

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.gov at https://www.hud.gov/program_offices/comm_planning/coc.
- Questions regarding the FY 2024 CoC Program Competition process must be submitted to CoCNOFO@hud.gov.
- Questions related to e-snaps functionality (e.g., password lockout, access to user's application account, updating Applicant Profile) must be submitted to e-snaps@hud.gov.
- Project applicants are required to have a Unique Entity Identifier (UEI) 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) 2024 Continuum of Care (CoC) Program Competition. For more information see FY 2024 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2024 CoC Program NOFO.
- Detailed instructions and e-snaps navigation guides can be found on the hud.gov website https://www.hud.gov/program_offices/comm_planning/coc/competition. The Detailed Instructions contain more comprehensive instructions and so should be used in tandem with the navigational guides.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2023 Project Application will be imported into the FY 2024 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- YHDP projects that are eligible for renewal under the CoC program may only use the YHDP Renewal or YHDP Replacement and Reallocation funding opportunities. Please review the NOFO for eligibility standards.
- Rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2024 CoC Program Competition NOFO.

1A. SF-424 Application Type

1. Type of Submission: Application

2. Type of Application: Renewal Project Application

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

If "Other", specify:

3. Date Received: 10/18/2024

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: MA0114

This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number

X

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

- a. Legal Name:** City of New Bedford
- b. Employer/Taxpayer Identification Number (EIN/TIN):** 04-6001402
- c. Unique Entity Identifier:** MUQVPRRNQM94

d. Address

Street 1: 608 Pleasant Street

Street 2:

City: New Bedford

County:

State: Massachusetts

Country: United States

Zip / Postal Code: 02740

e. Organizational Unit (optional)

Department Name: Office of Housing and Community Development

Division Name:

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

Prefix: Ms.

First Name: Jennifer

Middle Name:

Last Name: Clarke

Suffix:

Title: Deputy Director

Organizational Affiliation: City of New Bedford

Telephone Number: (508) 979-1500

Extension:

Applicant: City of New Bedford HMIS Project
Project: City of New Bedford HMIS Project 2.0

075719187
222809

Fax Number: (508) 979-1575

Email: Jennifer.Clarke@newbedford-ma.gov

1C. SF-424 Application Details

9. Type of Applicant: C. City or Township 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-6800-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): Massachusetts
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: City of New Bedford HMIS Project 2.0

16. Congressional District(s):

a. Applicant: MA-004, MA-008, MA-009
(for multiple selections hold CTRL key)

b. Project: MA-004, MA-008, MA-009
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 10/01/2025

b. End Date: 09/30/2026

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: Jennifer

Middle Name:

Last Name: Clarke

Suffix:

Title: Deputy Director

Telephone Number: (508) 979-1500
(Format: 123-456-7890)

Fax Number: (508) 979-1575
(Format: 123-456-7890)

Email: Jennifer.Clarke@newbedford-ma.gov

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

Date Signed: 10/18/2024

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Number: 2501-0017 Expiration Date: 01/31/2026

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: City of New Bedford

Prefix: Ms.

First Name: Jennifer

Middle Name:

Last Name: Clarke

Suffix:

Title: Deputy Director

Organizational Affiliation: City of New Bedford

Telephone Number: (508) 979-1500

Extension:

Email: Jennifer.Clarke@newbedford-ma.gov

City: New Bedford

County:

State: Massachusetts

Country: United States

Zip/Postal Code: 02740

2. Employer ID Number (EIN): 04-6001402

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$74,524.00

(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 |
|--|--------------------|-----------------------------|----------------------------|
| N/A | N/A | \$0.00 | \$0.00 |
| | | | |
| | | | |
| | | | |
| | | | |

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

Part III Interested Parties

Do you need to disclose interested parties for this grant according to the criteria below? No

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 non-disclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I/We, the undersigned, certify under penalty of perjury that the information provided above is true, correct, and accurate. Warning: If you knowingly make a false statement on this form, you may be subject to criminal and/or civil 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.

X

Name / Title of Authorized Official: Jennifer Clarke, Deputy Director

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

Date Signed: 10/18/2024

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: City of New Bedford

Program/Activity Receiving Federal Grant CoC Program
Funding:

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; | |

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 certify that the information provided on this form and in any accompanying documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

X

WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 1001, 1010, 1012; 31 U.S.C. §3729, 3802)

Authorized Representative

Prefix: Ms.

First Name: Jennifer

Middle Name

Last Name: Clarke

Suffix:

Title: Deputy Director

Telephone Number: (508) 979-1500
(Format: 123-456-7890)

Fax Number: (508) 979-1575
(Format: 123-456-7890)

Email: Jennifer.Clarke@newbedford-ma.gov

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

Date Signed: 10/18/2024

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: City of New Bedford

Name / Title of Authorized Official: Jennifer Clarke, Deputy Director

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

Date Signed: 10/18/2024

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES

**Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB: 4040-0013 (exp. 02/28/2025)**

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: City of New Bedford

Street 1: 608 Pleasant Street

Street 2:

City: New Bedford

County:

State: Massachusetts

Country: United States

Zip / Postal Code: 02740

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: Jennifer

Middle Name:

Last Name: Clarke

Suffix:

Title: Deputy Director

Telephone Number: (508) 979-1500
(Format: 123-456-7890)

Fax Number: (508) 979-1575
(Format: 123-456-7890)

Email: Jennifer.Clarke@newbedford-ma.gov

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

Date Signed: 10/18/2024

IK. SF-424B

(SF-424B) ASSURANCES - NON-CONSTRUCTION PROGRAMS

OMB Number: 4040-0007
Expiration Date: 02/28/2025

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

- | | |
|----|---|
| 1. | Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application. |
| 2. | Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives. |
| 3. | Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain. |
| 4. | Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency. |
| 5. | Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F). |
| 6. | Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism, (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application. |
| 7. | Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases. |
| 8. | Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds. |

| | |
|-----|--|
| 9. | Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327~333), regarding labor standards for federally-assisted construction subagreements. |
| 10. | Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more. |
| 11. | Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205). |
| 12. | Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system. |
| 13. | Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.). |
| 14. | Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance. |
| 15. | Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance. |
| 16. | Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures. |
| 17. | Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations." |
| 18. | Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program. |
| 19. | Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award. |

As the duly authorized representative of the applicant, I certify: ☒

Authorized Representative for: City of New Bedford

Prefix: Ms.

First Name: Jennifer

Middle Name:

Last Name: Clarke

Suffix:

Title: Deputy Director

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

Date Signed: 10/18/2024

Information About Submission without Changes

Follow the instructions below making note of the exceptions and limitations to the “Submit Without Changes” process.

In general, HUD expects a project’s proposed project application information will remain the same from year-to-year unless changes are directed by HUD or approved through the grant agreement amendment process. However, HUD expects applicants to carefully review their information to determine if submitting without changes accurately reflects the expiring grant requesting renewal.

The data from previously submitted new and renewal project applications can be imported into a FY 2024 renewal project application. The “Submit without Changes” process is not applicable for first time renewing project applications or for a project application that did not import FY 2023 information and e-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that select “Yes - Individual Application in a Renewal Grant Consolidation” on the Renewal Grant Consolidation or Renewal Grant Expansion Screen may not use the “Submit Without Changes” process and esnaps will automatically be set to “Make Changes”. In addition, esnaps will automatically be set to “Make Changes” if the project applicant indicates on the Renewal Grant Consolidation or Renewal Grant Expansion Screen, this project application is for a “Yes - Stand-Alone Renewal Application in a New Grant Expansion” project application.

The e-snaps screens that remain “open” for required annual updates and do not affect applicants’ ability to select “Submit without Changes” are:

- Recipient Performance Screen
- Consolidation and Expansion
- Screen 3A. Project Detail
- Screen 6A. Funding Request
- Screen 6D. Sources of Match
- Screen 6E. Summary Budget - All of Part 7: Attachments and Certification; and
- All of Part 8: Submission Summary.

All other screens in Part 2 through Part 6 begin in “Read-Only” format and should be reviewed for accuracy; including any updates that were made to the 2023 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select “Submit Without Changes” in Part 8. If project applicants imported data and do need to make updates to the information on one or more screens, they must navigate to Part 8: “Submission Without Changes” Screen, select “Make Changes”, and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click “Save” and those screens will be available for edit. Once a project applicant selects a checkbox and clicks “Save”, the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions and e-snaps navigation guides found on HUD.gov to find more in depth information about applying under the FY 2024 CoC Competition.

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award due to reallocation? No

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

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

| | |
|--|-------------------------------------|
| Part 2 - Subrecipient Information | |
| 2A. Subrecipients | <input checked="" type="checkbox"/> |
| Part 3 - Project Information | |
| 3A. Project Detail | <input checked="" type="checkbox"/> |
| 3B. Description | <input checked="" type="checkbox"/> |
| Part 4 - Housing Services and HMIS | |
| 4A. HMIS Standards | <input checked="" type="checkbox"/> |
| Part 5 - Participants and Outreach Information | |
| Part 6 - Budget Information | |
| 6A. Funding Request | <input checked="" type="checkbox"/> |
| 6D. Match | <input checked="" type="checkbox"/> |
| 6E. Summary Budget | <input checked="" type="checkbox"/> |
| Part 7 - Attachment(s) & Certification | |
| 7A. Attachment(s) | <input checked="" type="checkbox"/> |
| 7A. In-Kind Match MOU Attachment | <input checked="" type="checkbox"/> |
| 7B. Certification | <input checked="" type="checkbox"/> |
| | |

You have selected "Make Changes" to question #2 above. Provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

- 2A - Subrecipient (Project Description Updated)
- 3B - Description (CoC Info Updated)
- 4A - HMIS Standards (CoC Info Updated)

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

Recipient Performance

1. Did you submit your previous year's Annual Performance Report (APR) on time? Yes
2. Do you have any unresolved HUD Monitoring or OIG Audit finding(s) concerning any previous grant term related to this renewal project request? No
3. Do you draw funds quarterly for your current renewal project? Yes
4. Have any funds remained available for recapture by HUD for the most recently expired grant term related to this renewal project request? No

Renewal Grant Consolidation or Renewal Grant Expansion

The CoC Competition will continue offering opportunities to expand or consolidate CoC projects.

1. Expansions and Consolidations will no longer be required to submit a combined version of the application.

a. Expansions will be required to ONLY submit a Stand-Alone Renewal and a Stand-Alone New application.

b. Consolidations will be required to ONLY submit a Survivor grant and a terminating grant. Up to 10 grants may be involved in a consolidation (Survivor + 9 Terminating grants)



2. Since no combined version will be submitted for either the Expansion or Consolidation, the combining of data will occur at Post-Award. HUD HQ will combine all units, beds and budgets prior to the Post-Award process. The field office and applicant will then be required to combine remaining project data at C1.9a (recipient step). HUD HQ will provide a data report with the data all combined. All that will be required for applicants to do is a simple copy and paste.

We hope this process will simplify and reduce any confusion when submitting expansions or consolidations. If you have any questions, please contact the AAQ.

**1. Is this renewal project application requesting to No
consolidate or expand?**

If "No" click on "Next" or "Save & Next" below to move to the next screen.

2A. Project Subrecipients

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

Total Expected Sub-Awards: \$74,524

| Organization | Type | Sub-Award Amount |
|---------------------|--------------------------------|------------------|
| City of New Bedford | C. City or Township Government | \$74,524 |

2A. Project Subrecipients Detail

a. Organization Name: City of New Bedford

b. Organization Type: C. City or Township Government

c. Employer or Tax Identification Number: 04-6001402

d. Unique Entity Identifier: MUQVPRRNQM94

e. Physical Address

Street 1: 608 Pleasant Street

Street 2:

City: New Bedford

State: Massachusetts

Zip Code: 02740

f. Congressional District(s): MA-009
(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: \$74,524

j. Contact Person

Prefix: Ms.

First Name: Jennifer

Middle Name:

Last Name: Clarke

Suffix:

Title: Deputy Director

E-mail Address: Jennifer.clarke@newbedford-ma.gov

Confirm E-mail Address: Jennifer.clarke@newbedford-ma.gov

Phone Number: 508-979-1500

Extension:

Fax Number:

3A. Project Detail

1. Expiring Grant Project Identification Number (PIN): MA0114

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

2. CoC Number and Name: MA-505 - New Bedford/Attleboro/Taunton/Bristol County

3. CoC Collaborative Applicant Name: City of New Bedford

4. Project Name: City of New Bedford HMIS Project 2.0

5. Project Status: Standard

6. Component Type: HMIS

7. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3? No

9. Is this project applying for Rural costs on screen 6A? No

3B. Project Description

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

The Homeless Management Information Systems Project for the MA-505 CoC is the reporting and data collection tool for all CoC-funded projects and most non-CoC housing and supportive services programs as well. Fund will be used for our HMIS system supported by CaseWorthy. Also, funds will be distributed to individual agencies (as needed) for HMIS eligible expenses.

4A. HMIS Standards

1. Is the HMIS currently programmed to collect all Universal Data Elements (UDEs) as set forth in the FY 2024 HMIS Data Standard Manual? Yes

2. Does HMIS produce all HUD-required reports and provide data needed for HUD reporting? (i.e., Annual Performance Report (APR)/CoC reporting, Consolidated Annual Performance and Evaluation Report (CAPER)/ESG reporting, Longitudinal System Analysis (LSA)/Annual Homeless Assessment Report (AHAR), System Performance Measures (SPM), and Data Quality Table, etc.). Yes

3. Is your HMIS capable of generating all reports required by all Federal partners including HUD, VA, and HHS? Yes

4. Does HMIS provide the CoC with an unduplicated count of program participants receiving services in the CoC? Yes

5. Describe your organizations process and stakeholder involvement for updating your HMIS Governance Charters and HMIS Policies and Procedures.

The City's Office of Housing and Community Development (OHCD) serves as the MA-505 CoC's HMIS Lead. The OHCD's responsibility includes oversight of both the New Bedford CoC HMIS Governance Charter and its Policies & Procedures. Both the governance charter and Policies and Procedures documents were last revised in 2019. There is no established timetable during which updates can be entertained; they are permitted to occur as needed. Such consideration of any changes or revisions, however, typically originate with either the HMIS Lead or the CoC's Data Committee. Membership on that committee is open to anyone within the CoC and all are encouraged to participate. It is the CoC Data Committee who would serve as the initial step where changes/revisions would be evaluated, discussed and as needed, formed for recommendation to the HSPN. All CoC members are always welcomed in raising issues via the committee or the HMIS Lead. No stakeholder review of their respective efficacy or completeness was made or requested during the pandemic. Matters affecting policy are brought before the CoC membership.

6. Who is responsible for insuring the HMIS implementation meets all privacy and security standards as required by HUD and other federal partners?

The HMIS Lead, the City's Office of Housing and Community Development (OHCD), bears responsibility for ensuring the system's implementation meets privacy and security requirements. It does so through reliance on its HMIS vendor, CaseWorthy, and oversight of the system users. An established PII policy is in place through the OHCD and all system users must go through training and security instruction the culmination of which is the execution of a System Confidentiality & User Agreement which every single user of HMIS must complete. This document includes the signer to acknowledge 9 key security measures including use of their ID/password and its security, access of hard copies of electronic records and their security and steps if a suspected breach or abuse of client confidentiality has been found/revealed. Every participating HMIS agency has an assigned Agency Administrator who is responsible for training each new person and signing their trainees System Confidentiality & User Agreement. Ultimately the decision to accept the new user onto the system is screened by the HMIS Lead. Once someone's agreement has been reviewed and accepted, only then can a user password/credentials be given. Agency Administrators are also responsible for immediately notifying the HMIS Lead any time an employee has left their position for any reason to ensure the OHCD can quickly deactivate their credentials and access.

7. Does the HMIS Lead conduct Privacy and Security Training and follow up on privacy and security standards on a regular basis? Yes

8. What is the CoC's policy and procedures for managing a breach of Personally Identifiable Information (PII) in HMIS?

All HMIS users "must comply with 2 CFR §200.303 and the CITY's Personally Identifiable Information Policy. This requires them to take reasonable measures to safeguard protected personally identifiable information, as defined in 2 CFR 200.82, and other information HUD or the CoC designates as sensitive or the HMIS Lead and/or Agency Administrator considers sensitive consistent with applicable Federal, state, local, and tribal laws regarding privacy and obligations of confidentiality."

6A. Funding Request

VAWA Budget

In FY2024, the Violence Against Women Act (VAWA) has clarified the use of CoC Program funds for VAWA eligible cost categories. These VAWA cost categories can be added to a new project application to create a CoC VAWA Budget Line Item (BLI) in e-snaps and eLOCCS. The BLI will be added to grant agreements and utilized the same as other CoC Program BLIs in e-snaps and eLOCCS. Eligible CoC VAWA costs can be identified in one or both of the following CoC VAWA categories. Examples of eligible costs in these cost categories are identified as follows:

- A. VAWA Emergency Transfer Facilitation. Examples of eligible costs include the costs of assessing, coordinating, approving, denying, and implementing a survivor's emergency transfer(s). Additional details of eligible costs include:
- Moving Costs. Assistance with reasonable moving costs to move survivors for an emergency transfer(s).
 - Travel Costs. Assistance with reasonable travel costs for survivors and their families to travel for an emergency transfer(s). This may include travel costs to locations outside of your CoC's geography.
 - Security Deposits. Grant funds can be used to pay for security deposits of the safe unit the survivor is transferring to via an emergency transfer(s).
 - Utilities. Grant funds can be used to pay for costs of establishing utility assistance in the safe unit the survivor is transferring to.
 - Housing Fees. Grant funds can be used to pay fees associated with getting survivors into a safe unit via emergency transfer(s), including but not limited to application fees, broker fees, holding fees, trash fees, pet fees where the person believes they need their pet to be safe, etc.
 - Case Management. Grant funds can be used to pay staff time necessary to assess, coordinate, and implement emergency transfer(s).
 - Housing Navigation. Grant funds can be used to pay staff time necessary to identify safe units and facilitate moves into housing for survivors through emergency transfer(s).
 - Technology to make an available unit safe. Grant funds can be used to pay for technology that the individual believes is needed to make the unit safe, including but not limited to doorbell cameras, security systems, phone, and internet service when necessary to support security systems for the unit, etc.
- B. VAWA Confidentiality Requirements. Examples of eligible costs for ensuring compliance with VAWA confidentiality requirements include:
- Monitoring and evaluating compliance.
 - Developing and implementing strategies for corrective actions and remedies to ensure compliance.
 - Program evaluation of confidentiality policies, practices, and procedures.
 - Training on compliance with VAWA confidentiality requirements.
 - Reporting to CoC Collaborative Applicant, HUD, and other interested parties on compliance with VAWA confidentiality requirements.
 - Costs for establishing methodology to protect survivor information.
 - Staff time associated with maintaining adherence to VAWA confidentiality requirements.

