supportive service provision; DMHAS/sub-recipients are subject to independent monitoring contracted through the CT BOS CoC to ensure compliance with all HUD programmatic and financial requirements.

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

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: Danbury Supportive Services Project

3. Project Status: Standard

4. Component Type: PH

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

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.

New Reach and its subcontractors will provide supportive services to a total of 15 households enrolled in existing PSH projects with no or inadequate services. The goal of providing supportive services is to help residents remain stably housed. In the permanent supportive housing model (PSH), services will be provided as long as they are needed and in order to: (1) increase the likelihood that permanent housing will be maintained, (2) improve client life skills, (3) increase/maintain client income via employment, (4) access public and early childhood education for family members (if needed), (5) help clients gain healthy habits and good health, (6) make community connections that will help address client needs and barriers, (7) and, achieve household autonomy. The Case Workers (CW) will conduct a comprehensive intake with each client that will gather information pertaining to income, family composition, substance abuse, mental health concerns, employment/education history, current living arrangements, and medical needs. This information will help guide ongoing services. Upon acceptance into the program, the CW will co-construct an individual service plan with the client that integrates his/her strengths, needs, and SMART (specific, measurable, achievable, relevant, and time bound) goals. These goals will integrate specific action plans and a clear description of responsibilities. The plan will help guide the work of both the client and CW. Supportive services will also always integrate cultural competency. The frequency and duration of case management services will depend on a client's acuity level, each possibly reducing as levels decrease and clients become more self-sufficient or build a strong network of self-supports. Primary goals are person-centered and focus on what the client identifies as important to them. The CW will enter case notes into the Housing Management Information System (HMIS) for the documentation of services and client progress. Client action plans and CW case notes will be regularly reviewed by Supervisors to ensure that proper documentation is in place and that the appropriate work is being done to achieve goals. Action plans are revisited and updated at least every 90 days and serve as a clear reflection of the nature of work between the client and CW. The clients will present with complex issues ranging from mental health and/or substance abuse/chemical dependency, relationship struggles, trauma histories, and domestic violence. CWs will discuss identified areas of need as well as potential implications for not adequately addressing the issue to develop a plan to address each issue.

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?				
Leased or rental assistance units or structure, and supportive services near 100% capacity?				
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 checked="" 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.

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

Dedicated and DedicatedPLUS

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

A "DedicatedPLUS" project is a permanent supportive housing project

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

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

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

10. Indicate whether the project is “100% Dedicated,” or “DedicatedPLUS,” according to the information provided above. 100% Dedicated

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 number of and/or expand variety of supportive services provided, Increase frequency and/or intensity of supportive services

Describe the reason for the supportive service increase indicated above.

This project will serve 15 chronically homeless individuals who have a subsidy (6 have Section 8 and 9 have CoC PSH subsidies)but who are not receiving services. These clients often struggle with issues related to mental health, substance abuse, trauma histories, limited social connections, and low/no income. These clients need supportive services to not only remain stable in their housing but also to thrive in their communities. Supportive services work to provide critical client-centered, strength-based support and linkages. Without supportive services, the clients with subsidies are less likely to remain stably housed and receive the support necessary to make meaningful changes in their lives. These service dollars will enable the subrecipient and its partners to adequately serve all 15 households based on their level of need.

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.

The focus will initially be on supporting clients already receiving subsidies in maintaining their permanent housing. The Case Worker (CW) will work with each client individually to assess their strengths/challenges. The CW will work with community partners and make referrals when necessary (ex. emp/educ, phys/behav health care, child care, and basic needs). The CW will provide the client with education on how to be a good tenant. They will meet with clients to review budgets/plans for increasing their income. They will also serve as the intermediary with the client and their landlord to help negotiate any issues/concerns that arise. When there is turnover, new clients will be assisted by their CW in identifying safe and affordable housing, considering the household's budget, hh size, need for furniture, amenities, and location of the unit in relation to services they are already linked to. The CW will show each client at least 3 units in order for them to make an educated decision.

