

Before Starting the Project Application

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

Things to Remember:

- Additional training resources can be found on the HUD Exchange at <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>.
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2018 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- New projects may only be submitted as either Reallocated or Permanent Supportive Housing Bonus Projects. These funding methods are determined in collaboration with local CoC and it is critical that applicants indicate the correct funding method. Project applicants must communicate with their CoC to make sure that the CoC submissions reflect the same funding method.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- HUD reserves the right to reduce or reject any new project that fails to adhere to (24 CFR part 578 and application requirements set forth in FY 2018 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:

2. Type of Application: New Project Application

If Revision, select appropriate letter(s):

If "Other", specify:

3. Date Received: 09/14/2018

4. Applicant Identifier:

5a. Federal Entity Identifier:

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Connecticut Department of Housing

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

| | | | | |
|--|--------------------------------|-----------|----------------|--|
| | c. Organizational DUNS: | 078847898 | PLUS 4: | |
|--|--------------------------------|-----------|----------------|--|

d. Address

Street 1: 505 Hudson Street

Street 2: 2nd Floor

City: Hartford

County: Hartford

State: Connecticut

Country: United States

Zip / Postal Code: 06106

e. Organizational Unit (optional)

Department Name: Department of Housing

Division Name:

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

Prefix: Mr.

First Name: Steve

Middle Name:

Last Name: DiLella

Suffix:

Title: Director, Individual and Family Support Program Unit

Organizational Affiliation: CT Department of Housing

Telephone Number: (860) 270-8081

Extension:

Fax Number: (860) 706-5741

Email: steve.dilella@ct.gov

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: CT BOS PSH bonus 2018

16. Congressional District(s):

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

b. Project: CT-005, CT-001, CT-002, CT-003
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 07/01/2019

b. End Date: 06/30/2020

18. Estimated Funding (\$)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

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

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

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

If "YES," provide an explanation:

1F. SF-424 Declaration

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

I AGREE:

21. Authorized Representative

Prefix: Commissioner

First Name: Evonne

Middle Name:

Last Name: Klein

Suffix:

Title: Commissioner

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

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

Email: evonne.klein@ct.gov

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

Date Signed: 09/14/2018

1G. HUD 2880

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

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: Connecticut Department of Housing

Prefix:

First Name: Evonne

Middle Name:

Last Name: Klein

Suffix:

Title: Commissioner

Organizational Affiliation: Connecticut Department of Housing

Telephone Number: (860) 270-8236

Extension:

Email: evonne.klein@ct.gov

City: Hartford

County: Hartford

State: Connecticut

Country: United States

Zip/Postal Code: 06106

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

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$685,340.00

(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).

Table with 5 columns: Alphabetical list of all persons with a reportable financial interest in the project or activity, Social Security No. or Employee ID No., Type of Participation, Financial Interest in Project/Activity (\$), and Financial Interest in Project/Activity (%). Rows include AIDS CT, BH Care, Center for Human Development, Community Health Resources, and Community Renewal Team.

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: [X]

Name / Title of Authorized Official: Evonne Klein, Commissioner

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

Date Signed: 09/05/2017

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Connecticut Department of Housing
Program/Activity Receiving Federal Grant Funding: CoC Program

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

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

2. Sites for Work Performance.

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

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

X

the accompaniment herewith, is true and accurate.



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

Authorized Representative

Prefix: Commissioner

First Name: Evonne

Middle Name

Last Name: Klein

Suffix:

Title: Commissioner

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

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

Email: evonne.klein@ct.gov

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

Date Signed: 09/14/2018

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

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

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

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

| |
|---|
| X |
|---|

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

Applicant's Organization: Connecticut Department of Housing

Name / Title of Authorized Official: Evonne Klein, Commissioner

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

Date Signed: 09/14/2018

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES

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

Approved by OMB0348-0046

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

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

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

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

Legal Name: Connecticut Department of Housing

Street 1: 505 Hudson Street

Street 2: 2nd Floor

City: Hartford

County: Hartford

State: Connecticut

Country: United States

Zip / Postal Code: 06106

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

I certify that this information is true and complete.