Enter the estimated amount(s) you are requesting for this project's Emergency Transfer Facilitation costs and VAWA Confidentiality Requirements costs for one or both of these eligible CoC VAWA cost categories. The CoC VAWA BLI Total amount can be expended for any eligible CoC VAWA cost identified above.

1. Will this project use funds from this grant to provide for emergency transfer facilitation, which includes the costs of assessing, coordinating, approving, denying and implementing a survivor's emergency transfer per Section III.B.4.a.(3) (a) of the NOFO? No

2. Will this project use funds from this grant to provide for VAWA confidentiality requirements, which includes the costs of ensuring compliance with the VAWA confidentiality requirements per Section III.B.4.a.(3) (b) of the NOFO? No

Rural Cost Budget

In FY2024, the CoC Program has added eligible rural cost budget categories to be added in a new CoC Rural Cost Budget Line Item (BLI). The BLI will be added to grant agreements and utilized the same as other CoC Program BLIs in e-snaps and eLOCCS. There are three CoC Program rural cost categories that can be requested for your CoC Rural Cost BLI.

- Short-term emergency lodging to include housing in motels or shelters, either by providing direct funding or through vouchers.
- Repairs to housing units in where individuals and families experiencing homelessness will be housed, including housing units.
- Staff Training to include professional development, skill development, and staff retention activities.

3. Will this project use funds from this grant to provide for short-terms emergency lodging, repairs to housing units and staff training per Section III.B.4.b.(3) (a) of the NOFO? No

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

5. Renewal Grant Term: This field is pre-populated with a one-year grant term and cannot be edited: 1 Year

6. Select the costs for which funding is requested:

| | |
|-------|-------------------------------------|
| HMIS | <input checked="" type="checkbox"/> |
| VAWA | <input checked="" type="checkbox"/> |
| Rural | <input type="checkbox"/> |

The VAWA BLI is permanently checked. This allows any project to shift funds up to a 10% shift from another BLI if VAWA emergency transfer costs are needed.

6D. Sources of Match

The following list summarizes the funds that will be used as Match for this project. To add a Match source to the list, select the icon. To view or update a Match source already listed, select the icon.

Summary for Match

| | |
|-------------------------------------|----------|
| Total Value of Cash Commitments: | \$0 |
| Total Value of In-Kind Commitments: | \$18,631 |
| Total Value of All Commitments: | \$18,631 |

1. Will this project generate program income described in 24 CFR 578.97 to use as Match for this project? 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.

| Type | Source | Contributor | Value of Commitments |
|---------|------------|---------------------|----------------------|
| In-Kind | Government | City of New Bedford | \$18,631 |

Sources of Match Detail

1. Type of Match Commitment: In-Kind

2. Source: Government

3. Name of Source: City of New Bedford

(Be as specific as possible and include the
office or grant program as applicable)

4. Amount of Written Commitment: \$18,631

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.

6E. Summary Budget

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2018 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2018, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

| Eligible Costs (Light gray fields are available for entry of the previous grant agreement, GIW, approved GIW Change Form, or reduced by reallocation) | Applicant CoC Program Costs Requested (1 Year Term) |
|--|--|
| 1a. Leased Units (Screen 6B) | \$0 |
| 1b. Leased Structures (Enter) | \$0 |
| 2. Rental Assistance (Screen 6C) | \$0 |
| 3. Supportive Services (Enter) | \$0 |
| 4. Operating (Enter) | \$0 |
| 5. HMIS (Enter) | \$74,524 |
| 6. VAWA (Enter) | \$0 |
| 7. Rural (Enter) (Only for HUD CoC Program approved rural areas) | \$0 |
| 8. Sub-total of CoC Program Costs Requested | \$74,524 |
| 9. Admin (Up to 10% of Sub-total in #8) | \$0 |
| 10. HUD funded Sub-total + Admin. Requested | \$74,524 |
| 11. Cash Match (From Screen 6D) | \$0 |
| 12. In-Kind Match (From Screen 6D) | \$18,631 |
| 13. Total Match (From Screen 6D) | \$18,631 |
| 14. Total Project Budget for this grant, including Match | \$93,155 |

7A. Attachment(s)

| Document Type | Required? | Document Description | Date Attached |
|---|-----------|----------------------|---------------|
| 1) Subrecipient Nonprofit Documentation | No | | |
| 2) Other Attachment | No | | |
| 3) Other Attachment | No | | |

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

7A. In-Kind Match MOU Attachment

| Document Type | Required? | Document Description | Date Attached |
|-------------------|-----------|----------------------|---------------|
| In-Kind Match MOU | No | | |

Attachment Details

Document Description:

7B. Certification

**Applicant and Recipient Assurances and Certifications - form HUD-424B (Title)
U.S. Department of Housing and Urban Development OMB Approval No.
2501-0017
(expires 01/31/2026)**

As part of your application for HUD funding, you, as the official authorized to sign on behalf of your organization or as an individual must provide the following assurances and certifications. The Responsible Civil Rights Official has specified this form for use for purposes of general compliance with 24 CFR §§ 1.5, 3.115, 8.50, and 146.25, as applicable. The Responsible Civil Rights Official may require specific civil rights assurances to be furnished consistent with those authorities and will specify the form on which such assurances must be made. A failure to furnish or comply with the civil rights assurances contained in this form may result in the procedures to effect compliance at 24 CFR §§ 1.8, 3.115, 8.57, or 146.39. By submitting this form, you are stating that to the best of your knowledge and belief, all assertions are true and correct.

1. Has the legal authority to apply for Federal assistance, has the institutional, managerial and financial capability (including funds to pay the non-Federal share of program costs) to plan, manage and complete the program as described in the application and the governing body has duly authorized the submission of the application, including these assurances and certifications, and authorized me as the official representative of the application to act in connection with the application and to provide any additional information as may be required.

2. Will administer the grant in compliance with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and implementing regulations (24 CFR part 1), which provide that no person in the United States shall, on the grounds of race, color or national origin, be excluded from participation in, be denied the benefits of, or otherwise be subject to discrimination under any program or activity that receives Federal financial assistance OR if the applicant is a Federally recognized Indian tribe or its tribally designated housing entity, is subject to the Indian Civil Rights Act (25 U.S.C. 1301-1303).

3. Will administer the grant in compliance with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and implementing regulations at 24 CFR part 8, the American Disabilities Act (42 U.S.C. §§ 12101 et seq.), and implementing regulations at 28 CFR part 35 or 36, as applicable, and the Age Discrimination Act of 1975 (42 U.S.C. 6101-07) as amended, and implementing regulations at 24 CFR part 146 which together provide that no person in the United States shall, on the grounds of disability or age, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity that receives Federal financial assistance; except if the grant program authorizes or limits participation to designated populations, then the applicant will comply with the nondiscrimination requirements within the designated population.

4. Will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and the implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion sex (including gender identity and sexual orientation), disability, familial status, or national origin and will affirmatively further fair housing; except an applicant which is an Indian tribe or its instrumentality which is excluded by statute from coverage does not make this certification; and further except if the grant program authorizes or limits participation to designated populations, then the applicant will comply with the nondiscrimination requirements within the designated population.

5. Will comply with all applicable Federal nondiscrimination requirements, including those listed at 24 CFR §§ 5.105(a) and 5.106 as applicable.

6. Will comply with the acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended (42 U.S.C. 4601) and implementing regulations at 49 CFR part 24 and, as applicable, Section 104(d) of the Housing and Community Development Act of 1974 (42 U.S.C. 5304(d)) and implementing regulations at 24 CFR part 42, subpart A.

7. Will comply with the environmental requirements of the National Environmental Policy Act (42 U.S.C. 4321 et seq.) and related Federal authorities prior to the commitment or expenditure of funds for property.

8. That no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, and officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all subawards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly. Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage by the Byrd Amendment, but State-recognized Indian tribes and TDHs established under State law are not excluded from the statute's coverage.

Name of Authorized Certifying Official: Jennifer Clarke

Date: 10/18/2024

Title: Deputy Director

Applicant Organization: City of New Bedford

PHA Number (For PHA Applicants Only):

I/We, the undersigned, certify under penalty of perjury that the information provided above is true and correct. **WARNING:** Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§287, 1001, 1010, 1012, 1014; 31 U.S.C. §3729, 3802).

X

8B Submission Summary

| Page | Last Updated |
|--------------------------------------|-------------------|
| 1A. SF-424 Application Type | 09/20/2024 |
| 1B. SF-424 Legal Applicant | 09/20/2024 |
| 1C. SF-424 Application Details | No Input Required |
| 1D. SF-424 Congressional District(s) | 10/10/2024 |
| 1E. SF-424 Compliance | 09/20/2024 |
| 1F. SF-424 Declaration | 09/20/2024 |

| | |
|--|-------------------|
| 1G. HUD 2880 | 09/20/2024 |
| 1H. HUD-50070 | 09/20/2024 |
| 1I. Cert. Lobbying | 09/20/2024 |
| 1J. SF-LLL | 09/20/2024 |
| IK. SF-424B | 09/20/2024 |
| Submission Without Changes | 10/10/2024 |
| Recipient Performance | 10/10/2024 |
| Renewal Grant Consolidation or Renewal Grant Expansion | 10/10/2024 |
| 2A. Subrecipients | 09/20/2024 |
| 3A. Project Detail | 10/10/2024 |
| 3B. Description | 10/18/2024 |
| 4A. HMIS Standards | 10/18/2024 |
| 6A. Funding Request | 10/10/2024 |
| 6D. Match | 09/20/2024 |
| 6E. Summary Budget | No Input Required |
| 7A. Attachment(s) | No Input Required |
| 7A. In-Kind Match MOU Attachment | No Input Required |
| 7B. Certification | 10/18/2024 |

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.gov at https://www.hud.gov/program_offices/comm_planning/coc.
- Questions regarding the FY 2024 CoC Program Competition process must be submitted to CoCNOFO@hud.gov.
- Questions related to e-snaps functionality (e.g., password lockout, access to user's application account, updating Applicant Profile) must be submitted to e-snaps@hud.gov.
- Project applicants are required to have a Unique Entity Identifier (UEI) 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) 2024 Continuum of Care (CoC) Program Competition. For more information see FY 2024 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2024 CoC Program NOFO.
- Detailed instructions and e-snaps navigation guides can be found on the hud.gov website https://www.hud.gov/program_offices/comm_planning/coc/competition. The Detailed Instructions contain more comprehensive instructions and so should be used in tandem with the navigational guides.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2023 Project Application will be imported into the FY 2024 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- YHDP projects that are eligible for renewal under the CoC program may only use the YHDP Renewal or YHDP Replacement and Reallocation funding opportunities. Please review the NOFO for eligibility standards.
- Rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2024 CoC Program Competition NOFO.

1A. SF-424 Application Type

1. Type of Submission: Application

2. Type of Application: Renewal Project Application

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

If "Other", specify:

3. Date Received: 10/18/2024

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: MA0516

This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number

X

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: City of New Bedford

b. Employer/Taxpayer Identification Number (EIN/TIN): 04-6001402

c. Unique Entity Identifier: MUQVPRRNQM94

d. Address

Street 1: 608 Pleasant Street

Street 2:

City: New Bedford

County:

State: Massachusetts

Country: United States

Zip / Postal Code: 02740

e. Organizational Unit (optional)

Department Name: Office of Housing and Community Development

Division Name:

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

Prefix: Ms.

First Name: Jennifer

Middle Name:

Last Name: Clarke

Suffix:

Title: Deputy Director

Organizational Affiliation: City of New Bedford

Telephone Number: (508) 979-1500

Extension:

Applicant: City of New Bedford HMIS Project

075719187

Project: The Call Combined

222841

Fax Number: (508) 979-1575

Email: Jennifer.Clarke@newbedford-ma.gov

1C. SF-424 Application Details

9. Type of Applicant: C. City or Township 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-6800-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): Massachusetts
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: The Call Combined

16. Congressional District(s):

a. Applicant: MA-004, MA-008, MA-009
(for multiple selections hold CTRL key)

b. Project: MA-004, MA-008, MA-009
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 09/01/2025

b. End Date: 08/31/2026

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: Jennifer

Middle Name:

Last Name: Clarke

Suffix:

Title: Deputy Director

Telephone Number: (508) 979-1500
(Format: 123-456-7890)

Fax Number: (508) 979-1575
(Format: 123-456-7890)

Email: Jennifer.Clarke@newbedford-ma.gov

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

Date Signed: 10/18/2024

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Number: 2501-0017 Expiration Date: 01/31/2026

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: City of New Bedford

Prefix: Ms.

First Name: Jennifer

Middle Name:

Last Name: Clarke

Suffix:

Title: Deputy Director

Organizational Affiliation: City of New Bedford

Telephone Number: (508) 979-1500

Extension:

Email: Jennifer.Clarke@newbedford-ma.gov

City: New Bedford

County:

State: Massachusetts

Country: United States

Zip/Postal Code: 02740

2. Employer ID Number (EIN): 04-6001402

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$120,352.00

(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 |
|--|--------------------|-----------------------------|----------------------------|
| N/A | N/A | \$0.00 | \$0.00 |
| | | | |
| | | | |
| | | | |
| | | | |

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

Part III Interested Parties

Do you need to disclose interested parties for this grant according to the criteria below? No

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 non-disclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I/We, the undersigned, certify under penalty of perjury that the information provided above is true, correct, and accurate. Warning: If you knowingly make a false statement on this form, you may be subject to criminal and/or civil 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.

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Name / Title of Authorized Official: Jennifer Clarke, Deputy Director

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

Date Signed: 10/18/2024

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: City of New Bedford

Program/Activity Receiving Federal Grant CoC Program
Funding:

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; | |

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 certify that the information provided on this form and in any accompanying documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

☒

WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 1001, 1010, 1012; 31 U.S.C. §3729, 3802)

Authorized Representative

Prefix: Ms.

First Name: Jennifer

Middle Name

Last Name: Clarke

Suffix:

Title: Deputy Director

Telephone Number: (508) 979-1500
(Format: 123-456-7890)

Fax Number: (508) 979-1575
(Format: 123-456-7890)

Email: Jennifer.Clarke@newbedford-ma.gov

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

Date Signed: 10/18/2024

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: City of New Bedford

Name / Title of Authorized Official: Jennifer Clarke, Deputy Director

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

Date Signed: 10/18/2024

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES

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

Approved by OMB: 4040-0013 (exp. 02/28/2025)

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: City of New Bedford

Street 1: 608 Pleasant Street

Street 2:

City: New Bedford

County:

State: Massachusetts

Country: United States

Zip / Postal Code: 02740

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: Jennifer

Middle Name:

Last Name: Clarke

Suffix:

Title: Deputy Director

Telephone Number: (508) 979-1500
(Format: 123-456-7890)

Fax Number: (508) 979-1575
(Format: 123-456-7890)

Email: Jennifer.Clarke@newbedford-ma.gov

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

Date Signed: 10/18/2024

IK. SF-424B

(SF-424B) ASSURANCES - NON-CONSTRUCTION PROGRAMS

OMB Number: 4040-0007
Expiration Date: 02/28/2025

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

- | | |
|----|---|
| 1. | Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application. |
| 2. | Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives. |
| 3. | Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain. |
| 4. | Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency. |
| 5. | Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F). |
| 6. | Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism, (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application. |
| 7. | Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases. |
| 8. | Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds. |

| | |
|-----|--|
| 9. | Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327~333), regarding labor standards for federally-assisted construction subagreements. |
| 10. | Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more. |
| 11. | Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205). |
| 12. | Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system. |
| 13. | Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.). |
| 14. | Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance. |
| 15. | Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance. |
| 16. | Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures. |
| 17. | Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations." |
| 18. | Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program. |
| 19. | Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award. |

As the duly authorized representative of the applicant, I certify: ☒

Authorized Representative for: City of New Bedford

Prefix: Ms.

First Name: Jennifer

Middle Name:

Last Name: Clarke

Suffix:

Title: Deputy Director

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

Date Signed: 10/18/2024

Information About Submission without Changes

Follow the instructions below making note of the exceptions and limitations to the “Submit Without Changes” process.

In general, HUD expects a project’s proposed project application information will remain the same from year-to-year unless changes are directed by HUD or approved through the grant agreement amendment process. However, HUD expects applicants to carefully review their information to determine if submitting without changes accurately reflects the expiring grant requesting renewal.

The data from previously submitted new and renewal project applications can be imported into a FY 2024 renewal project application. The “Submit without Changes” process is not applicable for first time renewing project applications or for a project application that did not import FY 2023 information and e-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that select “Yes - Individual Application in a Renewal Grant Consolidation” on the Renewal Grant Consolidation or Renewal Grant Expansion Screen may not use the “Submit Without Changes” process and esnaps will automatically be set to “Make Changes”. In addition, esnaps will automatically be set to “Make Changes” if the project applicant indicates on the Renewal Grant Consolidation or Renewal Grant Expansion Screen, this project application is for a “Yes - Stand-Alone Renewal Application in a New Grant Expansion” project application.

The e-snaps screens that remain “open” for required annual updates and do not affect applicants’ ability to select “Submit without Changes” are:

- Recipient Performance Screen
- Consolidation and Expansion
- Screen 3A. Project Detail
- Screen 6A. Funding Request
- Screen 6D. Sources of Match
- Screen 6E. Summary Budget - All of Part 7: Attachments and Certification; and
- All of Part 8: Submission Summary.

All other screens in Part 2 through Part 6 begin in “Read-Only” format and should be reviewed for accuracy; including any updates that were made to the 2023 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select “Submit Without Changes” in Part 8. If project applicants imported data and do need to make updates to the information on one or more screens, they must navigate to Part 8: “Submission Without Changes” Screen, select “Make Changes”, and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click “Save” and those screens will be available for edit. Once a project applicant selects a checkbox and clicks “Save”, the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions and e-snaps navigation guides found on HUD.gov to find more in depth information about applying under the FY 2024 CoC Competition.