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

The Case Worker (CW) will meet with each client to assess their strengths and challenges. The client and Case Worker will then co-construct goals which will have measurable action steps that the client will take to reach the goals. Goals will be primarily focused on issues relating to finding and maintaining stable housing with an emphasis on increasing household income. Case Workers will help clients identify employment opportunities that will help them increase their income and will also help link families to any benefits they may be eligible for.

The CW will also link with the community SOAR staff to assess if clients may be eligible to receive SSI/SSDI for ongoing benefits.

**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		
Case Management	Subrecipient	Monthly
Child Care	Non-Partner	As needed
Education Services	Non-Partner	Monthly
Employment Assistance and Job Training	Subrecipient	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	Monthly
Outpatient Health Services	Non-Partner	As needed
Outreach Services		
Substance Abuse Treatment Services	Non-Partner	Monthly
Transportation	Non-Partner	As needed
Utility Deposits		

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: 15

Total Dedicated CH Beds: 15

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

4B. Housing Type and Location Detail

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

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

a. Units: 15

b. Beds: 15

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

This includes both the “dedicated” and “prioritized” beds.

4. Address:

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

Street 1: 153 East St.

Street 2:

City: New Haven

State: Connecticut

ZIP Code: 06511

***5. 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)**

090726 New Haven

5A. Project Participants - Households

Households Table

	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Number of Households		15		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
Adults over age 24		14		14
Adults ages 18-24		1		1
Accompanied Children under age 18				0
Unaccompanied Children under age 18				0
Total Persons	0	15	0	15

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										
Adults ages 18-24										
Children under age 18										
Total Persons	0	0	0	0	0	0	0	0	0	0

Persons in Households without Children

Characteristics	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	12	2		8		5		6		
Adults ages 18-24	1			1		1				
Total Persons	13	2	0	9	0	6	0	6	0	0

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										
Total Persons	0				0	0	0	0	0	0

5C. Outreach for Participants

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

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

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

New Reach and its partners are heavily involved in the Danbury area Coordinated Access Network. Chronically homeless clients will be matched to open housing opportunities based on their vulnerability. These clients will be discussed at the Danbury Housing Matching meetings to ensure that the client meets the eligibility criteria. Outreach is done primarily by the case worker at the shelter (if the client is in shelter) or the community's outreach workers. Once the client agrees to accept the subsidy/service, case management staff will work with existing providers to do a warm hand-off. The case management staff will describe to client what the services entail.

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? No

4. Select a grant term: 1 Year

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

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

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
1. Assessment of Service Needs		
2. Assistance with Moving Costs		
3. Case Management	Case workers will work individually with the 15 households to provide individualized, person-centered case management. Frequency of visits will depend on household acuity. The subrecipient and its 2 partners will provide a combined total of 1.75FTE case workers (average salary \$43,665 and 25% fringe) staffing to serve clients.	\$95,515
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food		
8. Housing/Counseling Services		
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		
Total Annual Assistance Requested		\$95,515
Grant Term		1 Year
Total Request for Grant Term		\$95,515

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:	\$9,756
Total Value of In-Kind Commitments:	\$15,920
Total Value of All Commitments:	\$25,676

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

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

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	In-Kind	Government	ARC City of Danbu...	09/12/2018	\$7,960
Yes	Cash	Government	DMHAS SOAR funds	08/31/2018	\$9,756
Yes	In-Kind	Private	Catholic Charities	09/12/2018	\$7,960

Sources of Match Detail

- 1. Will this commitment be used towards match ? Yes
- 2. Type of commitment: In-Kind
- 3. Type of source: Government
- 4. Name the source of the commitment: ARC City of Danbury funds
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment: 09/12/2018
- 6. Value of Written Commitment: \$7,960

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

Sources of Match Detail

- 1. 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: DMHAS SOAR funds
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment: 08/31/2018
- 6. Value of Written Commitment: \$9,756

Sources of Match Detail

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

2. Type of commitment: In-Kind

3. Type of source: Private

4. Name the source of the commitment: Catholic Charities
(Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 09/12/2018

6. Value of Written Commitment: \$7,960

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

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	\$95,515	1 Year	\$95,515
5. Operating	\$0	1 Year	\$0
6. HMIS	\$0	1 Year	\$0
7. Sub-total Costs Requested			\$95,515
8. Admin (Up to 10%)			\$7,189
9. Total Assistance Plus Admin Requested			\$102,704
10. Cash Match			\$9,756
11. In-Kind Match			\$15,920
12. Total Match			\$25,676
13. Total Budget			\$128,380

Click the 'Save' button to automatically calculate totals.