X

Authorized Representative

Prefix: Commissioner
First Name: Evonne
Middle Name:
Last Name: Klein
Suffix:
Title: Commissioner
Telephone Number: (860) 270-8236
(Format: 123-456-7890)
Fax Number: (860) 706-5741
(Format: 123-456-7890)
Email: evonne.klein@ct.gov
Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 09/14/2018

2A. Project Subrecipients

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

Total Expected Sub-Awards: \$360,776

| Organization | Type | Sub-Award Amount |
|---------------------------|------------------------------------|------------------|
| Mercy Housing and Shelter | M. Nonprofit with 501C3 IRS Status | \$126,500 |
| Columbus House | M. Nonprofit with 501C3 IRS Status | \$174,407 |
| Reliance Health | M. Nonprofit with 501C3 IRS Status | \$59,869 |

2A. Project Subrecipients Detail

a. Organization Name: Mercy Housing and Shelter

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

c. Employer or Tax Identification Number: 06-1090211

| | | | | |
|--|----------------------------------|-----------|----------------|--|
| | * d. Organizational DUNS: | 198768872 | PLUS 4: | |
|--|----------------------------------|-----------|----------------|--|

e. Physical Address

Street 1: 211 Wethersfield Ave

Street 2:

City: Hartford

State: Connecticut

Zip Code: 06114

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

g. Is the subrecipient a Faith-Based Organization? Yes

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: \$126,500

j. Contact Person

Prefix: Ms.

First Name: Maria

Middle Name:

Last Name: Gomes
Suffix:
Title: Grants Quality Assurance Manager
E-mail Address: mgomes@mercyhousingct.org
Confirm E-mail Address: mgomes@mercyhousingct.org
Phone Number: 860-808-2042
Extension:
Fax Number:

2A. Project Subrecipients Detail

a. Organization Name: Columbus House

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

c. Employer or Tax Identification Number: 22-2511873

| | | | | |
|--|----------------------------------|-----------|----------------|--|
| | * d. Organizational DUNS: | 131764912 | PLUS 4: | |
|--|----------------------------------|-----------|----------------|--|

e. Physical Address

Street 1: 586 Ella T Grasso Blvd

Street 2:

City: New Haven

State: Connecticut

Zip Code: 06519

f. Congressional District(s): CT-005
(for multiple selections hold CTRL key)

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

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

i. Expected Sub-Award Amount: \$174,407

j. Contact Person

Prefix: Ms.

First Name: Alison

Middle Name:

Last Name: Cunningham

Suffix:

Title: Executive Director

E-mail Address: acunningham@columbushouse.org

Confirm E-mail Address: acunningham@columbushouse.org

Phone Number: 203-401-4400

Extension:

Fax Number:

2A. Project Subrecipients Detail

a. Organization Name: Reliance Health

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

c. Employer or Tax Identification Number: 06-1011343

| | | | | |
|--|----------------------------------|-----------|----------------|--|
| | * d. Organizational DUNS: | 118370782 | PLUS 4: | |
|--|----------------------------------|-----------|----------------|--|

e. Physical Address

Street 1: 40 Broadway

Street 2:

City: Norwich
State: Connecticut
Zip Code: 06360

f. Congressional District(s): CT-002
(for multiple selections hold CTRL key)