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award due to reallocation? No

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

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

| | |
|--|-------------------------------------|
| Part 2 - Subrecipient Information | |
| 2A. Subrecipients | <input checked="" type="checkbox"/> |
| Part 3 - Project Information | |
| 3A. Project Detail | <input checked="" type="checkbox"/> |
| 3B. Description | <input checked="" type="checkbox"/> |
| Part 4 - Housing Services and HMIS | |
| Part 5 - Participants and Outreach Information | |
| Part 6 - Budget Information | |
| 6A. Funding Request | <input checked="" type="checkbox"/> |
| 6D. Match | <input checked="" type="checkbox"/> |
| 6E. Summary Budget | <input checked="" type="checkbox"/> |
| Part 7 - Attachment(s) & Certification | |
| 7A. Attachment(s) | <input checked="" type="checkbox"/> |
| 7A. In-Kind Match MOU Attachment | <input checked="" type="checkbox"/> |
| 7B. Certification | <input checked="" type="checkbox"/> |
| | |

You have selected "Make Changes" to question #2 above. Provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

CCBC is the new sub-recipient and will need to update all of the screens as a result.

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

Recipient Performance

1. Did you submit your previous year's Annual Performance Report (APR) on time? Yes

2. Do you have any unresolved HUD Monitoring or OIG Audit finding(s) concerning any previous grant term related to this renewal project request? No

3. Do you draw funds quarterly for your current renewal project? Yes

4. Have any funds remained available for recapture by HUD for the most recently expired grant term related to this renewal project request? No

Renewal Grant Consolidation or Renewal Grant Expansion

The CoC Competition will continue offering opportunities to expand or consolidate CoC projects.

1. Expansions and Consolidations will no longer be required to submit a combined version of the application.

a. Expansions will be required to **ONLY** submit a Stand-Alone Renewal and a Stand-Alone New application.

b. Consolidations will be required to **ONLY** submit a Survivor grant and a terminating grant. Up to 10 grants may be involved in a consolidation (Survivor + 9 Terminating grants)



2. Since no combined version will be submitted for either the Expansion or Consolidation, the combining of data will occur at Post-Award. HUD HQ will combine all units, beds and budgets prior to the Post-Award process. The field office and applicant will then be required to combine remaining project data at C1.9a (recipient step). HUD HQ will provide a data report with the data all combined. All that will be required for applicants to do is a simple copy and paste.

We hope this process will simplify and reduce any confusion when submitting expansions or consolidations. If you have any questions, please contact the AAQ.

**1. Is this renewal project application requesting to No
consolidate or expand?**

If "No" click on "Next" or "Save & Next" below to move to the next screen.

2A. Project Subrecipients

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

Total Expected Sub-Awards: \$120,352

| Organization | Type | Sub-Award Amount |
|--|------------------------------------|------------------|
| Community Counseling of Bristol County | M. Nonprofit with 501C3 IRS Status | \$120,352 |

2A. Project Subrecipients Detail

a. Organization Name: Community Counseling of Bristol County

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

c. Employer or Tax Identification Number: 04-3035697

d. Unique Entity Identifier: SFK3BEGX2W89

e. Physical Address

Street 1: 1 Washington Street

Street 2:

City: Taunton

State: Massachusetts

Zip Code: 02780

f. Congressional District(s): MA-004, MA-008, MA-009
(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: \$120,352

j. Contact Person

Prefix: Mrs.

First Name: Ellen

Middle Name:

Last Name: Bruder-Moore Abramowitz

Suffix:

Title: Vice President, Housing and Community
Initiatives

E-mail Address: ebruder-moore@comcounseling.org

Confirm E-mail Address: ebruder-moore@comcounseling.org

Phone Number: 508-813-1225

Extension:

Fax Number: 508-824-6604

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

3A. Project Detail

1. Expiring Grant Project Identification Number (PIN): MA0516

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

2. CoC Number and Name: MA-505 - New Bedford/Attleboro/Taunton/Bristol County

3. CoC Collaborative Applicant Name: City of New Bedford

4. Project Name: The Call Combined

5. Project Status: Standard

6. Component Type: SSO

6a. Please select the type of SSO project: Coordinated Entry

7. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3? No

9. Is this project applying for Rural costs on screen 6A? No

3B. Project Description

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

The CALL (Coordinated Access to Local Links) Combined project will provide Coordinated Entry Services (CES) for those experiencing homelessness or a housing crisis within the MA-505 CoC. Community Counseling of Bristol County (CCBC) Coordinated Entry Services staff oversees the Coordinated Entry process for the MA-505 CoC. Those experiencing or those at risk of homelessness can call (508) 501-0900 to access this service or email the team at CE@comcounseling.org. The team can also be accessed at regularly scheduled times when they are available at local soup kitchens, homeless shelters, and libraries across the CoC. The project allows the Coordinated Entry system to provide increased education and exposure to those least likely to seek out services and adding a part-time peer with lived expertise to the team. The program will work with those closest to the issue in creating an environment of success for those facing a housing crisis. A significant increase in those experiencing homelessness in places not meant for human habitation as well as the continue struggle with length of time a household experiences homelessness, shows a clear necessity to better coordinate services and ensure all resources are being utilized to house Individuals in a timely manner. The project will provide two full time case managers engaged in outreach, assessment, and referral to divert and rehouse those in a housing crisis quickly. The Coordinated Entry Services (CES) works with all homeless service providers in the MA-505 CoC to ensure that any household experiencing a housing crisis is able to access resources and any referrals within the CoC's geographic area. These resources and referrals include access to Emergency Solutions Grant (ESG) services, homeless shelter and domestic violence provider information. In addition, CCBC conducts annual training for providers on completing prioritizations assessment tools and submitting them so that households can be placed on the CoC Permanent Supportive Housing and Rapid Rehousing Waiting Lists. The Coordinated Entry staff conducts an initial triage to determine the services needed. If the participant has served any time in the military, if the individual chooses, their information is provided to the local Veteran services to determine if they can access services. If they choose not to participate with Veteran specific services, they are offered services through other CoC programs. Victims of domestic violence are connected to DV service providers and access to other CoC programs. In addition, Coordinated Entry is the access point for those who qualify to enter the waiting list for all Permanent Supportive Housing and Rapid Rehousing programs in the CoC. Those who qualify for these programs complete the newly developed prioritization assessment tool with a trained case manager as well as a referral packet containing proof of chronic homelessness, including proof of chronic disability. The household is then placed on the waiting list for any Permanent Supportive Housing program with follow-up from the CES staff.

2. Check the appropriate box(s) if this project will have a specific subpopulation focus. (Select all that apply)

| | | | |
|---|-------------------------------------|-------------------------------|-------------------------------------|
| N/A - Project Serves All Subpopulations | <input type="checkbox"/> | Survivors | <input checked="" type="checkbox"/> |
| Veterans | <input checked="" type="checkbox"/> | Substance Use Disorders | <input checked="" type="checkbox"/> |
| Youth (under 25) | <input checked="" type="checkbox"/> | Mental Illness | <input checked="" type="checkbox"/> |
| Families with Children | <input checked="" type="checkbox"/> | HIV/AIDS | <input checked="" type="checkbox"/> |
| | | Chronic Homeless | <input checked="" type="checkbox"/> |
| | | Other(Click 'Save' to update) | <input type="checkbox"/> |

3. Housing First

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

3b. Does the project enroll program participants who have the following barriers? Select all that apply.

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

3c. Will the project prevent program participant termination for the following reasons? Select all that apply.

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

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

4. As a renewal SSO-Coordinated Entry project update the following questions.

4a. Will the coordinated entry process cover the CoC's entire geographic area? Yes

4b. Will the coordinated entry process be affirmatively marketed and easily accessible by individuals and families seeking assistance? Yes

4c. Describe the advertisement strategy for the coordinated entry process and how it is designed to reach those with the highest barriers to accessing assistance.

The Coordinated Entry Combined project will advertise and provide educational materials in the area of the MA-505 CoC where those in a housing crisis may frequent including, emergency rooms, libraries, schools, churches, and local food pantries and soup kitchens. This will ensure both those working in these organizations are versed in the process and those frequenting these locations are aware of how to seek assistance. The project will also work to partner with those with lived expertise to pinpoint locations of individuals who may be living in places not meant for human habitation to help them engage in services. Additionally, the Coordinated Entry staff will spend time in all of these locations in an attempt to build relationship with those who find it most challenging to seek services. There will be other educational opportunities that will include an update from the Coordinated at the monthly CoC's Homeless Service Providers Network meetings, and at the By-Name Committee meetings, as well as specific trainings offered across the CoC to homeless service providers to promote a better understanding of the CE process, as well as participation at the annual Project Homeless Connect. The team will also develop promotional materials to distribute on how to access Coordinated Entry services including publication of the phone number and email address on social media, handouts posters, business cards, and street sheets to be distributed to programs and directly to those experiencing homelessness.

4d. Does the coordinated entry process use a comprehensive, standardized assessment process? Yes

4e. Describe the referral process and how the coordinated entry process ensures program participants are directed to appropriate housing and services.

Referrals to the Coordinated Entry team for the MA-505 CoC can be made directly on the designated CE phone line, at specific times when staff are scheduled at organizations in the community, as well as directly by homeless service providers in the CoC. The CES team member will complete an assessment with each individual referred as well as with those in the community experiencing homelessness. The CoC recently developed a new tool that allows for prioritization of those with the highest level of need for services first. Previously, the Coc utilized the VI-SPDAT and the SPDAT to provide prioritization but this has since been discontinued. Currently the Continuum has adopted a prioritization list that includes those who are historically most overrepresented and underserved in the population experiencing homelessness. The CE Combined project has enabled further development of this prioritization list and ensure those experiencing homelessness are provided access to all services available, not only through the CoC grants, but also through ESG, as well as assistance opportunities through medical social determinants of health programs, and other state funded programs. All agencies receiving CoC funding for housing related programs are required to participate. Other programs within the CoC are encouraged to participate. The goal of the CES is to connect participants with the most appropriate services and resources available to support them to become housed as quickly as possible or to help them to remain housed. CES works with programs in the CoC to establish services that will prevent a client from having to enter an emergency shelter if possible. The CES also works with local housing authorities, housing court, as well as school systems, landlord associations, and community partners to identify families and individuals who are enduring housing instability and connect them to the appropriate services necessary for housing stability.

4f. If the coordinated entry process includes differences in access, entry, assessment, or referral for certain subpopulations, are those differences limited only to the following five groups:

Yes

- (1) adults without children,
- (2) adults accompanied by children;
- (3) unaccompanied youth;
- (4) households fleeing domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions (including human trafficking); and
- (5) persons at risk of homelessness.

6A. Funding Request

VAWA Budget

In FY2024, the Violence Against Women Act (VAWA) has clarified the use of CoC Program funds for VAWA eligible cost categories. These VAWA cost categories can be added to a new project application to create a CoC VAWA Budget Line Item (BLI) in e-snaps and eLOCCS. The BLI will be added to grant agreements and utilized the same as other CoC Program BLIs in e-snaps and eLOCCS. Eligible CoC VAWA costs can be identified in one or both of the following CoC VAWA categories. Examples of eligible costs in these cost categories are identified as follows:

A. VAWA Emergency Transfer Facilitation. Examples of eligible costs include the costs of assessing, coordinating, approving, denying, and implementing a survivor's emergency transfer(s). Additional details of eligible costs include:

- Moving Costs. Assistance with reasonable moving costs to move survivors for an emergency transfer(s).
- Travel Costs. Assistance with reasonable travel costs for survivors and their families to travel for an emergency transfer(s). This may include travel costs to locations outside of your CoC's geography.
- Security Deposits. Grant funds can be used to pay for security deposits of the safe unit the survivor is transferring to via an emergency transfer(s).
- Utilities. Grant funds can be used to pay for costs of establishing utility assistance in the safe unit the survivor is transferring to.
- Housing Fees. Grant funds can be used to pay fees associated with getting survivors into a safe unit via emergency transfer(s), including but not limited to application fees, broker fees, holding fees, trash fees, pet fees where the person believes they need their pet to be safe, etc.
- Case Management. Grant funds can be used to pay staff time necessary to assess, coordinate, and implement emergency transfer(s).
- Housing Navigation. Grant funds can be used to pay staff time necessary to identify safe units and facilitate moves into housing for survivors through emergency transfer(s).
- Technology to make an available unit safe. Grant funds can be used to pay for technology that the individual believes is needed to make the unit safe, including but not limited to doorbell cameras, security systems, phone, and internet service when necessary to support security systems for the unit, etc.

B. VAWA Confidentiality Requirements. Examples of eligible costs for ensuring compliance with VAWA confidentiality requirements include:

- Monitoring and evaluating compliance.
- Developing and implementing strategies for corrective actions and remedies to ensure compliance.
- Program evaluation of confidentiality policies, practices, and procedures.
- Training on compliance with VAWA confidentiality requirements.
- Reporting to CoC Collaborative Applicant, HUD, and other interested parties on compliance with VAWA confidentiality requirements.
- Costs for establishing methodology to protect survivor information.
- Staff time associated with maintaining adherence to VAWA confidentiality requirements.

Enter the estimated amount(s) you are requesting for this project's Emergency Transfer Facilitation costs and VAWA Confidentiality Requirements costs for one or both of these eligible CoC VAWA cost categories. The CoC VAWA BLI Total amount can be expended for any eligible CoC VAWA cost identified above.

1. Will this project use funds from this grant to provide for emergency transfer facilitation, which includes the costs of assessing, coordinating, approving, denying and implementing a survivor's emergency transfer per Section III.B.4.a.(3) (a) of the NOFO? No

2. Will this project use funds from this grant to provide for VAWA confidentiality requirements, which includes the costs of ensuring compliance with the VAWA confidentiality requirements per Section III.B.4.a.(3) (b) of the NOFO? No

Rural Cost Budget

In FY2024, the CoC Program has added eligible rural cost budget categories to be added in a new CoC Rural Cost Budget Line Item (BLI). The BLI will be added to grant agreements and utilized the same as other CoC Program BLIs in e-snaps and eLOCCS. There are three CoC Program rural cost categories that can be requested for your CoC Rural Cost BLI.

- Short-term emergency lodging to include housing in motels or shelters, either by providing direct funding or through vouchers.
- Repairs to housing units in where individuals and families experiencing homelessness will be housed, including housing units.
- Staff Training to include professional development, skill development, and staff retention activities.

3. Will this project use funds from this grant to provide for short-terms emergency lodging, repairs to housing units and staff training per Section III.B.4.b.(3) (a) of the NOFO? No

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

5. Renewal Grant Term: This field is pre-populated with a one-year grant term and cannot be edited: 1 Year



6. Select the costs for which funding is requested:

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

| | |
|-------|-------------------------------------|
| VAWA | <input checked="" type="checkbox"/> |
| Rural | <input type="checkbox"/> |

The VAWA BLI is permanently checked. This allows any project to shift funds up to a 10% shift from another BLI if VAWA emergency transfer costs are needed.

6D. Sources of Match

The following list summarizes the funds that will be used as Match for this project. To add a Match source to the list, select the  icon. To view or update a Match source already listed, select the  icon.

Summary for Match

| | |
|-------------------------------------|----------|
| Total Value of Cash Commitments: | \$0 |
| Total Value of In-Kind Commitments: | \$30,088 |
| Total Value of All Commitments: | \$30,088 |

1. Will this project generate program income described in 24 CFR 578.97 to use as Match for this project? 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.

| Type | Source | Contributor | Value of Commitments |
|---------|---------|----------------------|----------------------|
| In-Kind | Private | Community Counsel... | \$30,088 |

Sources of Match Detail

1. Type of Match Commitment: In-Kind

2. Source: Private

3. Name of Source: Community Counseling of Bristol County
(Be as specific as possible and include the office or grant program as applicable)

4. Amount of Written Commitment: \$30,088

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.

6E. Summary Budget

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2018 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2018, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

| Eligible Costs (Light gray fields are available for entry of the previous grant agreement, GIW, approved GIW Change Form, or reduced by reallocation) | Applicant CoC Program Costs Requested (1 Year Term) |
|--|--|
| 1a. Leased Units (Screen 6B) | \$0 |
| 1b. Leased Structures (Enter) | \$0 |
| 2. Rental Assistance (Screen 6C) | \$0 |
| 3. Supportive Services (Enter) | \$109,938 |
| 4. Operating (Enter) | \$0 |
| 5. HMIS (Enter) | \$0 |
| 6. VAWA (Enter) | \$0 |
| 7. Rural (Enter) (Only for HUD CoC Program approved rural areas) | \$0 |
| 8. Sub-total of CoC Program Costs Requested | \$109,938 |
| 9. Admin (Up to 10% of Sub-total in #8) | \$10,414 |
| 10. HUD funded Sub-total + Admin. Requested | \$120,352 |
| 11. Cash Match (From Screen 6D) | \$0 |
| 12. In-Kind Match (From Screen 6D) | \$30,088 |
| 13. Total Match (From Screen 6D) | \$30,088 |
| 14. Total Project Budget for this grant, including Match | \$150,440 |

7A. Attachment(s)

| Document Type | Required? | Document Description | Date Attached |
|---|-----------|----------------------|---------------|
| 1) Subrecipient Nonprofit Documentation | No | Community Counsel... | 09/27/2024 |
| 2) Other Attachment | No | | |
| 3) Other Attachment | No | | |

Attachment Details

Document Description: Community Counseling of Bristol County Non-Profit

Attachment Details

Document Description:

Attachment Details

Document Description:

7A. In-Kind Match MOU Attachment

| Document Type | Required? | Document Description | Date Attached |
|-------------------|-----------|----------------------|---------------|
| In-Kind Match MOU | No | | |

Attachment Details

Document Description:

7B. Certification

**Applicant and Recipient Assurances and Certifications - form HUD-424B (Title)
U.S. Department of Housing and Urban Development OMB Approval No.
2501-0017
(expires 01/31/2026)**

As part of your application for HUD funding, you, as the official authorized to sign on behalf of your organization or as an individual must provide the following assurances and certifications. The Responsible Civil Rights Official has specified this form for use for purposes of general compliance with 24 CFR §§ 1.5, 3.115, 8.50, and 146.25, as applicable. The Responsible Civil Rights Official may require specific civil rights assurances to be furnished consistent with those authorities and will specify the form on which such assurances must be made. A failure to furnish or comply with the civil rights assurances contained in this form may result in the procedures to effect compliance at 24 CFR §§ 1.8, 3.115, 8.57, or 146.39. By submitting this form, you are stating that to the best of your knowledge and belief, all assertions are true and correct.

1. Has the legal authority to apply for Federal assistance, has the institutional, managerial and financial capability (including funds to pay the non-Federal share of program costs) to plan, manage and complete the program as described in the application and the governing body has duly authorized the submission of the application, including these assurances and certifications, and authorized me as the official representative of the application to act in connection with the application and to provide any additional information as may be required.