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	New Reach 501c3	08/31/2018
2) Other Attachment(s)	No		
3) Other Attachment(s)	No		

Attachment Details

Document Description: New Reach 501c3

Attachment Details

Document Description:

Attachment Details

Document Description:

7A. In-Kind MOU Attachment

Document Type	Required?	Document Description	Date Attached
In-Kind Match MOU	No	ARC Match MOU	09/13/2018

Attachment Details

Document Description: ARC Match MOU

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: Miriam Delphin-Rittmon

Date: 09/14/2018

Title: Commissioner

Applicant Organization: CT Department of Mental Health and Addiction Services

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am

aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).

8B. Submission Summary

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

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

Page		Last Updated
New Project Application FY2018	Page 51	09/14/2018

1A. SF-424 Application Type	No Input Required
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	08/24/2018
1E. SF-424 Compliance	08/24/2018
1F. SF-424 Declaration	08/24/2018
1G. HUD 2880	08/24/2018
1H. HUD 50070	08/24/2018
1I. Cert. Lobbying	08/24/2018
1J. SF-LLL	08/24/2018
2A. Subrecipients	09/04/2018
2B. Experience	09/12/2018
3A. Project Detail	09/12/2018
3B. Description	09/12/2018
3C. Expansion	09/12/2018
4A. Services	09/13/2018
4B. Housing Type	09/12/2018
5A. Households	09/12/2018
5B. Subpopulations	No Input Required
5C. Outreach	09/12/2018
6A. Funding Request	09/12/2018
6F. Supp Srvcs Budget	09/13/2018
6I. Match	09/12/2018
6J. Summary Budget	No Input Required
7A. Attachment(s)	08/31/2018
7A. In-Kind MOU Attachment	09/13/2018
7D. Certification	Please Complete

OGDEN UT 84201-0029

In reply refer to: 4077591934
July 14, 2014 LTR 4168C 0
22-3037451 000000 00
00031878
BODC: TE

NEW REACH INC
% ANGELA WESTWOOD
153 EAST ST
NEW HAVEN CT 06511-5916



027474

Employer Identification Number: 22-3037451
Person to Contact: Ms. Wiles
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your May 28, 2014, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in May 1990.

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

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

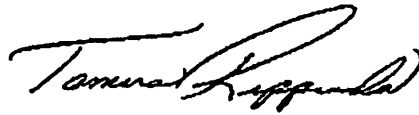
Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third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

4077591934
July 14, 2014 LTR 4168C 0
22-3037451 000000 00
00031879

NEW REACH INC
% ANGELA WESTWOOD
153 EAST ST STE 300
NEW HAVEN CT 06511-5916

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

Sincerely yours,



Tamera Ripperda
Director, Exempt Organizations

**CITY OF DANBURY
HEALTH & HUMAN SERVICES DEPARTMENT**



**155 DEER HILL AVENUE
DANBURY, CONNECTICUT 06810
Tel (203) 797-4625 Fax (203)796-1596**

**Mayor
Honorable Mark D. Boughton**

**Director of Health
Lisa Michelle Morrissey, MPH**

September 13, 2018

Meredith Damboise
New Reach
153 East St.
New Haven, CT 06511

Dear Meredith Damboise:

ARC will commit services to meet the service match requirement for the year 2018 Danbury Support Services Project application to the U.S. Department of Housing and Urban Development. Using existing City of Danbury funding, ARC will provide case management for 3 programs; Rapid Rehousing Program, Security Deposit Assistance and Permanent Supportive Housing. These services will be provided for one year and are valued at \$7,960.

Sincerely,

Lisa Michelle Morrissey