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

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

i. Expected Sub-Award Amount: \$59,869

j. Contact Person

Prefix: Mr.
First Name: Dave
Middle Name:
Last Name: Pasqua
Suffix:
Title: Project Manager
E-mail Address: David.Pascua@ct.gov
Confirm E-mail Address: David.Pascua@ct.gov
Phone Number: 860-887-6536
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 PSH project & will be grantee, fiscal manager and administrator of rental assistance. Mercy Housing and Shelter Corporation (MHSC), Reliance Health, Inc. and Columbus House will be the subrecipients for the project. DOH is the lead state agency for housing in CT, managing over \$200 million a year, including HUD funds from CDBG, Section 811, HOME, Section 8 HCV, VASH, ESG & HOPWA. DOH administers state programs, including those that fund ES, RRH, PSH, Coordinated Access, HIV/AIDS housing, a state-run rental assistance program with over 1,000 units dedicated to homeless individuals. DOH staff manages the 8 Coordinated Access Networks (CANS) in CT. The agency has strong financial accounting systems & 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 regulations. DOH Commissioner oversees all agency operations. DOH maintains contracts with all of its subrecipients & has frequent communication with subrecipient staff, including meeting regularly to discuss rent, housing quality, & service provision. DOH & sub-recipients are subject to independent monitoring contracted thru the CT BOS CoC to ensure compliance w/all HUD programmatic & financial requirements. DOH & subrecipients have achieved: timely draw downs in LOCCS/submission of APRs, limited monitoring findings, timely resolution of findings, an overall spend down rate of 90% & consistent track record of prompt apt inspections & timely rent payment.

Subrecipients on this project include Mercy Housing and Shelter (MHSC), Reliance Health, Inc., and Columbus House. Each subrecipient has a CFO/Director of Finance to maintain & update internal controls & accounting/reporting systems reporting to Executive Director (ED)/CEO. Each subrecipient has an ED/CEO responsible for oversight of all agency operations & reports to a Board of Directors that meet regularly to oversee fiscal operations, establish strategic goals & review program outcomes. The Boards ensure an annual independent financial audit, review audit results, adopt annual budgets & monitor agencies' spending. All subrecipients have experience managing PSH programs & have strong relationships w/ landlords & each has served homeless individuals in a Housing First model for decades. All subrecipients are 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. All providers are active members of their Coordinated Access Networks (CAN) and participate in their local sub-CoCs and the BOS CT CoC.

DOH secures matching funds from SAMHSA, HOPWA, DMHAS, CT HFA, Melville Charitable Trust & many other sources.

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 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 (DMHAS) 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 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 & subrecipients have a long- standing partnership resulting in significant private funds for homeless projects through the Melville Charitable Trust. Each subrecipient 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 with the team of staff working on these projects as well as the external coordination with 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 with 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 & timely rent payment. Team will continue ensuring timely project start-up, prompt apt inspections, compliance w/all HUD requirements & subrecipient oversight. Each subrecipient has an ED/CEO responsible for oversight of all agency operations & reporting to a Board of Directors that meets regularly to oversee fiscal operations, est strategic goals & review program outcomes. The Boards ensure an annual independent financial audit, review audit results, adopt annual budgets & monitor agencies' spending. Board Treasurers works closely with a CFO/Director of Finance to maintain & update internal controls & accounting/reporting systems. All subrecipient agencies have robust internal coordination & coordinate w/external partners through structures such as written MOUs & regular mtgs & are active participants in statewide/regional system planning through the CT BOS CoC & their regional sub CoCs. DOH maintains contracts w/all subrecipients & has frequent communication w/subrecipient staff to discuss rent payments, housing quality, & supportive service provision; DOH/sub-recipients 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 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: CT BOS PSH bonus 2018

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.