2. Will administer the grant in compliance with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and implementing regulations (24 CFR part 1), which provide that no person in the United States shall, on the grounds of race, color or national origin, be excluded from participation in, be denied the benefits of, or otherwise be subject to discrimination under any program or activity that receives Federal financial assistance OR if the applicant is a Federally recognized Indian tribe or its tribally designated housing entity, is subject to the Indian Civil Rights Act (25 U.S.C. 1301-1303).

3. Will administer the grant in compliance with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and implementing regulations at 24 CFR part 8, the American Disabilities Act (42 U.S.C. §§ 12101 et seq.), and implementing regulations at 28 CFR part 35 or 36, as applicable, and the Age Discrimination Act of 1975 (42 U.S.C. 6101-07) as amended, and implementing regulations at 24 CFR part 146 which together provide that no person in the United States shall, on the grounds of disability or age, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity that receives Federal financial assistance; except if the grant program authorizes or limits participation to designated populations, then the applicant will comply with the nondiscrimination requirements within the designated population.

4. Will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and the implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion sex (including gender identity and sexual orientation), disability, familial status, or national origin and will affirmatively further fair housing; except an applicant which is an Indian tribe or its instrumentality which is excluded by statute from coverage does not make this certification; and further except if the grant program authorizes or limits participation to designated populations, then the applicant will comply with the nondiscrimination requirements within the designated population.

5. Will comply with all applicable Federal nondiscrimination requirements, including those listed at 24 CFR §§ 5.105(a) and 5.106 as applicable.

6. Will comply with the acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended (42 U.S.C. 4601) and implementing regulations at 49 CFR part 24 and, as applicable, Section 104(d) of the Housing and Community Development Act of 1974 (42 U.S.C. 5304(d)) and implementing regulations at 24 CFR part 42, subpart A.

7. Will comply with the environmental requirements of the National Environmental Policy Act (42 U.S.C. 4321 et seq.) and related Federal authorities prior to the commitment or expenditure of funds for property.

8. That no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, and officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all subawards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly. Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage by the Byrd Amendment, but State-recognized Indian tribes and TDHs established under State law are not excluded from the statute's coverage.

Name of Authorized Certifying Official: Jennifer Clarke

Date: 10/18/2024

Title: Deputy Director

Applicant Organization: City of New Bedford

PHA Number (For PHA Applicants Only):

I/We, the undersigned, certify under penalty of perjury that the information provided above is true and correct. **WARNING:** Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§287, 1001, 1010, 1012, 1014; 31 U.S.C. §3729, 3802).

X

8B Submission Summary

| Page | Last Updated |
|--------------------------------------|-------------------|
| 1A. SF-424 Application Type | 09/20/2024 |
| 1B. SF-424 Legal Applicant | 09/20/2024 |
| 1C. SF-424 Application Details | No Input Required |
| 1D. SF-424 Congressional District(s) | 10/10/2024 |
| 1E. SF-424 Compliance | 09/20/2024 |
| 1F. SF-424 Declaration | 09/20/2024 |
| 1G. HUD 2880 | 09/20/2024 |

| | | |
|------------------------------------|---------|------------|
| Renewal Project Application FY2024 | Page 46 | 10/18/2024 |
|------------------------------------|---------|------------|

| | |
|--|-------------------|
| 1H. HUD-50070 | 09/20/2024 |
| 1I. Cert. Lobbying | 09/20/2024 |
| 1J. SF-LLL | 09/20/2024 |
| IK. SF-424B | 09/20/2024 |
| Submission Without Changes | 09/27/2024 |
| Recipient Performance | 09/23/2024 |
| Renewal Grant Consolidation or Renewal Grant Expansion | 09/23/2024 |
| 2A. Subrecipients | 09/27/2024 |
| 3A. Project Detail | 09/23/2024 |
| 3B. Description | 10/18/2024 |
| 6A. Funding Request | 09/27/2024 |
| 6D. Match | 10/10/2024 |
| 6E. Summary Budget | No Input Required |
| 7A. Attachment(s) | 09/27/2024 |
| 7A. In-Kind Match MOU Attachment | No Input Required |
| 7B. Certification | 10/18/2024 |

ATLANTA GA 39901-0001

In reply refer to: 0752857574
Dec. 29, 2016 LTR 4168C 0
04-3035697 000000 00
00033621
BODC: TE

COMMUNITY COUNSELING OF BRISTOL
COUNTY INC
ONE WASHINGTON STREET
TAUNTON MA 02780-3960



014074

Employer ID Number: 04-3035697
Form 990 required: Y

Dear Taxpayer:

We issued you a determination letter in DECEMBER 1993, recognizing you as tax-exempt under Internal Revenue Code (IRC) Section 501(c) (03).

Our records also indicate you're not a private foundation as defined under IRC Section 509(a) because you're described in IRC Section 509(a)(2).

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).

0752857574

Dec. 29, 2016 LTR 4168C 0

04-3035697 000000 00

00033622

COMMUNITY COUNSELING OF BRISTOL
COUNTY INC
ONE WASHINGTON STREET
TAUNTON MA 02780-3960

Sincerely yours,

A handwritten signature in cursive script, appearing to read "Teri M. Johnson".

Teri M. Johnson
Operations Manager, AM Ops. 3

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.gov at https://www.hud.gov/program_offices/comm_planning/coc.
- Questions regarding the FY 2024 CoC Program Competition process must be submitted to CoCNOFO@hud.gov.
- Questions related to e-snaps functionality (e.g., password lockout, access to user's application account, updating Applicant Profile) must be submitted to e-snaps@hud.gov.
- Project applicants are required to have a Unique Entity Identifier (UEI) 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) 2024 Continuum of Care (CoC) Program Competition. For more information see FY 2024 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2024 CoC Program NOFO.
- Detailed instructions and e-snaps navigation guides can be found on the hud.gov website https://www.hud.gov/program_offices/comm_planning/coc/competition. The Detailed Instructions contain more comprehensive instructions and so should be used in tandem with the navigational guides.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2023 Project Application will be imported into the FY 2024 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- YHDP projects that are eligible for renewal under the CoC program may only use the YHDP Renewal or YHDP Replacement and Reallocation funding opportunities. Please review the NOFO for eligibility standards.
- Rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2024 CoC Program Competition NOFO.

1A. SF-424 Application Type

1. Type of Submission: Application

2. Type of Application: Renewal Project Application

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

If "Other", specify:

3. Date Received: 10/17/2024

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: MA0775

This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number

X

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Community Counseling of Bristol County, Inc.

b. Employer/Taxpayer Identification Number (EIN/TIN): 04-3035697

c. Unique Entity Identifier: SFK3BEGX2W89

d. Address

Street 1: One Washington Street

Street 2:

City: Taunton

County:

State: Massachusetts

Country: United States

Zip / Postal Code: 02780

e. Organizational Unit (optional)

Department Name:

Division Name:

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

Prefix: Ms.

First Name: Angela

Middle Name:

Last Name: Ferreira

Suffix:

Title: Contracts Manager

Organizational Affiliation: Community Counseling of Bristol County, Inc.

Telephone Number: (508) 977-8002

Extension:

Applicant: Community Counseling of Bristol County, Inc.

781972716

Project: The CALL Expansion

224423

Fax Number: (508) 824-6604

Email: aferreira@comcounseling.org

1C. SF-424 Application Details

9. Type of Applicant: M. Nonprofit with 501C3 IRS Status

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-6800-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): Massachusetts
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: The CALL Expansion

16. Congressional District(s):

a. Applicant: MA-004, MA-008, MA-009
(for multiple selections hold CTRL key)

b. Project: MA-004, MA-008, MA-009
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 07/01/2025

b. End Date: 06/30/2026

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: Mr.

First Name: Andrew

Middle Name:

Last Name: Dawley

Suffix:

Title: President & CEO

Telephone Number: (508) 977-8100
(Format: 123-456-7890)

Fax Number: (508) 824-6604
(Format: 123-456-7890)

Email: adawley@comcounseling.org

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

Date Signed: 10/17/2024

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Number: 2501-0017 Expiration Date: 01/31/2026

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: Community Counseling of Bristol County, Inc.

Prefix: Mr.

First Name: Andrew

Middle Name:

Last Name: Dawley

Suffix:

Title: President & CEO

Organizational Affiliation: Community Counseling of Bristol County, Inc.

Telephone Number: (508) 977-8100

Extension:

Email: adawley@comcounseling.org

City: Taunton

County:

State: Massachusetts

Country: United States

Zip/Postal Code: 02780

2. Employer ID Number (EIN): 04-3035697

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$76,574.00

(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 |
|---|--------------------|-----------------------------|----------------------------|
| United Way of Mass Bay and Merrimack Valley | grant | \$50,000.00 | program support |
| NA | NA | \$0.00 | NA |
| NA | NA | \$0.00 | NA |
| NA | NA | \$0.00 | NA |
| NA | NA | \$0.00 | NA |

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

Part III Interested Parties

Do you need to disclose interested parties for this grant according to the criteria below? No

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 non-disclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I/We, the undersigned, certify under penalty of perjury that the information provided above is true, correct, and accurate. Warning: If you knowingly make a false statement on this form, you may be subject to criminal and/or civil 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.

☒

Name / Title of Authorized Official: Andrew Dawley, President & CEO

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

Date Signed: 10/17/2024

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Community Counseling of Bristol County, Inc.
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; | |

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 certify that the information provided on this form and in any accompanying documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

X

WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 1001, 1010, 1012; 31 U.S.C. §3729, 3802)

Authorized Representative

Prefix: Mr.

First Name: Andrew

Middle Name

Last Name: Dawley

Suffix:

Title: President & CEO

Telephone Number: (508) 977-8100
(Format: 123-456-7890)

Fax Number: (508) 824-6604
(Format: 123-456-7890)

Email: adawley@comcounseling.org

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

Date Signed: 10/17/2024

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: Community Counseling of Bristol County, Inc.

Name / Title of Authorized Official: Andrew Dawley, President & CEO

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

Date Signed: 10/17/2024

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES

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

Approved by OMB: 4040-0013 (exp. 02/28/2025)

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: Community Counseling of Bristol County, Inc.

Street 1: One Washington Street

Street 2:

City: Taunton

County:

State: Massachusetts

Country: United States

Zip / Postal Code: 02780

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: Mr.

First Name: Andrew

Middle Name:

Last Name: Dawley

Suffix:

Title: President & CEO

Telephone Number: (508) 977-8100
(Format: 123-456-7890)

Fax Number: (508) 824-6604
(Format: 123-456-7890)

Email: adawley@comcounseling.org

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

Date Signed: 10/17/2024

IK. SF-424B

(SF-424B) ASSURANCES - NON-CONSTRUCTION PROGRAMS

OMB Number: 4040-0007
Expiration Date: 02/28/2025

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

- | | |
|----|---|
| 1. | Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application. |
| 2. | Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives. |
| 3. | Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain. |
| 4. | Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency. |
| 5. | Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F). |
| 6. | Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism, (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application. |
| 7. | Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases. |
| 8. | Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds. |

| | |
|-----|--|
| 9. | Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327~333), regarding labor standards for federally-assisted construction subagreements. |
| 10. | Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more. |
| 11. | Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205). |
| 12. | Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system. |
| 13. | Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.). |
| 14. | Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance. |
| 15. | Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance. |
| 16. | Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures. |
| 17. | Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations." |
| 18. | Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program. |
| 19. | Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award. |

As the duly authorized representative of the applicant, I certify: ☒

Authorized Representative for: Community Counseling of Bristol County, Inc.

Prefix: Mr.

First Name: Andrew

Middle Name:

Last Name: Dawley

Suffix:

Title: President & CEO

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

Date Signed: 10/17/2024

Information About Submission without Changes

Follow the instructions below making note of the exceptions and limitations to the “Submit Without Changes” process.

In general, HUD expects a project’s proposed project application information will remain the same from year-to-year unless changes are directed by HUD or approved through the grant agreement amendment process. However, HUD expects applicants to carefully review their information to determine if submitting without changes accurately reflects the expiring grant requesting renewal.

The data from previously submitted new and renewal project applications can be imported into a FY 2024 renewal project application. The “Submit without Changes” process is not applicable for first time renewing project applications or for a project application that did not import FY 2023 information and e-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that select “Yes - Individual Application in a Renewal Grant Consolidation” on the Renewal Grant Consolidation or Renewal Grant Expansion Screen may not use the “Submit Without Changes” process and esnaps will automatically be set to “Make Changes”. In addition, esnaps will automatically be set to “Make Changes” if the project applicant indicates on the Renewal Grant Consolidation or Renewal Grant Expansion Screen, this project application is for a “Yes - Stand-Alone Renewal Application in a New Grant Expansion” project application.

The e-snaps screens that remain “open” for required annual updates and do not affect applicants’ ability to select “Submit without Changes” are:

- Recipient Performance Screen
- Consolidation and Expansion
- Screen 3A. Project Detail
- Screen 6A. Funding Request
- Screen 6D. Sources of Match
- Screen 6E. Summary Budget - All of Part 7: Attachments and Certification; and
- All of Part 8: Submission Summary.

All other screens in Part 2 through Part 6 begin in “Read-Only” format and should be reviewed for accuracy; including any updates that were made to the 2023 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select “Submit Without Changes” in Part 8. If project applicants imported data and do need to make updates to the information on one or more screens, they must navigate to Part 8: “Submission Without Changes” Screen, select “Make Changes”, and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click “Save” and those screens will be available for edit. Once a project applicant selects a checkbox and clicks “Save”, the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions and e-snaps navigation guides found on HUD.gov to find more in depth information about applying under the FY 2024 CoC Competition.

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award due to reallocation? No

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

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

| | |
|--|-------------------------------------|
| Part 2 - Subrecipient Information | |
| 2A. Subrecipients | <input type="checkbox"/> |
| Part 3 - Project Information | |
| 3A. Project Detail | <input checked="" type="checkbox"/> |
| 3B. Description | <input checked="" type="checkbox"/> |
| Part 4 - Housing Services and HMIS | |
| Part 5 - Participants and Outreach Information | |
| Part 6 - Budget Information | |
| 6A. Funding Request | <input checked="" type="checkbox"/> |
| 6D. Match | <input checked="" type="checkbox"/> |
| 6E. Summary Budget | <input checked="" type="checkbox"/> |
| Part 7 - Attachment(s) & Certification | |
| 7A. Attachment(s) | <input checked="" type="checkbox"/> |
| 7A. In-Kind Match MOU Attachment | <input checked="" type="checkbox"/> |
| 7B. Certification | <input checked="" type="checkbox"/> |
| | |

You have selected "Make Changes" to question #2 above. Provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

CCBC will adjust all the screens other than the sub-recipient.

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

Recipient Performance

1. Did you submit your previous year's Annual Performance Report (APR) on time? Yes
2. Do you have any unresolved HUD Monitoring or OIG Audit finding(s) concerning any previous grant term related to this renewal project request? No
3. Do you draw funds quarterly for your current renewal project? Yes
4. Have any funds remained available for recapture by HUD for the most recently expired grant term related to this renewal project request? No

Renewal Grant Consolidation or Renewal Grant Expansion

The CoC Competition will continue offering opportunities to expand or consolidate CoC projects.

1. Expansions and Consolidations will no longer be required to submit a combined version of the application.

a. Expansions will be required to ONLY submit a Stand-Alone Renewal and a Stand-Alone New application.

b. Consolidations will be required to ONLY submit a Survivor grant and a terminating grant. Up to 10 grants may be involved in a consolidation (Survivor + 9 Terminating grants)

2. Since no combined version will be submitted for either the Expansion or Consolidation, the combining of data will occur at Post-Award. HUD HQ will combine all units, beds and budgets prior to the Post-Award process. The field office and applicant will then be required to combine remaining project data at C1.9a (recipient step). HUD HQ will provide a data report with the data all combined. All that will be required for applicants to do is a simple copy and paste.


We hope this process will simplify and reduce any confusion when submitting expansions or consolidations. If you have any questions, please contact the AAQ.

**1. Is this renewal project application requesting to No
consolidate or expand?**

If "No" click on "Next" or "Save & Next" below to move to the next screen.

2A. Project Subrecipients

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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: \$0

| Organization | Type | Sub-Award Amount |
|-----------------------------|------|------------------|
| This list contains no items | | |

3A. Project Detail

1. Expiring Grant Project Identification Number (PIN): MA0775

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

2. CoC Number and Name: MA-505 - New Bedford/Attleboro/Taunton/Bristol County

3. CoC Collaborative Applicant Name: City of New Bedford

4. Project Name: The CALL Expansion

5. Project Status: Standard

6. Component Type: SSO

6a. Please select the type of SSO project: Coordinated Entry

7. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3? No

9. Is this project applying for Rural costs on screen 6A? No

3B. Project Description

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

The Coordinated Entry Expansion project will The CALL Expansion project will aim to fill gaps in services for those experiencing homelessness and housing crisis within the CoC. The project has expanded to support a full time position allowing for increased education and exposure to those least likely to seek out services. The program will work with those closest to the issue in creating an environment of success to fill gaps in services for those experiencing homelessness and housing crisis within the MA-505 CoC. Community Counseling of Bristol County (CCBC) Coordinated Entry staff oversees the Coordinated Entry process for the New Bedford/Attleboro/Taunton CoC. Those experiencing or those at risk of homelessness can call (508) 501-0900 to access this service or email the team at CE@comcounseling.org. The team can also be accessed at regularly scheduled times when they are available at local soup kitchens, homeless shelters, and libraries across the CoC. The project allows the Coordinated Entry system to provide increased education and exposure to those least likely to seek out services and adding a part-time peer with lived expertise to the team. The program will work with those closest to the issue in creating an environment of success for those facing a housing crisis. A significant increase in those experiencing homelessness in places not meant for human habitation as well as the continue struggle with length of time a household experiences homelessness, shows a clear necessity to better coordinate services and ensure all resources are being utilized to house Individuals in a timely manner. The project will provide two full time case managers engaged in outreach, assessment, and referral to divert and rehouse those in a housing crisis quickly. The Coordinated Entry Services (CES) works with all homeless service providers in the New Bedford/Attleboro/Taunton CoC to ensure that any household experiencing a housing crisis is able to access resources and any referrals within the CoC's geographic area. These resources and referrals include access to Emergency Solutions Grant (ESG) services, homeless shelter and domestic violence provider information. In addition, CCBC conducts annual training for providers on completing prioritizations assessment tools and submitting them so that households can be placed on the CoC Permanent Supportive Housing Waiting Lists. The Coordinated Entry staff conducts an initial triage to determine the services needed. If the participant has served any time in the military, if the individual chooses, their information is provided to the local Veteran services to determine if they can access services. If they choose not to participate with Veteran specific services, they are offered services through other CoC programs. Victims of domestic violence are connected to DV service providers and access to other CoC programs. In addition, Coordinated Entry is the access point for those who qualify to enter the waiting list for all Permanent Supportive Housing programs in the CoC. Those who qualify for these programs complete the newly developed prioritization assessment tool with a trained case manager as well as a referral packet containing proof of chronic homelessness, including proof of chronic disability. The household is then placed on the waiting list for any Permanent Supportive Housing program with follow-up from the CES staff.