If funded, the project will provide PSH to 29 CH individuals w/the longest history of homelessness/most severe service needs, as identified on the prioritized By-Name Lists (BNL) in the Greater Hartford & Southeast CT coordinated access areas. The project will provide 8 units in a scatter site model throughout in New London w/Reliance Health, subrecipient providing the supportive services & 21 units in Hartford w/ Mercy Housing & Shelter Corp, sub-recipient providing supportive services. CT DOH will administer RA for the units. The project will also provide supportive services to 34 CH individuals in project-based PHA in New Haven, w/insufficient support services; Columbus House, a subrecipient providing the supportive services. CH individuals selected will be living w/disabilities such as HIV/AIDS, MI, & SA. Some CH participants may also be survivors of DV & veterans ineligible for VASH. Subrecipients for the project, 3 highly experienced nonprofits, will provide client centered supportive services. There is a critical community need for PSH to serve CH persons in the region; in 2018 PIT, BOS had 289 sheltered & unsheltered CH persons. Project will follow HUD Notice CPD-16-11 to prioritize serving CH persons w/the longest history of homelessness & most severe service needs in the order indicated in the notice. During intake process for scatter site units, staff work w/tenants to ID housing needs/preferences & locate suitable units. All tenants complete a full assessment w/in 30 days of entry & a service plan focused on ensuring tenants understand lease obligations, have income & are connected to needed services to address medical/behavioral health issues that may impede housing stability. Reassessments/service plans are completed every 6 months. Primary goal of the project is to maintain housing stability (targets: 95% of tenants remain in PSH or move to PH; 40% to increase income at exit or end of operating year). Project will rely on HUD funds to support activities that cannot be funded through mainstream sources. Outreach for this program will be conducted by PATH staff, Housing Outreach Teams, & in all ES. Applicants come through 211, making an appt w/ 1 of 8 Coordinated Access Networks throughout the CoC. Communication between 211 & the local CAN is coordinated via statewide HMIS. A statewide BNL housing registry, filtered by region, is kept in HMIS, allowing for sharing of clt info by sub-recipients. Subrecipients will work closely w/ DMHAS & the LMHAs to connect tenants to MH services & will make referrals to healthcare, substance use treatment, food pantries, employ, education & other services. Providers work to improve income & will connect tenants to CT Works, Labor Ready, American Job Centers. The Housing 1st approach for this project will provide housing quickly w/o barriers such as income, sobriety, or svc participation requirements then provide services once housed to meet tenancy obligations.

2. For each primary project location or structure in the project, enter the number of days from the execution of the grant agreement that each of the following milestones will occur as related to CoC Program funds requested in this project application. If a milestone is not applicable, leave the associated fields blank. If the project has only one location or

structure, or no structures, complete only column A. If multiple structures, complete one column for each structure.

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

| Project Milestones | Days from Execution of Grant Agreement | Days from Execution of Grant Agreement | Days from Execution of Grant Agreement | Days from Execution of Grant Agreement |
|---|--|--|--|--|
| | A | B | C | D |
| New project staff hired, or other project expenses begin? | 30 | | | |
| Participant enrollment in project begins? | 60 | | | |
| Participants begin to occupy leased units or structure(s), and supportive services begin? | 60 | | | |
| 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 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 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.

The participants to be served by Columbus House are CH homeless tenants in PHA buildings who are not currently receiving services. the participants in the buildings are living with mental health and substance use issues and are in need of case management services to connect them to appropriate services. Many of these program participants have little or no income and need support services to help them obtain and maintain benefits and make connections to job training and employment opportunities. The supportive services will focus on ensuring tenants are able to maintain stable housing and have the community connections and support needed to improve income and obtain/maintain benefits for which they are eligible.

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.

Mercy & Reliance Health have strong landlord networks & are able to locate housing units immediately; staff works w/applicants to locate acceptable units & help meet lease requirements. Staff researches rental data bases, surveys landlords & conducts required rent reasonableness assessments. For Columbus House, services can begin immediately, working w/participants in PHA sites. CM administer PSH Assessment to determine barriers to maintaining housing & support services needed; it is anticipated that these tenants will have severe service needs. Needs are determined & a service plan is created & CM makes referrals for: primary health services, MH services, Ed services, employ services, life skills, SA services, food pantry, & others. CM meets w/tenant regularly to assess housing stability & assist w/needed services to keep tenant housed; reassessments & service plans are conducted every 6 months. Service staff reaches out to LL to assess lease compliance & ensure housing stability.

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 chronically homeless tenants being served by this program will have severe unmet service needs such as living with HIV/AIDS, substance abuse, mental illness, and domestic violence. In addition, some people may be able to afford rent but have other barriers to stability & many may not have sufficient benefits or income to pay rent. As part of the assessment and reassessment processes, CM gather info on all service needs

so that they can be addressed and tenants can live as independently as possible. During the assessment & reassessment process, CM collect information on participants' employment, current income, medical coverage, and other benefits. CM work w/tenants to apply for all possible mainstream benefits that they may be eligible for obtaining. CM also ensure that tenants are able to maintain their existing benefits by assisting in recertification process, document collection, transportation to appointments at DSS & SSA, and continued assistance w/follow up. When applicable, tenants also have the opportunity to connect w/SOAR trained CMs to help ensure a successful application for SSI/DI. CM will also work w/tenants on job-readiness, employment training, job placement, and participation in job fairs. MHSC has employment specialists who are able to provide these services and have employment opportunities for tenants in-house. Case managers also will make referrals to vocational services such as: CT Works, Bureau of Rehab Services, Behavioral Health Recovery Program Vocational Services, Labor Ready, American Job Center, and Goodwill Services. 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. Many subrecipient agencies have embraced supported employment approaches and despite the challenges have seen rates of employment at 25%, above the HUD standard and particularly noteworthy given the needs of the sub-population. 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, mediating conflict and crisis prevention so they can manage more on their own. Independent living skills will be regularly assessed during home visits and meetings and staff will follow up to incorporate related goals into tenants' individual service plans. To address medical and behavioral health issues, agencies will work with tenants to connect them with DMHAS' local mental health authorities and contracted service provider organizations.

**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 | Weekly |
| Child Care | Non-Partner | As needed |
| Education Services | Non-Partner | As needed |
| 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 | Non-Partner | As needed |

| |
|------------------------------------|
| Substance Abuse Treatment Services |
| Transportation |
| Utility Deposits |

| | |
|--------------|-----------|
| Non-Partner | Monthly |
| Subrecipient | Weekly |
| 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: 29

Total Beds: 29

Total Dedicated CH Beds: 29

| Housing Type | Housing Type (JOINT) | Units | Beds |
|---------------------------------|----------------------|-------|------|
| Scattered-site apartments (...) | --- | 29 | 29 |

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: 29

b. Beds: 29

3. How many beds of the total beds in “2b. Beds” are dedicated to the chronically homeless? 29

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: 211 Wethersfield Ave

Street 2:

City: Hartford

State: Connecticut

ZIP Code: 06114

***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)**

090738 New London, 090492 Hartford, 090816
Norwich

5A. Project Participants - Households

Households Table

| | Households with at Least One Adult and One Child | Adult Households without Children | Households with Only Children | Total |
|--|---|--|--|-------|
| Number of Households | 0 | 63 | 0 | 63 |
| | | | | |
| 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 | 0 | 44 | | 44 |
| Adults ages 18-24 | 0 | 19 | | 19 |
| Accompanied Children under age 18 | 0 | | 0 | 0 |
| Unaccompanied Children under age 18 | | | 0 | 0 |
| Total Persons | 0 | 63 | 0 | 63 |

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 | 24 | 0 | 0 | 33 | 2 | 29 | 3 | 0 | 0 | 0 |
| Adults ages 18-24 | 5 | 0 | 0 | 11 | 0 | 8 | 2 | 0 | 0 | 0 |
| Total Persons | 29 | 0 | 0 | 44 | 2 | 37 | 5 | 0 | 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.

| | |
|------|---|
| 15% | Directly from the street or other locations not meant for human habitation. |
| 85% | 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.

Outreach will be conducted by PATH staff, Housing Outreach Teams & in all ES. Outreach will focus on identifying CH persons w/the longest history of homelessness & most severe service needs. Subrecipients, w/the Coordinated Access Networks (CANs), will ensure the VI-SPDAT is administered to people living on the streets & in ES in order to identify the target population. This project will follow HUD Notice CPD-16-11 when prioritizing potential tenants. The target pop for this project is CH persons w/the longest history of homelessness & most severe svc needs. Once applicants are identified, the regional CANs will make determinations of project eligibility & priority order using HMIS data and the VI-SPDAT. Case management staff will work w/tenants in the order of priority to secure needed documents, ID housing needs/preferences & locate a suitable unit. The outreach/admissions process will use a housing first approach (i.e. the project will first place participants in housing quickly w/o barriers such as income, sobriety, or service participation, providing services once housed to meet tenancy obligations & achieve personal goals). The project will follow the BOS Housing First guiding principles adopted by all providers. If there are difficulties meeting the requirement to serve exclusively CH, 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? Bonus