2. Check the appropriate box(s) if this project will have a specific subpopulation focus. (Select all that apply)

| | | | |
|---|-------------------------------------|-------------------------------|--------------------------|
| N/A - Project Serves All Subpopulations | <input checked="" type="checkbox"/> | Survivors | <input type="checkbox"/> |
| Veterans | <input type="checkbox"/> | Substance Use Disorders | <input type="checkbox"/> |
| Youth (under 25) | <input type="checkbox"/> | Mental Illness | <input type="checkbox"/> |
| Families with Children | <input type="checkbox"/> | HIV/AIDS | <input type="checkbox"/> |
| | | Chronic Homeless | <input type="checkbox"/> |
| | | Other(Click 'Save' to update) | <input type="checkbox"/> |

3. Housing First

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

3b. Does the project enroll program participants who have the following barriers?
Select all that apply.

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

3c. Will the project prevent program participant termination for the following reasons? Select all that apply.

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

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

4. As a renewal SSO-Coordinated Entry project update the following questions.

4a. Will the coordinated entry process cover the CoC's entire geographic area? Yes

4b. Will the coordinated entry process be affirmatively marketed and easily accessible by individuals and families seeking assistance? Yes

4c. Describe the advertisement strategy for the coordinated entry process and how it is designed to reach those with the highest barriers to accessing assistance.

The Coordinated Entry expansion project will work with those with lived expertise to pinpoint locations for those who may be living in places not meant for human habitation to engage for services. Additionally the project will advertise and educate in areas where those in a housing crisis may frequent including, emergency rooms, libraries, schools, churches, and local food pantries and soup kitchens. This will ensure both those working in these institutions are versed in the process and those frequenting these locations are aware of how to seek assistance. Additionally, the Coordinated Entry staff will spend time in all of these locations in an attempt to build relationship with those who find it most challenging to seek services.

4d. Does the coordinated entry process use a comprehensive, standardized assessment process? Yes

4e. Describe the referral process and how the coordinated entry process ensures program participants are directed to appropriate housing and services.

Referrals to the Coordinated Entry team for the New Bedford/Attleboro/Taunton CoC can be made directly on the designated CE phone line, at specific times when staff are scheduled at organizations in the community, as well as directly by homeless service providers in the CoC. The CES team member will complete an assessment with each individual referred as well as with those in the community experiencing homelessness. The Coordinated Entry system will complete an assessment on each household known to the community to be experiencing homelessness. The CoC recently developed a new tool with the input from the CE Committee that included those experiencing or formerly homeless individuals that allows for prioritization of those with the highest level of need for services first. Previously, the CoC utilized the VI-SPDAT and the SPDAT to provide prioritization but this has since been discontinued. Currently the Continuum has adopted a prioritization list that includes those who are historically most overrepresented in the the population experiencing homelessness. The CE Expansion project will allow for further development of this prioritization list and ensure those experiencing homelessness are provided access to all services available, not only through the CoC grants, but also through ESG, as well as assistance opportunities through medical social determinants of health programs, and other state funded programs.

4f. If the coordinated entry process includes differences in access, entry, assessment, or referral for certain subpopulations, are those differences limited only to the following five groups:

Yes

- (1) adults without children,
- (2) adults accompanied by children;
- (3) unaccompanied youth;
- (4) households fleeing domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions (including human trafficking); and
- (5) persons at risk of homelessness.

6A. Funding Request

VAWA Budget

In FY2024, the Violence Against Women Act (VAWA) has clarified the use of CoC Program funds for VAWA eligible cost categories. These VAWA cost categories can be added to a new project application to create a CoC VAWA Budget Line Item (BLI) in e-snaps and eLOCCS. The BLI will be added to grant agreements and utilized the same as other CoC Program BLIs in e-snaps and eLOCCS. Eligible CoC VAWA costs can be identified in one or both of the following CoC VAWA categories. Examples of eligible costs in these cost categories are identified as follows:

A. VAWA Emergency Transfer Facilitation. Examples of eligible costs include the costs of assessing, coordinating, approving, denying, and implementing a survivor's emergency transfer(s). Additional details of eligible costs include:

- Moving Costs. Assistance with reasonable moving costs to move survivors for an emergency transfer(s).
- Travel Costs. Assistance with reasonable travel costs for survivors and their families to travel for an emergency transfer(s). This may include travel costs to locations outside of your CoC's geography.
- Security Deposits. Grant funds can be used to pay for security deposits of the safe unit the survivor is transferring to via an emergency transfer(s).
- Utilities. Grant funds can be used to pay for costs of establishing utility assistance in the safe unit the survivor is transferring to.
- Housing Fees. Grant funds can be used to pay fees associated with getting survivors into a safe unit via emergency transfer(s), including but not limited to application fees, broker fees, holding fees, trash fees, pet fees where the person believes they need their pet to be safe, etc.
- Case Management. Grant funds can be used to pay staff time necessary to assess, coordinate, and implement emergency transfer(s).
- Housing Navigation. Grant funds can be used to pay staff time necessary to identify safe units and facilitate moves into housing for survivors through emergency transfer(s).
- Technology to make an available unit safe. Grant funds can be used to pay for technology that the individual believes is needed to make the unit safe, including but not limited to doorbell cameras, security systems, phone, and internet service when necessary to support security systems for the unit, etc.

B. VAWA Confidentiality Requirements. Examples of eligible costs for ensuring compliance with VAWA confidentiality requirements include:

- Monitoring and evaluating compliance.
- Developing and implementing strategies for corrective actions and remedies to ensure compliance.
- Program evaluation of confidentiality policies, practices, and procedures.
- Training on compliance with VAWA confidentiality requirements.
- Reporting to CoC Collaborative Applicant, HUD, and other interested parties on compliance with VAWA confidentiality requirements.
- Costs for establishing methodology to protect survivor information.
- Staff time associated with maintaining adherence to VAWA confidentiality requirements.

Enter the estimated amount(s) you are requesting for this project's Emergency Transfer Facilitation costs and VAWA Confidentiality Requirements costs for one or both of these eligible CoC VAWA cost categories. The CoC VAWA BLI Total amount can be expended for any eligible CoC VAWA cost identified above.

1. Will this project use funds from this grant to provide for emergency transfer facilitation, which includes the costs of assessing, coordinating, approving, denying and implementing a survivor's emergency transfer per Section III.B.4.a.(3) (a) of the NOFO? No

2. Will this project use funds from this grant to provide for VAWA confidentiality requirements, which includes the costs of ensuring compliance with the VAWA confidentiality requirements per Section III.B.4.a.(3) (b) of the NOFO? No

Rural Cost Budget

In FY2024, the CoC Program has added eligible rural cost budget categories to be added in a new CoC Rural Cost Budget Line Item (BLI). The BLI will be added to grant agreements and utilized the same as other CoC Program BLIs in e-snaps and eLOCCS. There are three CoC Program rural cost categories that can be requested for your CoC Rural Cost BLI.

- Short-term emergency lodging to include housing in motels or shelters, either by providing direct funding or through vouchers.
- Repairs to housing units in where individuals and families experiencing homelessness will be housed, including housing units.
- Staff Training to include professional development, skill development, and staff retention activities.

3. Will this project use funds from this grant to provide for short-term emergency lodging, repairs to housing units and staff training per Section III.B.4.b.(3) (a) of the NOFO? No

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

5. Renewal Grant Term: This field is pre-populated with a one-year grant term and cannot be edited: 1 Year



6. Select the costs for which funding is requested:

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

| | |
|-------|-------------------------------------|
| VAWA | <input checked="" type="checkbox"/> |
| Rural | <input type="checkbox"/> |

The VAWA BLI is permanently checked. This allows any project to shift funds up to a 10% shift from another BLI if VAWA emergency transfer costs are needed.

6D. Sources of Match

The following list summarizes the funds that will be used as Match for this project. To add a Match source to the list, select the  icon. To view or update a Match source already listed, select the  icon.

Summary for Match

| | |
|-------------------------------------|----------|
| Total Value of Cash Commitments: | \$0 |
| Total Value of In-Kind Commitments: | \$19,200 |
| Total Value of All Commitments: | \$19,200 |

1. Will this project generate program income described in 24 CFR 578.97 to use as Match for this project? 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.

| Type | Source | Contributor | Value of Commitments |
|---------|---------|----------------------|----------------------|
| In-Kind | Private | Community Counsel... | \$19,200 |

Sources of Match Detail

1. Type of Match Commitment: In-Kind

2. Source: Private

3. Name of Source: Community Counseling of Bristol County
(Be as specific as possible and include the office or grant program as applicable)

4. Amount of Written Commitment: \$19,200

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.

6E. Summary Budget

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2018 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2018, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

| Eligible Costs (Light gray fields are available for entry of the previous grant agreement, GIW, approved GIW Change Form, or reduced by reallocation) | Applicant CoC Program Costs Requested (1 Year Term) |
|--|--|
| 1a. Leased Units (Screen 6B) | \$0 |
| 1b. Leased Structures (Enter) | \$0 |
| 2. Rental Assistance (Screen 6C) | \$0 |
| 3. Supportive Services (Enter) | \$69,737 |
| 4. Operating (Enter) | \$0 |
| 5. HMIS (Enter) | |
| 6. VAWA (Enter) | \$0 |
| 7. Rural (Enter) (Only for HUD CoC Program approved rural areas) | \$0 |
| 8. Sub-total of CoC Program Costs Requested | \$69,737 |
| 9. Admin (Up to 10% of Sub-total in #8) | \$6,837 |
| 10. HUD funded Sub-total + Admin. Requested | \$76,574 |
| 11. Cash Match (From Screen 6D) | \$0 |
| 12. In-Kind Match (From Screen 6D) | \$19,200 |
| 13. Total Match (From Screen 6D) | \$19,200 |
| 14. Total Project Budget for this grant, including Match | \$95,774 |

7A. Attachment(s)

| Document Type | Required? | Document Description | Date Attached |
|---|-----------|----------------------|---------------|
| 1) Subrecipient Nonprofit Documentation | No | | |
| 2) Other Attachment | No | | |
| 3) Other Attachment | No | | |

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

7A. In-Kind Match MOU Attachment

| Document Type | Required? | Document Description | Date Attached |
|-------------------|-----------|----------------------|---------------|
| In-Kind Match MOU | No | | |

Attachment Details

Document Description:

7B. Certification

**Applicant and Recipient Assurances and Certifications - form HUD-424B (Title)
U.S. Department of Housing and Urban Development OMB Approval No.
2501-0017
(expires 01/31/2026)**

As part of your application for HUD funding, you, as the official authorized to sign on behalf of your organization or as an individual must provide the following assurances and certifications. The Responsible Civil Rights Official has specified this form for use for purposes of general compliance with 24 CFR §§ 1.5, 3.115, 8.50, and 146.25, as applicable. The Responsible Civil Rights Official may require specific civil rights assurances to be furnished consistent with those authorities and will specify the form on which such assurances must be made. A failure to furnish or comply with the civil rights assurances contained in this form may result in the procedures to effect compliance at 24 CFR §§ 1.8, 3.115, 8.57, or 146.39. By submitting this form, you are stating that to the best of your knowledge and belief, all assertions are true and correct.

1. Has the legal authority to apply for Federal assistance, has the institutional, managerial and financial capability (including funds to pay the non-Federal share of program costs) to plan, manage and complete the program as described in the application and the governing body has duly authorized the submission of the application, including these assurances and certifications, and authorized me as the official representative of the application to act in connection with the application and to provide any additional information as may be required.

2. Will administer the grant in compliance with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and implementing regulations (24 CFR part 1), which provide that no person in the United States shall, on the grounds of race, color or national origin, be excluded from participation in, be denied the benefits of, or otherwise be subject to discrimination under any program or activity that receives Federal financial assistance OR if the applicant is a Federally recognized Indian tribe or its tribally designated housing entity, is subject to the Indian Civil Rights Act (25 U.S.C. 1301-1303).

3. Will administer the grant in compliance with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and implementing regulations at 24 CFR part 8, the American Disabilities Act (42 U.S.C. §§ 12101 et seq.), and implementing regulations at 28 CFR part 35 or 36, as applicable, and the Age Discrimination Act of 1975 (42 U.S.C. 6101-07) as amended, and implementing regulations at 24 CFR part 146 which together provide that no person in the United States shall, on the grounds of disability or age, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity that receives Federal financial assistance; except if the grant program authorizes or limits participation to designated populations, then the applicant will comply with the nondiscrimination requirements within the designated population.

4. Will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and the implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion sex (including gender identity and sexual orientation), disability, familial status, or national origin and will affirmatively further fair housing; except an applicant which is an Indian tribe or its instrumentality which is excluded by statute from coverage does not make this certification; and further except if the grant program authorizes or limits participation to designated populations, then the applicant will comply with the nondiscrimination requirements within the designated population.

5. Will comply with all applicable Federal nondiscrimination requirements, including those listed at 24 CFR §§ 5.105(a) and 5.106 as applicable.

6. Will comply with the acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended (42 U.S.C. 4601) and implementing regulations at 49 CFR part 24 and, as applicable, Section 104(d) of the Housing and Community Development Act of 1974 (42 U.S.C. 5304(d)) and implementing regulations at 24 CFR part 42, subpart A.

7. Will comply with the environmental requirements of the National Environmental Policy Act (42 U.S.C. 4321 et seq.) and related Federal authorities prior to the commitment or expenditure of funds for property.

8. That no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, and officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all subawards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly. Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage by the Byrd Amendment, but State-recognized Indian tribes and TDHs established under State law are not excluded from the statute's coverage.

Name of Authorized Certifying Official: Andrew Dawley

Date: 10/17/2024

Title: President & CEO

Applicant Organization: Community Counseling of Bristol County, Inc.

PHA Number (For PHA Applicants Only):

I/We, the undersigned, certify under penalty of perjury that the information provided above is true and correct. **WARNING:** Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§287, 1001, 1010, 1012, 1014; 31 U.S.C. §3729, 3802).

X

8B Submission Summary

| Page | Last Updated |
|--------------------------------------|-------------------|
| 1A. SF-424 Application Type | 10/11/2024 |
| 1B. SF-424 Legal Applicant | 10/11/2024 |
| 1C. SF-424 Application Details | No Input Required |
| 1D. SF-424 Congressional District(s) | 10/11/2024 |
| 1E. SF-424 Compliance | 10/11/2024 |
| 1F. SF-424 Declaration | 10/11/2024 |
| 1G. HUD 2880 | 10/11/2024 |

| | | |
|------------------------------------|---------|------------|
| Renewal Project Application FY2024 | Page 44 | 10/17/2024 |
|------------------------------------|---------|------------|

| | |
|--|-------------------|
| 1H. HUD-50070 | 10/11/2024 |
| 1I. Cert. Lobbying | 10/11/2024 |
| 1J. SF-LLL | 10/11/2024 |
| IK. SF-424B | 10/11/2024 |
| Submission Without Changes | 10/11/2024 |
| Recipient Performance | 10/11/2024 |
| Renewal Grant Consolidation or Renewal Grant Expansion | 10/11/2024 |
| 2A. Subrecipients | No Input Required |
| 3A. Project Detail | 10/11/2024 |
| 3B. Description | 10/11/2024 |
| 6A. Funding Request | 10/11/2024 |
| 6D. Match | 10/11/2024 |
| 6E. Summary Budget | No Input Required |
| 7A. Attachment(s) | No Input Required |
| 7A. In-Kind Match MOU Attachment | No Input Required |
| 7B. Certification | 10/11/2024 |

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.gov at https://www.hud.gov/program_offices/comm_planning/coc.
- Questions regarding the FY 2024 CoC Program Competition process must be submitted to CoCNOFO@hud.gov.
- Questions related to e-snaps functionality (e.g., password lockout, access to user's application account, updating Applicant Profile) must be submitted to e-snaps@hud.gov.
- Project applicants are required to have a Unique Entity Identifier (UEI) 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) 2024 Continuum of Care (CoC) Program Competition. For more information see FY 2024 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2024 CoC Program NOFO.
- Detailed instructions and e-snaps navigation guides can be found on the hud.gov website https://www.hud.gov/program_offices/comm_planning/coc/competition. The Detailed Instructions contain more comprehensive instructions and so should be used in tandem with the navigational guides.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2023 Project Application will be imported into the FY 2024 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- YHDP projects that are eligible for renewal under the CoC program may only use the YHDP Renewal or YHDP Replacement and Reallocation funding opportunities. Please review the NOFO for eligibility standards.
- Rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2024 CoC Program Competition NOFO.

1A. SF-424 Application Type

1. Type of Submission: Application

2. Type of Application: Renewal Project Application

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

If "Other", specify:

3. Date Received: 10/18/2024

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: MA0406

This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number

X

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: City of New Bedford

b. Employer/Taxpayer Identification Number (EIN/TIN): 04-6001402

c. Unique Entity Identifier: MUQVPRRNQM94

d. Address

Street 1: 608 Pleasant Street

Street 2:

City: New Bedford

County:

State: Massachusetts

Country: United States

Zip / Postal Code: 02740

e. Organizational Unit (optional)

Department Name: Office of Housing and Community Development

Division Name:

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

Prefix: Ms.

First Name: Jennifer

Middle Name:

Last Name: Clarke

Suffix:

Title: Deputy Director

Organizational Affiliation: City of New Bedford

Telephone Number: (508) 979-1500

Extension:

Fax Number: (508) 979-1575

Email: Jennifer.Clarke@newbedford-ma.gov

1C. SF-424 Application Details

9. Type of Applicant: C. City or Township 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-6800-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): Massachusetts
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: Welcome Home

16. Congressional District(s):

a. Applicant: MA-004, MA-008, MA-009
(for multiple selections hold CTRL key)

b. Project: MA-004, MA-008, MA-009
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 08/01/2025

b. End Date: 07/31/2026

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: Jennifer

Middle Name:

Last Name: Clarke

Suffix:

Title: Deputy Director

Telephone Number: (508) 979-1500
(Format: 123-456-7890)

Fax Number: (508) 979-1575
(Format: 123-456-7890)

Email: Jennifer.Clarke@newbedford-ma.gov

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

Date Signed: 10/18/2024

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Number: 2501-0017 Expiration Date: 01/31/2026

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: City of New Bedford

Prefix: Ms.

First Name: Jennifer

Middle Name:

Last Name: Clarke

Suffix:

Title: Deputy Director

Organizational Affiliation: City of New Bedford

Telephone Number: (508) 979-1500

Extension:

Email: Jennifer.Clarke@newbedford-ma.gov

City: New Bedford

County:

State: Massachusetts

Country: United States

Zip/Postal Code: 02740

2. Employer ID Number (EIN): 04-6001402

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$338,272.00

(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 |
|--|--------------------|-----------------------------|----------------------------|
| N/A | N/A | \$0.00 | \$0.00 |
| | | | |
| | | | |
| | | | |
| | | | |

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

Part III Interested Parties

Do you need to disclose interested parties for this grant according to the criteria below? No

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 non-disclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I/We, the undersigned, certify under penalty of perjury that the information provided above is true, correct, and accurate. Warning: If you knowingly make a false statement on this form, you may be subject to criminal and/or civil 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.

☒

Name / Title of Authorized Official: Jennifer Clarke, Deputy Director

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

Date Signed: 10/18/2024

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: City of New Bedford

Program/Activity Receiving Federal Grant CoC Program
Funding:

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; | |

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 certify that the information provided on this form and in any accompanying documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

☒

WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 1001, 1010, 1012; 31 U.S.C. §3729, 3802)

Authorized Representative

Prefix: Ms.

First Name: Jennifer

Middle Name

Last Name: Clarke

Suffix:

Title: Deputy Director

Telephone Number: (508) 979-1500
(Format: 123-456-7890)

Fax Number: (508) 979-1575
(Format: 123-456-7890)

Email: Jennifer.Clarke@newbedford-ma.gov

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

Date Signed: 10/18/2024

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: City of New Bedford

Name / Title of Authorized Official: Jennifer Clarke, Deputy Director

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

Date Signed: 10/18/2024

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES

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

Approved by OMB: 4040-0013 (exp. 02/28/2025)

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: City of New Bedford

Street 1: 608 Pleasant Street

Street 2:

City: New Bedford

County:

State: Massachusetts

Country: United States

Zip / Postal Code: 02740

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: Jennifer

Middle Name:

Last Name: Clarke

Suffix:

Title: Deputy Director

Telephone Number: (508) 979-1500
(Format: 123-456-7890)

Fax Number: (508) 979-1575
(Format: 123-456-7890)

Email: Jennifer.Clarke@newbedford-ma.gov

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

Date Signed: 10/18/2024

IK. SF-424B

(SF-424B) ASSURANCES - NON-CONSTRUCTION PROGRAMS

OMB Number: 4040-0007
Expiration Date: 02/28/2025

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

- | | |
|----|---|
| 1. | Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application. |
| 2. | Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives. |
| 3. | Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain. |
| 4. | Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency. |
| 5. | Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F). |
| 6. | Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism, (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application. |
| 7. | Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases. |
| 8. | Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds. |

| | |
|-----|--|
| 9. | Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements. |
| 10. | Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more. |
| 11. | Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205). |
| 12. | Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system. |
| 13. | Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.). |
| 14. | Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance. |
| 15. | Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance. |
| 16. | Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures. |
| 17. | Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations." |
| 18. | Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program. |
| 19. | Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award. |

As the duly authorized representative of the applicant, I certify: ☒

Authorized Representative for: City of New Bedford

Prefix: Ms.

First Name: Jennifer

Middle Name:

Last Name: Clarke

Suffix:

Title: Deputy Director

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

Date Signed: 10/18/2024

Information About Submission without Changes

Follow the instructions below making note of the exceptions and limitations to the “Submit Without Changes” process.

In general, HUD expects a project’s proposed project application information will remain the same from year-to-year unless changes are directed by HUD or approved through the grant agreement amendment process. However, HUD expects applicants to carefully review their information to determine if submitting without changes accurately reflects the expiring grant requesting renewal.

The data from previously submitted new and renewal project applications can be imported into a FY 2024 renewal project application. The “Submit without Changes” process is not applicable for first time renewing project applications or for a project application that did not import FY 2023 information and e-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that select “Yes - Individual Application in a Renewal Grant Consolidation” on the Renewal Grant Consolidation or Renewal Grant Expansion Screen may not use the “Submit Without Changes” process and esnaps will automatically be set to “Make Changes”. In addition, esnaps will automatically be set to “Make Changes” if the project applicant indicates on the Renewal Grant Consolidation or Renewal Grant Expansion Screen, this project application is for a “Yes - Stand-Alone Renewal Application in a New Grant Expansion” project application.

The e-snaps screens that remain “open” for required annual updates and do not affect applicants’ ability to select “Submit without Changes” are:

- Recipient Performance Screen
- Consolidation and Expansion
- Screen 3A. Project Detail
- Screen 6A. Funding Request
- Screen 6D. Sources of Match
- Screen 6E. Summary Budget - All of Part 7: Attachments and Certification; and
- All of Part 8: Submission Summary.

All other screens in Part 2 through Part 6 begin in “Read-Only” format and should be reviewed for accuracy; including any updates that were made to the 2023 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select “Submit Without Changes” in Part 8. If project applicants imported data and do need to make updates to the information on one or more screens, they must navigate to Part 8: “Submission Without Changes” Screen, select “Make Changes”, and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click “Save” and those screens will be available for edit. Once a project applicant selects a checkbox and clicks “Save”, the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions and e-snaps navigation guides found on HUD.gov to find more in depth information about applying under the FY 2024 CoC Competition.

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award due to reallocation? No

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

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

| | |
|--|-------------------------------------|
| Part 2 - Subrecipient Information | |
| 2A. Subrecipients | <input checked="" type="checkbox"/> |
| Part 3 - Project Information | |
| 3A. Project Detail | <input checked="" type="checkbox"/> |
| 3B. Description | <input checked="" type="checkbox"/> |
| 3C. Dedicated Plus | <input type="checkbox"/> |
| Part 4 - Housing Services and HMIS | |
| 4A. Services | <input type="checkbox"/> |
| 4B. Housing Type | <input checked="" type="checkbox"/> |
| Part 5 - Participants and Outreach Information | |
| 5A. Households | <input type="checkbox"/> |
| 5B. Subpopulations | <input type="checkbox"/> |
| Part 6 - Budget Information | |
| 6A. Funding Request | <input checked="" type="checkbox"/> |
| 6B. Leased Units | <input type="checkbox"/> |
| 6D. Match | <input checked="" type="checkbox"/> |
| 6E. Summary Budget | <input checked="" type="checkbox"/> |
| Part 7 - Attachment(s) & Certification | |

| | |
|-------------------|-------------------------------------|
| 7A. Attachment(s) | <input checked="" type="checkbox"/> |
| 7B. Certification | <input checked="" type="checkbox"/> |
| | |

You have selected "Make Changes" to question #2 above. Provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

Renewal Grant / Expansion - Information included about expansion grant

2A - Updated the Sub-Award Amount to match GIW.

3B - Edited Project Description to be up-to-date.

4B - Updated the location address.

6D - Match amount updated to meet 25% requirement

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

Recipient Performance

1. Did you submit your previous year's Annual Performance Report (APR) on time? Yes
2. Do you have any unresolved HUD Monitoring or OIG Audit finding(s) concerning any previous grant term related to this renewal project request? No
3. Do you draw funds quarterly for your current renewal project? Yes
4. Have any funds remained available for recapture by HUD for the most recently expired grant term related to this renewal project request? Yes

4a. If HUD recaptured funds provide an explanation.

FY21 Allocation \$308,815. HUD recaptured \$21,999 (Leasing). This surplus primarily resulted from a significant shortage of available housing inventory. The post-pandemic environment further exacerbated this issue, leading to an acute scarcity of affordable housing in New Bedford, which hindered our ability to allocate funds as planned. To address this challenge and make effective use of the unspent funds, WH has successfully secured additional affordable housing units in New Bedford. This proactive measure aims to mitigate the impact of the housing shortage and enhance our capacity to allocate resources more effectively for future fiscal periods.

Renewal Grant Consolidation or Renewal Grant Expansion

The CoC Competition will continue offering opportunities to expand or consolidate CoC projects.

1. Expansions and Consolidations will no longer be required to submit a combined version of the application.

a. Expansions will be required to **ONLY** submit a Stand-Alone Renewal and a Stand-Alone New application.

b. Consolidations will be required to **ONLY** submit a Survivor grant and a terminating grant. Up to 10 grants may be involved in a consolidation (Survivor + 9 Terminating grants)

2. Since no combined version will be submitted for either the Expansion or Consolidation, the combining of data will occur at Post-Award. HUD HQ will combine all units, beds and budgets prior to the Post-Award process. The field office and applicant will then be required to combine remaining project data at C1.9a (recipient step). HUD HQ will provide a data report with the data all combined. All that will be required for applicants to do is a simple copy and paste.

We hope this process will simplify and reduce any confusion when submitting expansions or consolidations. If you have any questions, please contact the AAQ.

1. Is this renewal project application requesting to consolidate or expand? Yes - Stand-Alone Renewal Application in a New Grant Expansion

If "No" click on "Next" or "Save & Next" below to move to the next screen.

As part of the FY 2024 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Expansion. This process can combine up to 1 renewal project application and 2 new expansion project applications. Renewal projects that are part of an expansion must expire in Calendar Year (CY) 2025, as confirmed on the FY 2024 GIW or eLOCCS, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

2. In the fields below, enter the Project Name, PIN and Total Amount Requested of the Stand-Alone Renewal project application and the Project Name and Total Amount requested for the Stand-Alone New project application as entered in e-snaps for the FY 2024 CoC Competition. There is no PIN for the Stand-Alone New, which is why the field will automatically fill as "NA". The Total Requested Amount for the Stand-Alone Renewal will automatically pull from the summary budget.

Renewal Grant Expansion Table

| Stand-Alone Renewal or Stand-Alone New | Project Name | PIN Number |
|--|------------------------|------------|
| Stand-Alone Renewal | Welcome Home | MA0406 |
| Stand-Alone New | Welcome Home Expansion | NA |
| | | |

Renewal Expansion Summary

| | |
|---|---|
| Total Number of Grants in the Expansion | 2 |
|---|---|

I acknowledge that I have informed my Collaborative Applicant of this expansion request to be included in the CoCs Project Listing and listed on a special attachment identifying this expansion request.

☒



I acknowledge that I have reviewed the accuracy and submitted all new expansion project applications related to this expansion request into esnaps.

☒

NOTE: DO NOT SUMBIT A FULLY COMBINED NEW OR RENEWAL PROJECT APPLICATION IN E-SNAPS AS PART OF THE FY 2024 COC COMPETITION.

Click on "Save & Next" to continue completing the remainder of this stand-alone renewal project application

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: \$338,272

| Organization | Type | Sub-Award Amount |
|----------------------------|------------------------------------|------------------|
| Steppingstone Incorporated | M. Nonprofit with 501C3 IRS Status | \$338,272 |

2A. Project Subrecipients Detail

a. Organization Name: Steppingstone Incorporated

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

c. Employer or Tax Identification Number: 04-2505146

d. Unique Entity Identifier: FF83WRGB7UB4

e. Physical Address

Street 1: 466 North Main Street

Street 2:

City: Fall River

State: Massachusetts

Zip Code: 02720

f. Congressional District(s): MA-005, MA-008, MA-009
(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: \$338,272

j. Contact Person

Prefix: Ms.

First Name: Kathleen

Middle Name:

Last Name: Schedler-Clark

Suffix:

Title: Executive Director

E-mail Address: kclark@steppingstoneinc.org

Confirm E-mail Address: kclark@steppingstoneinc.org

Phone Number: 508-674-2788

Extension: 110

Fax Number: 508-674-2780

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

3A. Project Detail

1. Expiring Grant Project Identification Number (PIN): MA0406

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

2. CoC Number and Name: MA-505 - New Bedford/Attleboro/Taunton/Bristol County

3. CoC Collaborative Applicant Name: City of New Bedford

4. Project Name: Welcome Home

5. Project Status: Standard

6. Component Type: PH

6a. Select the type of PH project. PSH

7. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3? No

8. Does this project include Replacement Reserves as a CoC Operating Cost? No

(Attachment Requirement)

9. Is this project applying for Rural costs on screen 6A? No

3B. Project Description

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

The Welcome Home Program consists of seventeen (17) housing units with twenty (20) beds located at scattered sites within the MA-505 CoC. The program serves individuals experiencing homelessness in New Bedford. The goal of the program is to serve a total of 17 households or 20 persons over the course of the program year.

To qualify for this project, all participants must meet the HUD definition of homelessness and have a documented disability. Further, all participants are required to use, and the Welcome Home project shall receive all its referrals from, the CoC's Coordinated Entry System. Welcome Home will prioritize those families meeting the HUD definition of chronically homeless and families that have been diagnosed with HIV/AIDS. Further, this project shall also be available to individuals and families, the majority of whom will have substance use disorders, mental health issues or a co-occurrence of these issues in addition to meeting the eligibility standards of homelessness and disability noted. Those eligible for this project meeting homelessness and disability standards may also be veterans, unaccompanied youth and/or have experienced or be fleeing from domestic violence, stalking, and other forms of predation as consistent with HUD's definition of homelessness.

The Welcome Home program will use a Housing First Model of service delivery (i.e., low barrier /low threshold system) that focuses first on stabilizing the individual or family in housing. Once participants are stabilized and their basic needs for shelter have been eliminated, program participants may choose to participate in receiving support, resources and/or case management.

Steppingstone case managers will work with each program family to develop Individual Service Plans (ISPs) with specific, client-centered goals and activities across all domains of life, such as employment, education, life skills and community connectedness, as well as assistance with applying for mainstream resource benefits, health insurance, and transportation vouchers. Case managers will also provide service coordination and referral to peer recovery support, parenting skills and nutrition groups, educational/vocational programming, and mental health and substance abuse treatment from Steppingstone and other providers through collaborative agreements.

Participants also receive supported referrals to HIV/AIDS Medical Case Management services through MOAs with providers such as Greater New Bedford Health Center. These services include Antiretroviral Medication Adherence, Risk Reduction Education and Chronic Disease Self-Management Support. The Project Coordinator will oversee the coordination of supportive services both within Steppingstone's Continuum of Care and from external providers. Also, chronic homeless individuals and families will have the option of participating in the Medicaid-funded CSPECH Program, which provides community-based support to increase housing stability and prevent avoidable hospitalizations.

Continuum of Care (CoC) funds will be used for the following eligible costs: Leasing, Supportive Services, Operations and Administration. See the Project Budget for additional details.

2. Check the appropriate box(s) if this project will have a specific subpopulation focus. (Select all that apply)

| | | | |
|---|-------------------------------------|-------------------------------|-------------------------------------|
| N/A - Project Serves All Subpopulations | <input type="checkbox"/> | Survivors | <input checked="" type="checkbox"/> |
| Veterans | <input checked="" type="checkbox"/> | Substance Use Disorders | <input checked="" type="checkbox"/> |
| Youth (under 25) | <input checked="" type="checkbox"/> | Mental Illness | <input checked="" type="checkbox"/> |
| Families with Children | <input checked="" type="checkbox"/> | HIV/AIDS | <input checked="" type="checkbox"/> |
| | | Chronic Homeless | <input checked="" type="checkbox"/> |
| | | Other(Click 'Save' to update) | <input type="checkbox"/> |

3. Housing First

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

3b. Does the project enroll program participants who have the following barriers? Select all that apply.

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

3c. Will the project prevent program participant termination for the following reasons? Select all that apply.

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

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

3C. Dedicated Plus

100% Dedicated or DedicatedPLUS

A "100% Dedicated" project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and families.

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:

- (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 were dedicated to individuals and families experiencing chronic homelessness under the grant that is being renewed may either be reallocated as a DedicatedPLUS project or may continue as a renewal dedicating 100 percent of its beds to individuals and families experiencing chronic homelessness. If the project is reallocated as a DedicatedPLUS project, the project must adhere to all fair housing requirements at 24 CFR 578.93.

1. Is this project "100% Dedicated," DedicatedPLUS
"DedicatedPLUS," or "N/A"?

(Only select "N/A" if this project was originally awarded as a grant that did not have requirements to only serve persons experiencing chronic homelessness and meets the definition of "non-dedicated permanent supportive housing beds" in the NOFO Section III.B.2.r).

4A. Supportive Services for Program Participants

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. For all supportive services available to program 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 | Quarterly |
| Assistance with Moving Costs | Subrecipient | As needed |
| Case Management | Subrecipient | Weekly |
| Child Care | Non-Partner | As needed |
| Education Services | Subrecipient | As needed |
| Employment Assistance and Job Training | Non-Partner | As needed |
| Food | Non-Partner | As needed |
| Housing Search and Counseling Services | Subrecipient | Weekly |
| Legal Services | Non-Partner | As needed |
| Life Skills Training | Subrecipient | Weekly |
| Mental Health Services | Subrecipient | As needed |
| Outpatient Health Services | Non-Partner | As needed |
| Outreach Services | Subrecipient | Weekly |
| Substance Abuse Treatment Services | Subrecipient | As needed |
| Transportation | Subrecipient | As needed |
| Utility Deposits | Non-Partner | As needed |

Identify whether the project includes the following activities:

2. Transportation assistance to program participants to attend mainstream benefit appointments, employee training, or jobs? Yes

3. Annual follow-up with program participants to ensure mainstream benefits are received and renewed? Yes

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

4a. 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: 17

Total Beds: 20

Total Dedicated CH Beds: 20

| Housing Type | Housing Type (JOINT) | Units | Beds |
|---------------------------------|----------------------|-------|------|
| Scattered-site apartments (...) | --- | 17 | 20 |

4B. Housing Type and Location Detail

Note: These fields should reflect full capacity on one night. For additional guidance, please refer to the Detailed Instructions.