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 |
|---|--------------------|------------------|
| Department of Housing and Urban Development | 10% | 616806 |
| | | |
| | | |
| | | |
| | | |

b. Has this rate been approved by your cognizant agency? Yes

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:

| | |
|---|-------------------------------------|
| Acquisition/Rehabilitation/New Construction | <input type="checkbox"/> |
| Leased Units | <input type="checkbox"/> |
| Leased Structures | <input type="checkbox"/> |
| Rental Assistance | <input checked="" type="checkbox"/> |

| | |
|----------------------------|-------------------------------------|
| Supportive Services | <input checked="" type="checkbox"/> |
| Operating | <input type="checkbox"/> |
| HMIS | <input type="checkbox"/> |

6E. Rental Assistance Budget

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

| Total Request for Grant Term: | | | \$324,564 |
|--------------------------------------|--|-----------------------|---------------|
| Total Units: | | | 29 |
| Type of Rental Assistance | FMR Area | Total Units Requested | Total Request |
| TRA | CT - Hartford-West Hartford-East Hart... | 21 | \$244,692 |
| TRA | CT - Norwich-New London, CT HUD Metro... | 8 | \$79,872 |

Rental Assistance Budget Detail

Instructions:

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

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

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

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

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

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

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

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

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

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

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

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

Type of Rental Assistance: TRA

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

| Size of Units | # of Units (Applicant) | | FMR Area (Applicant) | | 12 Months | | Total Request (Applicant) |
|---------------|------------------------|---|----------------------|---|-----------|---|---------------------------|
| SRO | | x | \$587 | x | 12 | = | \$0 |
| 0 Bedroom | | x | \$782 | x | 12 | = | \$0 |
| 1 Bedroom | 21 | x | \$971 | x | 12 | = | \$244,692 |

| | | | | | | | |
|--|----|---|---------|---|----|---|-----------|
| 2 Bedrooms | | x | \$1,212 | x | 12 | = | \$0 |
| 3 Bedrooms | | x | \$1,516 | x | 12 | = | \$0 |
| 4 Bedrooms | | x | \$1,707 | x | 12 | = | \$0 |
| 5 Bedrooms | | x | \$1,963 | x | 12 | = | \$0 |
| 6 Bedrooms | | x | \$2,219 | x | 12 | = | \$0 |
| 7 Bedrooms | | x | \$2,475 | x | 12 | = | \$0 |
| 8 Bedrooms | | x | \$2,731 | x | 12 | = | \$0 |
| 9 Bedrooms | | x | \$2,987 | x | 12 | = | \$0 |
| Total Units and Annual Assistance Requested | 21 | | | | | | \$244,692 |
| Grant Term | | | | | | | 1 Year |
| Total Request for Grant Term | | | | | | | \$244,692 |

Click the 'Save' button to automatically calculate totals.

Rental Assistance Budget Detail

Instructions:

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

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

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

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

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

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

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

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

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

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

assistance requested multiplied by the grant term.

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

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

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: CT - Norwich-New London, CT HUD Metro FMR Area (0901106820)

| Size of Units | # of Units (Applicant) | | FMR Area (Applicant) | | 12 Months | | Total Request (Applicant) |
|--|------------------------|---|----------------------|---|-----------|---|---------------------------|
| SRO | | x | \$561 | x | 12 | = | \$0 |
| 0 Bedroom | | x | \$748 | x | 12 | = | \$0 |
| 1 Bedroom | 8 | x | \$832 | x | 12 | = | \$79,872 |
| 2 Bedrooms | | x | \$1,077 | x | 12 | = | \$0 |
| 3 Bedrooms | | x | \$1,440 | x | 12 | = | \$0 |
| 4 Bedrooms | | x | \$1,645 | x | 12 | = | \$0 |
| 5 Bedrooms | | x | \$1,892 | x | 12 | = | \$0 |
| 6 Bedrooms | | x | \$2,139 | x | 12 | = | \$0 |
| 7 Bedrooms | | x | \$2,385 | x | 12 | = | \$0 |
| 8 Bedrooms | | x | \$2,632 | x | 12 | = | \$0 |
| 9 Bedrooms | | x | \$2,879 | x | 12 | = | \$0 |
| Total Units and Annual Assistance Requested | 8 | | | | | | \$79,872 |
| Grant Term | | | | | | | 1 Year |
| Total Request for Grant Term | | | | | | | \$79,872 |

Click the 'Save' button to automatically calculate totals.