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

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

a. Units: 17

b. Beds: 20

c. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 20

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

3. Address:

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

Street 1: 888 Purchase Street

Street 2: Suite 401

City: New Bedford

State: Massachusetts

ZIP Code: 02740

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

251614 New Bedford

5A. Program Participants - Households

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

Note: These fields should reflect full capacity on one night. For additional guidance, please refer to the Detailed Instructions

| | Households with at Least One Adult and One Child | Adult Households without Children | Households with Only Children | Total |
|-------------------------------------|---|--|--|-------|
| Number of Households | 3 | 14 | 0 | 17 |
| | | | | |
| 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 |
| Persons over age 24 | 3 | 13 | | 16 |
| Persons ages 18-24 | 0 | 1 | | 1 |
| Accompanied Children under age 18 | 3 | | 0 | 3 |
| Unaccompanied Children under age 18 | | | 0 | 0 |
| Total Persons | 6 | 14 | 0 | 20 |

Click Save to automatically calculate totals

5B. Program Participants - Subpopulations

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

Note: These fields should reflect full capacity on one night. For additional guidance, please refer to the Detailed Instructions.

Persons in Households with at Least One Adult and One Child

| Characteristics | CH (Not Veterans) | CH Veterans | Veterans (Not CH) | Substance Use Disorders | HIV/AIDS | Mental Illness | Survivors | Physical Disability | Developmental Disability | Persons Not Represented by a Listed Subpopulation |
|-----------------------|-------------------|-------------|-------------------|-------------------------|----------|----------------|-----------|---------------------|--------------------------|---|
| Persons over age 24 | 3 | 0 | 0 | 2 | 2 | 0 | 1 | 0 | 0 | 0 |
| Persons ages 18-24 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Children under age 18 | 3 | | | 0 | 0 | 0 | 1 | 0 | 0 | 0 |
| Total Persons | 6 | 0 | 0 | 2 | 2 | 0 | 2 | 0 | 0 | 0 |

Click Save to automatically calculate totals

Persons in Households without Children

| Characteristics | CH (Not Veterans) | CH Veterans | Veterans (Not CH) | Substance Use Disorders | HIV/AIDS | Mental Illness | Survivors | Physical Disability | Developmental Disability | Persons Not Represented by a Listed Subpopulation |
|---------------------|-------------------|-------------|-------------------|-------------------------|----------|----------------|-----------|---------------------|--------------------------|---|
| Persons over age 24 | 9 | 0 | 4 | 10 | 11 | 1 | 3 | 0 | 0 | 0 |
| Persons ages 18-24 | 1 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 0 |
| Total Persons | 10 | 0 | 4 | 11 | 11 | 2 | 3 | 0 | 0 | 0 |

Click Save to automatically calculate totals

Persons in Households with Only Children

| Characteristics | CH (Not Veterans) | CH Veterans | Veterans (Not CH) | Substance Use Disorders | HIV/AIDS | Mental Illness | Survivors | Physical Disability | Developmental Disability | Persons Not Represented by a Listed Subpopulation |
|-----------------------------------|-------------------|-------------|-------------------|-------------------------|----------|----------------|-----------|---------------------|--------------------------|---|
| Accompanied Children under age 18 | | | | | | | | | | |

| | | | | | | | | | | |
|-------------------------------------|---|--|--|---|---|---|---|---|---|---|
| Unaccompanied Children under age 18 | | | | | | | | | | |
| Total Persons | 0 | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

6A. Funding Request

VAWA Budget

In FY2024, the Violence Against Women Act (VAWA) has clarified the use of CoC Program funds for VAWA eligible cost categories. These VAWA cost categories can be added to a new project application to create a CoC VAWA Budget Line Item (BLI) in e-snaps and eLOCCS. The BLI will be added to grant agreements and utilized the same as other CoC Program BLIs in e-snaps and eLOCCS. Eligible CoC VAWA costs can be identified in one or both of the following CoC VAWA categories. Examples of eligible costs in these cost categories are identified as follows:

A. VAWA Emergency Transfer Facilitation. Examples of eligible costs include the costs of assessing, coordinating, approving, denying, and implementing a survivor's emergency transfer(s). Additional details of eligible costs include:

- Moving Costs. Assistance with reasonable moving costs to move survivors for an emergency transfer(s).
- Travel Costs. Assistance with reasonable travel costs for survivors and their families to travel for an emergency transfer(s). This may include travel costs to locations outside of your CoC's geography.
- Security Deposits. Grant funds can be used to pay for security deposits of the safe unit the survivor is transferring to via an emergency transfer(s).
- Utilities. Grant funds can be used to pay for costs of establishing utility assistance in the safe unit the survivor is transferring to.
- Housing Fees. Grant funds can be used to pay fees associated with getting survivors into a safe unit via emergency transfer(s), including but not limited to application fees, broker fees, holding fees, trash fees, pet fees where the person believes they need their pet to be safe, etc.
- Case Management. Grant funds can be used to pay staff time necessary to assess, coordinate, and implement emergency transfer(s).
- Housing Navigation. Grant funds can be used to pay staff time necessary to identify safe units and facilitate moves into housing for survivors through emergency transfer(s).
- Technology to make an available unit safe. Grant funds can be used to pay for technology that the individual believes is needed to make the unit safe, including but not limited to doorbell cameras, security systems, phone, and internet service when necessary to support security systems for the unit, etc.

B. VAWA Confidentiality Requirements. Examples of eligible costs for ensuring compliance with VAWA confidentiality requirements include:

- Monitoring and evaluating compliance.
- Developing and implementing strategies for corrective actions and remedies to ensure compliance.
- Program evaluation of confidentiality policies, practices, and procedures.
- Training on compliance with VAWA confidentiality requirements.
- Reporting to CoC Collaborative Applicant, HUD, and other interested parties on compliance with VAWA confidentiality requirements.
- Costs for establishing methodology to protect survivor information.
- Staff time associated with maintaining adherence to VAWA confidentiality requirements.

Enter the estimated amount(s) you are requesting for this project's Emergency Transfer Facilitation costs and VAWA Confidentiality Requirements costs for one or both of these eligible CoC VAWA cost categories. The CoC VAWA BLI Total amount can be expended for any eligible CoC VAWA cost identified above.

1. Will this project use funds from this grant to provide for emergency transfer facilitation, which includes the costs of assessing, coordinating, approving, denying and implementing a survivor's emergency transfer per Section III.B.4.a.(3) (a) of the NOFO? No

2. Will this project use funds from this grant to provide for VAWA confidentiality requirements, which includes the costs of ensuring compliance with the VAWA confidentiality requirements per Section III.B.4.a.(3) (b) of the NOFO? No

Rural Cost Budget

In FY2024, the CoC Program has added eligible rural cost budget categories to be added in a new CoC Rural Cost Budget Line Item (BLI). The BLI will be added to grant agreements and utilized the same as other CoC Program BLIs in e-snaps and eLOCCS. There are three CoC Program rural cost categories that can be requested for your CoC Rural Cost BLI.

- Short-term emergency lodging to include housing in motels or shelters, either by providing direct funding or through vouchers.
- Repairs to housing units in where individuals and families experiencing homelessness will be housed, including housing units.
- Staff Training to include professional development, skill development, and staff retention activities.

3. Will this project use funds from this grant to provide for short-term emergency lodging, repairs to housing units and staff training per Section III.B.4.b.(3) (a) of the NOFO? No

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

5. Renewal Grant Term: This field is pre-populated with a one-year grant term and cannot be edited: 1 Year

6. Select the costs for which funding is requested:

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

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

The VAWA BLI is permanently checked. This allows any project to shift funds up to a 10% shift from another BLI if VAWA emergency transfer costs are needed.

6B. Leased Units Budget

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

The following list summarizes the funds being requested for one or more units leased for operating the projects. To add information to the list, select the  icon. To view or update information already listed, select the  icon.

| | |
|------------------------------------|-----------|
| Total Annual Assistance Requested: | \$224,230 |
| Grant Term: | 1 Year |
| Total Request for Grant Term: | \$224,230 |
| Total Units: | 17 |

The number of beds for which funding has been requested in the Leased Units budget is 20.

| FMR Area | Total Units Requested | Total Annual Budget Requested | Total Budget Requested |
|----------------------|-----------------------|-------------------------------|------------------------|
| MA - New Bedford,... | 17 | \$224,230 | \$224,230 |

Leased Units Budget Detail

Enter the appropriate values in the "Number of Units" AND "Total Request" fields.



Metropolitan or non-metropolitan MA - New Bedford, MA HUD Metro FMR Area
fair market rent area: (2500500520)

Leased Units Annual Budget

| Size of Units | # of Units (Applicant) | Total Request (Applicant) |
|--|---------------------------|---------------------------------|
| SRO | | |
| 0 Bedroom | | |
| 1 Bedroom | 14 | |
| 2 Bedroom | 3 | |
| 3 Bedroom | | |
| 4 Bedroom | | |
| 5 Bedroom | | |
| 6 Bedroom | | |
| 7 Bedroom | | |
| 8 Bedroom | | |
| 9 Bedroom | | |
| Total Units and Annual Assistance Requested | 17 | \$224,230 |
| Grant Term | | 1 Year |
| Total Request for Grant Term | | \$224,230 |

Click the 'Save' button to automatically calculate totals.

6D. Sources of Match

The following list summarizes the funds that will be used as Match for this project. To add a Match source to the list, select the  icon. To view or update a Match source already listed, select the  icon.

Summary for Match

| | |
|-------------------------------------|----------|
| Total Value of Cash Commitments: | \$28,511 |
| Total Value of In-Kind Commitments: | \$0 |
| Total Value of All Commitments: | \$28,511 |

1. Will this project generate program income described in 24 CFR 578.97 to use as Match for this project? No

| Type | Source | Contributor | Value of Commitments |
|------|---------|----------------------|----------------------|
| Cash | Private | Steppingstone Inc... | \$28,511 |

Sources of Match Detail

1. Type of Match Commitment: Cash

2. Source: Private

3. Name of Source: Steppingstone Incorporated
(Be as specific as possible and include the office or grant program as applicable)

4. Amount of Written Commitment: \$28,511

6E. Summary Budget

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2018 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2018, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

| Eligible Costs (Light gray fields are available for entry of the previous grant agreement, GIW, approved GIW Change Form, or reduced by reallocation) | Applicant CoC Program Costs Requested (1 Year Term) |
|--|--|
| 1a. Leased Units (Screen 6B) | \$224,230 |
| 1b. Leased Structures (Enter) | \$0 |
| 2. Rental Assistance (Screen 6C) | \$0 |
| 3. Supportive Services (Enter) | \$84,359 |
| 4. Operating (Enter) | \$1,609 |
| 5. HMIS (Enter) | \$0 |
| 6. VAWA (Enter) | \$0 |
| 7. Rural (Enter) (Only for HUD CoC Program approved rural areas) | \$0 |
| 8. Sub-total of CoC Program Costs Requested | \$310,198 |
| 9. Admin (Up to 10% of Sub-total in #8) | \$28,074 |
| 10. HUD funded Sub-total + Admin. Requested | \$338,272 |
| 11. Cash Match (From Screen 6D) | \$28,511 |
| 12. In-Kind Match (From Screen 6D) | \$0 |
| 13. Total Match (From Screen 6D) | \$28,511 |
| 14. Total Project Budget for this grant, including Match | \$366,783 |

7A. Attachment(s)

| Document Type | Required? | Document Description | Date Attached |
|---|-----------|----------------------|---------------|
| 1) Subrecipient Nonprofit Documentation | No | IRS 501 c3 Letter... | 12/23/2013 |
| 2) Other Attachment | No | WH Match Letter | 09/24/2024 |
| 3) Other Attachment | No | | |

Attachment Details

Document Description: IRS 501 c3 Letter Non profit status

Attachment Details

Document Description: WH Match Letter

Attachment Details

Document Description:

7B. Certification

**Applicant and Recipient Assurances and Certifications - form HUD-424B (Title)
U.S. Department of Housing and Urban Development OMB Approval No.
2501-0017
(expires 01/31/2026)**

As part of your application for HUD funding, you, as the official authorized to sign on behalf of your organization or as an individual must provide the following assurances and certifications. The Responsible Civil Rights Official has specified this form for use for purposes of general compliance with 24 CFR §§ 1.5, 3.115, 8.50, and 146.25, as applicable. The Responsible Civil Rights Official may require specific civil rights assurances to be furnished consistent with those authorities and will specify the form on which such assurances must be made. A failure to furnish or comply with the civil rights assurances contained in this form may result in the procedures to effect compliance at 24 CFR §§ 1.8, 3.115, 8.57, or 146.39. By submitting this form, you are stating that to the best of your knowledge and belief, all assertions are true and correct.

1. Has the legal authority to apply for Federal assistance, has the institutional, managerial and financial capability (including funds to pay the non-Federal share of program costs) to plan, manage and complete the program as described in the application and the governing body has duly authorized the submission of the application, including these assurances and certifications, and authorized me as the official representative of the application to act in connection with the application and to provide any additional information as may be required.

2. Will administer the grant in compliance with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and implementing regulations (24 CFR part 1), which provide that no person in the United States shall, on the grounds of race, color or national origin, be excluded from participation in, be denied the benefits of, or otherwise be subject to discrimination under any program or activity that receives Federal financial assistance OR if the applicant is a Federally recognized Indian tribe or its tribally designated housing entity, is subject to the Indian Civil Rights Act (25 U.S.C. 1301-1303).

3. Will administer the grant in compliance with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and implementing regulations at 24 CFR part 8, the American Disabilities Act (42 U.S.C. §§ 12101 et seq.), and implementing regulations at 28 CFR part 35 or 36, as applicable, and the Age Discrimination Act of 1975 (42 U.S.C. 6101-07) as amended, and implementing regulations at 24 CFR part 146 which together provide that no person in the United States shall, on the grounds of disability or age, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity that receives Federal financial assistance; except if the grant program authorizes or limits participation to designated populations, then the applicant will comply with the nondiscrimination requirements within the designated population.

4. Will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and the implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion sex (including gender identity and sexual orientation), disability, familial status, or national origin and will affirmatively further fair housing; except an applicant which is an Indian tribe or its instrumentality which is excluded by statute from coverage does not make this certification; and further except if the grant program authorizes or limits participation to designated populations, then the applicant will comply with the nondiscrimination requirements within the designated population.

5. Will comply with all applicable Federal nondiscrimination requirements, including those listed at 24 CFR §§ 5.105(a) and 5.106 as applicable.

6. Will comply with the acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended (42 U.S.C. 4601) and implementing regulations at 49 CFR part 24 and, as applicable, Section 104(d) of the Housing and Community Development Act of 1974 (42 U.S.C. 5304(d)) and implementing regulations at 24 CFR part 42, subpart A.

7. Will comply with the environmental requirements of the National Environmental Policy Act (42 U.S.C. 4321 et seq.) and related Federal authorities prior to the commitment or expenditure of funds for property.

8. That no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, and officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all subawards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly. Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage by the Byrd Amendment, but State-recognized Indian tribes and TDHs established under State law are not excluded from the statute's coverage.

Name of Authorized Certifying Official: Jennifer Clarke

Date: 10/18/2024

Title: Deputy Director

Applicant Organization: City of New Bedford

PHA Number (For PHA Applicants Only):

I/We, the undersigned, certify under penalty of perjury that the information provided above is true and correct. **WARNING:** Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§287, 1001, 1010, 1012, 1014; 31 U.S.C. §3729, 3802).

X

8B Submission Summary

| Page | Last Updated |
|--------------------------------|-------------------|
| 1A. SF-424 Application Type | 09/20/2024 |
| 1B. SF-424 Legal Applicant | 09/20/2024 |
| 1C. SF-424 Application Details | No Input Required |

| | | |
|------------------------------------|---------|------------|
| Renewal Project Application FY2024 | Page 56 | 10/18/2024 |
|------------------------------------|---------|------------|

| | |
|--|-------------------|
| 1D. SF-424 Congressional District(s) | 10/18/2024 |
| 1E. SF-424 Compliance | 09/20/2024 |
| 1F. SF-424 Declaration | 09/20/2024 |
| 1G. HUD 2880 | 09/20/2024 |
| 1H. HUD-50070 | 09/20/2024 |
| 1I. Cert. Lobbying | 09/20/2024 |
| 1J. SF-LLL | 09/20/2024 |
| IK. SF-424B | 09/20/2024 |
| Submission Without Changes | 10/07/2024 |
| Recipient Performance | 09/25/2024 |
| Renewal Grant Consolidation or Renewal Grant Expansion | 09/24/2024 |
| 2A. Subrecipients | 09/25/2024 |
| 3A. Project Detail | 09/23/2024 |
| 3B. Description | 10/18/2024 |
| 3C. Dedicated Plus | 09/20/2024 |
| 4A. Services | 09/20/2024 |
| 4B. Housing Type | 09/24/2024 |
| 5A. Households | 09/20/2024 |
| 5B. Subpopulations | No Input Required |
| 6A. Funding Request | 09/23/2024 |
| 6B. Leased Units | 09/20/2024 |
| 6D. Match | 09/24/2024 |
| 6E. Summary Budget | No Input Required |
| 7A. Attachment(s) | 09/24/2024 |
| 7B. Certification | 10/18/2024 |

Internal Revenue Service

Department of the Treasury

**P. O. Box 2508
Cincinnati, OH 45201**

Date: April 18, 2002

**Steppingstone Inc.
466 North Main Street
Fall River, MA 02720-2408**

Person to Contact:
Carol Kraft - #31-01135
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:
04-2505146

Dear Madam:

This letter is in response to your request by telephone on April 18, 2002, for a copy of your organization's determination letter. This letter will take the place of the copy you requested.

Our records indicate that a determination letter issued in August 1972 granted your organization exemption from federal income tax under section 501(c)(3) of the Internal Revenue Code. That letter is still in effect.

Based on information subsequently submitted, we classified your organization as one that is not a private foundation within the meaning of section 509(a) of the Code because it is an organization described in sections 509(a)(1) and 170(b)(1)(A)(vi).

This classification was based on the assumption that your organization's operations would continue as stated in the application. If your organization's sources of support, or its character, method of operations, or purposes have changed, please let us know so we can consider the effect of the change on the exempt status and foundation status of your organization.

Your organization is required to file Form 990, Return of Organization Exempt from Income Tax, only if its gross receipts each year are normally more than \$25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of the organization's annual accounting period. The law imposes a penalty of \$20 a day, up to a maximum of \$10,000, when a return is filed late, unless there is reasonable cause for the delay.

All exempt organizations (unless specifically excluded) are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more paid to each employee during a calendar year. Your organization is not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the excise taxes under Chapter 42 of the Code. However, these organizations are not automatically exempt from other federal excise taxes.