6F. Supportive Services Budget

Instructions:

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

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

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

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

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

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

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

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

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

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

| Eligible Costs | Quantity AND Description (max 400 characters) | Annual Assistance Requested |
|---------------------------------|--|-----------------------------|
| 1. Assessment of Service Needs | | |
| 2. Assistance with Moving Costs | | |
| 3. Case Management | 5.25 FTE x \$45,097=\$236,759 + (28% fringe) | \$303,052 |
| 4. Child Care | | |
| 5. Education Services | | |
| 6. Employment Assistance | 1 FTE x 45,097 + 12,627 (28% fringe) | \$57,724 |
| 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 | | \$360,776 |
| Grant Term | | 1 Year |
| Total Request for Grant Term | | \$360,776 |

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: | \$171,335 |
| Total Value of In-Kind Commitments: | \$0 |
| Total Value of All Commitments: | \$171,335 |

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 | Private | Pennrose Manageme... | 09/11/2018 | \$30,000 |
| Yes | Cash | Private | Reliance Health | 08/27/2018 | \$35,925 |
| Yes | Cash | Private | Glendower Group | 06/22/2018 | \$12,310 |
| Yes | Cash | Government | CT Department of ... | 09/13/2018 | \$93,100 |

Sources of Match Detail

- 1. Will this commitment be used towards match ? Yes
- 2. Type of commitment: Cash
- 3. Type of source: Private
- 4. Name the source of the commitment: Pennrose Management Company
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment: 09/11/2018
- 6. Value of Written Commitment: \$30,000

Sources of Match Detail

- 1. Will this commitment be used towards match ? Yes
- 2. Type of commitment: Cash
- 3. Type of source: Private
- 4. Name the source of the commitment: Reliance Health
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment: 08/27/2018
- 6. Value of Written Commitment: \$35,925

Sources of Match Detail

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

office or grant program as applicable)

- 5. Date of Written Commitment:** 06/22/2018
- 6. Value of Written Commitment:** \$12,310

Sources of Match Detail

- 1. Will this commitment be used towards match ?** Yes
- 2. Type of commitment:** Cash
- 3. Type of source:** Government
- 4. Name the source of the commitment:** CT Department of Housing
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 09/13/2018
- 6. Value of Written Commitment:** \$93,100

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 | \$324,564 | 1 Year | \$324,564 |
| 4. Supportive Services | \$360,776 | 1 Year | \$360,776 |
| 5. Operating | \$0 | 1 Year | \$0 |
| 6. HMIS | \$0 | 1 Year | \$0 |
| 7. Sub-total Costs Requested | | | \$685,340 |
| 8. Admin (Up to 10%) | | | |
| 9. Total Assistance Plus Admin Requested | | | \$685,340 |
| 10. Cash Match | | | \$171,335 |
| 11. In-Kind Match | | | \$0 |
| 12. Total Match | | | \$171,335 |
| 13. Total Budget | | | \$856,675 |

Click the 'Save' button to automatically calculate totals.

7A. Attachment(s)

| Document Type | Required? | Document Description | Date Attached |
|---|-----------|----------------------|---------------|
| 1) Subrecipient Nonprofit Documentation | No | Subrecipient Nonp... | 09/11/2018 |
| 2) Other Attachment(s) | No | | |
| 3) Other Attachment(s) | No | | |

Attachment Details

Document Description: Subrecipient Nonprofit Documentation

Attachment Details

Document Description: Indirect Rate - Columbus House

Attachment Details

Document Description:

7D. Certification

A. For all projects: Fair Housing and Equal Opportunity

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

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

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

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

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

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

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

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

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

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

Additional for Rental Assistance Projects:

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

B. For non-Rental Assistance Projects Only.

15-Year Operation Rule.

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

1-Year Operation Rule.

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

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

Name of Authorized Certifying Official: Evonne Klein

Date: 09/14/2018

Title: Commissioner

Applicant Organization: Connecticut Department of Housing

PHA Number (For PHA Applicants Only): CT 904

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.

| Page | Last Updated |
|------------------------------------|-------------------|
| 1A. SF-424 Application Type | No Input Required |
| New Project Application FY2018 | Page 57 |
| | 09/14/2018 |

| | |
|---|-------------------|
| 1B. SF-424 Legal Applicant | No Input Required |
| 1C. SF-424 Application Details | No Input Required |
| 1D. SF-424 Congressional District(s) | 08/21/2018 |
| 1E. SF-424 Compliance | 08/21/2018 |
| 1F. SF-424 Declaration | 08/21/2018 |
| 1G. HUD 2880 | 08/21/2018 |
| 1H. HUD 50070 | 08/21/2018 |
| 1I. Cert. Lobbying | 08/21/2018 |
| 1J. SF-LLL | 08/21/2018 |
| 2A. Subrecipients | 09/13/2018 |
| 2B. Experience | 09/12/2018 |
| 3A. Project Detail | 09/12/2018 |
| 3B. Description | 09/13/2018 |
| 3C. Expansion | 09/13/2018 |
| 4A. Services | 09/13/2018 |
| 4B. Housing Type | 09/13/2018 |
| 5A. Households | 09/13/2018 |
| 5B. Subpopulations | No Input Required |
| 5C. Outreach | 09/12/2018 |
| 6A. Funding Request | 09/13/2018 |
| 6E. Rental Assistance | 09/12/2018 |
| 6F. Supp Srvcs Budget | 09/13/2018 |
| 6I. Match | 09/13/2018 |
| 6J. Summary Budget | No Input Required |
| 7A. Attachment(s) | 09/11/2018 |
| 7D. Certification | 09/13/2018 |

CINCINNATI OH 45999-0038

In reply refer to: 0248221235
Dec. 04, 2015 LTR 4168C 0
22-2511873 000000 00
00017877
BODC: TE

COLUMBUS HOUSE
586 ELLA GRASSO BLVD
NEW HAVEN CT 06519

Employer ID Number: 22-2511873
Form 990 required: Yes

Dear Taxpayer:

This is in response to your request dated Nov. 24, 2015, regarding your tax-exempt status.

We issued you a determination letter in May 1985, recognizing you as tax-exempt under Internal Revenue Code (IRC) Section 501(c) 3.

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

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

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

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

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

0248221235
Dec. 04, 2015 LTR 4168C 0
22-2511873 000000 00
00017878

COLUMBUS HOUSE
586 ELLA GRASSO BLVD
NEW HAVEN CT 06519

Sincerely yours,

Susan M. O'Neill

Susan M. O'Neill, Department Mgr.
Accounts Management Operations

CINCINNATI OH 45999-0038

In reply refer to: 0248222395
Mar. 24, 2014 LTR 4168C 0
06-1011343 000000 00
00026891
BODC: TE

RELIANCE HOUSE INC
40 BROADWAY
NORWICH CT 06360



013590

Employer Identification Number: 06-1011343
Person to Contact: MISS CONVERSE
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Mar. 13, 2014, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(03) of the Internal Revenue Code in a determination letter issued in November 1981.

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.

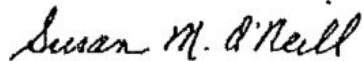
Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third 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.

0248222395
Mar. 24, 2014 LTR 4168C 0
06-1011343 000000 00
00026892

RELIANCE HOUSE INC
40 BROADWAY
NORWICH CT 06360

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

Sincerely yours,



Susan M. O'Neill, Department Mgr.
Accounts Management Operations

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 6:30 p.m. EST

877-829-5500

Fax Number:

513-263-3756

Federal Identification Number:

06-1090211

Group Exemption Number:

0928

Dear Sir or Madam:

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

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

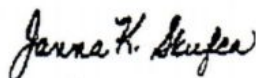
The United States Conference of Catholic Bishops is listed in Publication 78. Donors may deduct contributions to your organization under section 170 of the code.

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

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

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

Sincerely,



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