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

Steppingstone Inc.
04-2505146

Your organization is not required to file federal income tax returns unless it is subject to the tax on unrelated business income under section 511 of the Code. If your organization is subject to this tax, it must file an income tax return on the Form 990-T, Exempt Organization Business Income Tax Return. In this letter, we are not determining whether any of your organization's present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

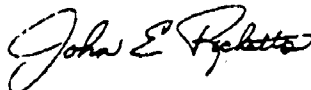
The law requires you to make your organization's annual return available for public inspection without charge for three years after the due date of the return. If your organization had a copy of its application for recognition of exemption on July 15, 1987, it is also required to make available for public inspection a copy of the exemption application, any supporting documents and the exemption letter to any individual who requests such documents in person or in writing. You can charge only a reasonable fee for reproduction and actual postage costs for the copied materials. The law does not require you to provide copies of public inspection documents that are widely available, such as by posting them on the Internet (World Wide Web). You may be liable for a penalty of \$20 a day for each day you do not make these documents available for public inspection (up to a maximum of \$10,000 in the case of an annual return).

Because this letter could help resolve any questions about your organization's exempt status and foundation status, you should keep it with the organization's permanent records.

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

This letter affirms your organization's exempt status.

Sincerely,



John E. Ricketts, Director, TE/GE
Customer Account Services



Cash Resource Commitment for Operations

Steppingstone, Incorporated commits to providing cash resources in the amount of \$28,511 from non-SHP funding sources for the FY24 CoC grant term. This \$28,511 from non-SHP funding sources will be used under HUD's grant number MA0406L1T052312. The project applicant to which the cash will be contributed is the Welcome Home Program. The funds will be available beginning on August 1st, 2025 through July 31st, 2026. Allowable activities to be funded by this cash match include case management and other supportive services for clients of the Welcome Home Program.

DocuSigned by:

Kathleen Schedler-Clark

6A25665F50CA4F9...

Kathleen Schedler-Clark
Executive Director
Steppingstone, Incorporated

9/24/2024

Date

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.gov at https://www.hud.gov/program_offices/comm_planning/coc.
- Questions regarding the FY 2024 CoC Program Competition process must be submitted to CoCNOFO@hud.gov.
- Questions related to e-snaps functionality (e.g., password lockout, access to user's application account, updating Applicant Profile) must be submitted to e-snaps@hud.gov.
- Project applicants are required to have a Unique Entity Identifier (UEI) 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) 2024 Continuum of Care (CoC) Program Competition. For more information see FY 2024 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2024 CoC Program NOFO and the FY 2024 General Section NOFO.
- Detailed instructions and e-snaps navigation guides can be found on the hud.gov website https://www.hud.gov/program_offices/comm_planning/coc/competition. The Detailed Instructions contain more comprehensive instructions and so should be used in tandem with the navigational guides.
- New projects may only be submitted as either Reallocated, Bonus Projects, Reallocated + Bonus, DV Bonus or DV Reallocation. 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. Please review the NOFO for eligibility standards.
- YHDP projects that are eligible for renewal under the CoC program may only use the YHDP Renewal or YHDP Replacement and Reallocation funding opportunities. Please review the NOFO for eligibility standards.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- 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 2024 CoC Program Competition NOFO.

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: 10/18/2024

4. Applicant Identifier:

a. Federal Entity Identifier:

5. Federal Award Identifier:

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: City of New Bedford
b. Employer/Taxpayer Identification Number (EIN/TIN): 04-6001402
c. Unique Entity Identifier: MUQVPRRNQM94

d. Address

Street 1: 608 Pleasant Street
Street 2:
City: New Bedford
County:
State: Massachusetts
Country: United States
Zip / Postal Code: 02740

e. Organizational Unit (optional)

Department Name: Office of Housing and Community Development
Division Name:

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

Prefix: Ms.
First Name: Jennifer
Middle Name:
Last Name: Clarke
Suffix:
Title: Deputy Director
Organizational Affiliation: City of New Bedford
Telephone Number: (508) 979-1500
Extension:

Applicant: City of New Bedford HMIS Project

075719187

Project: Welcome Home Expansion

222846

Fax Number: (508) 979-1575

Email: Jennifer.Clarke@newbedford-ma.gov

1C. SF-424 Application Details

9. Type of Applicant: C. City or Township 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-6800-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): Massachusetts
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: Welcome Home Expansion

16. Congressional District(s):

16a. Applicant: MA-004, MA-008, MA-009

16b. Project: MA-004, MA-008, MA-009
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 08/01/2025

b. End Date: 07/31/2026

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: Jennifer

Middle Name:

Last Name: Clarke

Suffix:

Title: Deputy Director

Telephone Number: (508) 979-1500
(Format: 123-456-7890)

Fax Number: (508) 979-1575
(Format: 123-456-7890)

Email: Jennifer.Clarke@newbedford-ma.gov

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

Date Signed: 10/18/2024

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Number: 2501-0017 Expiration Date: 01/31/2026

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: City of New Bedford

Prefix: Ms.

First Name: Jennifer

Middle Name:

Last Name: Clarke

Suffix:

Title: Deputy Director

Organizational Affiliation: City of New Bedford

Telephone Number: (508) 979-1500

Extension:

Email: Jennifer.Clarke@newbedford-ma.gov

City: New Bedford

County:

State: Massachusetts

Country: United States

Zip/Postal Code: 02740

2. Employer ID Number (EIN): 04-6001402

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$63,624.00

(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 |
|--|--------------------|-----------------------------|----------------------------|
| N/A | N/A | \$0.00 | \$0.00 |
| | | | |
| | | | |
| | | | |
| | | | |

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

Part III Interested Parties

Do you need to disclose interested parties for this grant according to the criteria below? No

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 non-disclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I/We, the undersigned, certify under penalty of perjury that the information provided above is true, correct, and accurate. Warning: If you knowingly make a false statement on this form, you may be subject to criminal and/or civil 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.

☒

Name / Title of Authorized Official: Jennifer Clarke, Deputy Director

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

Date Signed: 10/18/2024

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: City of New Bedford
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 certify that the information provided on this form and in any accompanying documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

☒

WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 1001, 1010, 1012; 31 U.S.C. §3729, 3802)

Authorized Representative

Prefix: Ms.

First Name: Jennifer

Middle Name

Last Name: Clarke

Suffix:

Title: Deputy Director

Telephone Number: (508) 979-1500
(Format: 123-456-7890)

Fax Number: (508) 979-1575
(Format: 123-456-7890)

Email: Jennifer.Clarke@newbedford-ma.gov

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

Date Signed: 10/18/2024

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: City of New Bedford

Name / Title of Authorized Official: Jennifer Clarke, Deputy Director

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

Date Signed: 10/18/2024

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES Complete this form to disclose
lobbying activities pursuant to 31 U.S.C. 1352
Approved by OMB: 4040-0013 (exp. 02/28/2025)

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: City of New Bedford

Street 1: 608 Pleasant Street

Street 2:

City: New Bedford

County:

State: Massachusetts

Country: United States

Zip / Postal Code: 02740

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: Jennifer

Middle Name:

Last Name: Clarke

Suffix:

Title: Deputy Director

Telephone Number: (508) 979-1500
(Format: 123-456-7890)

Fax Number: (508) 979-1575
(Format: 123-456-7890)

Email: Jennifer.Clarke@newbedford-ma.gov

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

Date Signed: 10/18/2024

IK. SF-424B

(SF-424B) ASSURANCES - NON-CONSTRUCTION PROGRAMS

OMB Number: 4040-0007
Expiration Date: 02/28/2025

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

- | | |
|----|---|
| 1. | Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application. |
| 2. | Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives. |
| 3. | Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain. |
| 4. | Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency. |
| 5. | Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F). |
| 6. | Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism, (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application. |
| 7. | Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases. |
| 8. | Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds. |

| | |
|-----|--|
| 9. | Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327~333), regarding labor standards for federally-assisted construction subagreements. |
| 10. | Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more. |
| 11. | Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205). |
| 12. | Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system. |
| 13. | Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.). |
| 14. | Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance. |
| 15. | Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance. |
| 16. | Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures. |
| 17. | Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations." |
| 18. | Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program. |
| 19. | Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award. |

As the duly authorized representative of the applicant, I certify: ☒

Authorized Representative for: City of New Bedford

Prefix: Ms.

First Name: Jennifer

Middle Name:

Last Name: Clarke

Suffix:

Title: Deputy Director

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

Date Signed: 10/18/2024

1L. SF-424D

Are you requesting CoC Program funds for construction costs in this application? No

No SF-424D is required. Select "Save and Next" to move to the next screen.

2A. Project Subrecipients

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

Total Expected Sub-Awards: \$63,624

| Organization | Type | Sub-Award Amount |
|----------------------------|------------------------------------|------------------|
| Steppingstone Incorporated | M. Nonprofit with 501C3 IRS Status | \$63,624 |

2A. Project Subrecipients Detail

a. Organization Name: Steppingstone Incorporated

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

c. Employer or Tax Identification Number: 04-2505146

d. Unique Entity Identifier: FF83WRGB7UB4

e. Physical Address

Street 1: 466 North Main Street

Street 2:

City: Fall River

State: Massachusetts

Zip Code: 02720

f. Congressional District(s): MA-005, MA-008, MA-009
(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: \$63,624

j. Contact Person

Prefix: Ms.

First Name: Kathleen

Middle Name:

Last Name: Schedler-Clark

Suffix:

Title: Executive Director

E-mail Address: kclark@steppingstoneinc.org

Confirm E-mail Address: kclark@steppingstoneinc.org

Phone Number: 508-674-2788

Extension: 110

Fax Number: 508-674-2780

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

1. Describe your organization's (and subrecipient(s) if applicable) experience in effectively utilizing Federal funds and performing the activities proposed in the application.

The proposed project is an expansion of Welcome Home, an existing CoC-funded permanent supportive housing initiative operated by Steppingstone, Inc., the subrecipient, which has been successfully serving New Bedford since 2011. Steppingstone has effectively utilized federal funds to provide 17 units of permanent supportive housing for chronically homeless individuals with disabilities, specifically those living with an HIV/AIDS diagnosis.

In addition, the agency operates three other HUD CoC-funded permanent supportive housing programs in Fall River, offering an additional 74 units for homeless individuals. With a history of managing HUD CoC-funded programs since 1996, Steppingstone has demonstrated its ability to provide safe, affordable housing in conjunction with wrap-around services, including case management, healthcare, substance use and mental health treatment, food assistance, and transportation.

Steppingstone also effectively utilizes federal ESG funds to serve the homeless population, running a street outreach project in New Bedford and an emergency homeless shelter in Fall River that has been in operation since 2003.

Furthermore, the agency has received funding from the U.S. Substance Abuse and Mental Health Services Agency (SAMHSA) for over ten successful projects in the past decade, consistently meeting enrollment targets and program goals. Other federal funding sources Steppingstone has successfully utilized include the U.S. Probation and Pretrial Service Office and the U.S. Justice Department's Office of Justice Programs.

2. Describe your organization's (and subrecipient(s) if applicable) experience in leveraging Federal, State, local and private sector funds.

Steppingstone, Inc., a 501(c)(3) nonprofit organization, has been delivering quality behavioral health and housing services since 1972. With extensive experience in leveraging federal, state, local, and private funding, the agency effectively fulfills its mission. Steppingstone operates a variety of programs, including residential and outpatient treatment for substance use and mental health disorders, transitional and permanent housing, emergency shelter, street outreach, reentry programming, and peer recovery support services.

The agency maintains contracts with the Massachusetts Department of Public Health, Bureau of Substance Addiction Services, for residential treatment, outpatient services, supportive case management, and emergency shelter. Additionally, Steppingstone bills Medicaid and Managed Care Organizations for eligible services, such as treatment, recovery coaching, and the Community Support Program for Homeless Individuals (CSP-HI).

Steppingstone has successfully utilized federal funds to operate four CoC-funded permanent supportive housing programs and ESG-funded street outreach and emergency shelter projects. The agency currently manages five SAMHSA projects that provide recovery coaching, medication-assisted treatment, and integrated support for homeless individuals with co-occurring disorders. It also receives funding from the U.S. Justice Department's Office of Justice Programs for reentry services and the Emergency Food and Shelter Program for hunger relief and emergency shelter services.

To enhance its funding efforts, Steppingstone employs a Director of Development and Grant Writer to assist in securing resources for ongoing operations. The agency also receives a variety of local and private sector funds annually and is a United Way member agency, benefiting from annual allocations to support its transitional housing programs for the homeless.

3. Describe your organization's (and subrecipient(s) if applicable) financial management structure.

Steppingstone's financial department is led by a full-time Director of Finance and Administration, who is responsible for maintaining secure finances through the development of a balanced budget and sound financial systems. Supporting the Director are a Senior Accountant, Director of Billing, Finance Assistant, Bookkeeper, and Billing Coordinator, all of whom are full-time employees.

The agency's annual budget is developed by the Director of Finance and Administration and reviewed and approved by the Board of Directors to ensure effective financial operations. The Board reviews financials monthly and must approve any variances. Additionally, the Board evaluates annual financial statements, accounting policies, audits, the IRS Form 990, and the Executive Director's management of finances.

Steppingstone conducts regular monitoring of internal controls, performs management reviews, and ensures that management directives are executed. The organization has controls in place to prevent errors and fraud, verifies assets, and segregates duties where possible. Both the Director of Finance and Administration and the Executive Director are responsible for ensuring compliance with financial internal control policies and procedures.

4. Are there any unresolved HUD monitoring or No
OIG audit findings for any HUD grants (including
ESG) under your organization?

3A. Project Detail

1. CoC Number and Name: MA-505 - New Bedford/Attleboro/Taunton/Bristol County

2. CoC Collaborative Applicant Name: City of New Bedford

3. Project Name: Welcome Home Expansion

4. Project Status: Standard

5. Component Type: PH

5a. Select the type of PH project: PSH

6. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3? No

7. Is this new project application requesting to transition from eligible renewal project(s) that was awarded to the same recipient and fully eliminated through reallocation in this CoC Program Competition? (Attachment Requirement) No

8. Will funds requested in this new project application replace state or local government funds (24 CFR 578.87(a))? No

9. Will this project include replacement reserves in the Operating budget? No

10. Is this project applying for Rural costs on screen 6A? No

3B. Project Description

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

The Steppingstone Welcome Home Expansion program consists of adding four (4) one-bedroom units to the exiting program. Combined with the existing program, both will have twenty-one (21) housing units with twenty-four (24) beds located at scattered sites within the MA-505 CoC. The program serves individuals experiencing homelessness in New Bedford. The goal between both programs is to serve a total of 21 households or 24 persons over the course of the program year.

To qualify for this project, all participants must meet the HUD definition of homelessness and have a documented disability. Further, all participants are required to use, and the Welcome Home project shall receive all its referrals from, the CoC's Coordinated Entry System. Welcome Home will prioritize those families meeting the HUD definition of chronically homeless and families that have been diagnosed with HIV/AIDS. Further, this project shall also be available to individuals and families, the majority of whom will have substance use disorders, mental health issues or a co-occurrence of these issues in addition to meeting the eligibility standards of homelessness and disability noted. Those eligible for this project meeting homelessness and disability standards may also be veterans, unaccompanied youth and/or have experienced or be fleeing from domestic violence, stalking, and other forms of predation as consistent with HUD's definition of homelessness.

The Welcome Home program will use a Housing First Model of service delivery (i.e., low barrier /low threshold system) that focuses first on stabilizing the individual or family in housing. Once participants are stabilized and their basic needs for shelter have been eliminated, program participants may choose to participate in receiving support, resources and/or case management.

Steppingstone case managers will work with each program family to develop Individual Service Plans (ISPs) with specific, client-centered goals and activities across all domains of life, such as employment, education, life skills and community connectedness, as well as assistance with applying for mainstream resource benefits, health insurance, and transportation vouchers. Case managers will also provide service coordination and referral to peer recovery support, parenting skills and nutrition groups, educational/vocational programming, and mental health and substance abuse treatment from Steppingstone and other providers through collaborative agreements.

Participants also receive supported referrals to HIV/AIDS Medical Case Management services through MOAs with providers such as Greater New Bedford Health Center. These services include Antiretroviral Medication Adherence, Risk Reduction Education and Chronic Disease Self-Management Support. The Project Coordinator will oversee the coordination of supportive services both within Steppingstone's Continuum of Care and from external providers. Also, chronic homeless individuals and families will have the option of participating in the Medicaid-funded CSPECH Program, which provides community-based support to increase housing stability and prevent avoidable hospitalizations.

Continuum of Care (CoC) funds will be used for the following eligible costs: Leasing, Supportive Services, Operations and Administration. See the Project Budget for additional details.

2. For each primary project location, or structure, enter the number of days from the execution of the grant agreement that each of the following milestones will occur if this project is selected for conditional award.

| 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 |
| Begin hiring staff or expending funds | 45 | | | |
| Begin program participant enrollment | 45 | | | |
| Program participants occupy leased or rental assistance units or structure(s), or supportive services begin | 45 | | | |
| Leased or rental assistance units or structure, and supportive services near 100% capacity | 90 | | | |
| Closing on purchase of land, structure(s), or execution of structure lease | | | | |
| Start rehabilitation | | | | |
| Complete rehabilitation | | | | |
| Start new construction | | | | |
| Complete new construction | | | | |

2a. If requesting capital costs (i.e., acquisition, rehabilitation, or new construction), describe the proposed development activities with responsibilities of the applicant, and subrecipients if included, to develop and maintain the property using CoC Program funds.

N/A

3. Check the appropriate box(s) if this project will have a specific subpopulation focus.

(Select ALL that apply)

| | | | |
|---|-------------------------------------|-----------------------------------|-------------------------------------|
| N/A - Project Serves All Subpopulations | <input type="checkbox"/> | Survivors | <input type="checkbox"/> |
| Veterans | <input checked="" type="checkbox"/> | Substance Use Disorders | <input checked="" type="checkbox"/> |
| Youth (under 25) | <input checked="" type="checkbox"/> | Mental Illness | <input checked="" type="checkbox"/> |
| Families | <input type="checkbox"/> | HIV/AIDS | <input checked="" type="checkbox"/> |
| | | Chronic Homeless | <input checked="" type="checkbox"/> |
| | | Other (Click 'Save' to update) | <input type="checkbox"/> |

4. Will your project participate in the CoC's Coordinated Entry (CE) process or recipient organization is a victim service provider, as defined in 24 CFR 578.3 and uses an alternate CE process that meets HUD's minimum requirements? Yes

5. Housing First

5a. Will the project quickly move participants into permanent housing? Yes

5b. Will the project enroll program participants who have the following barriers? 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"/> |

5c. Will the project prevent program participant termination 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"/> |

5d. Will the project follow a "Housing First" approach? Yes
(Click 'Save' to update)

6 Will program participants be required to live in a specific structure, unit, or locality at any time while in the program? No

7. Will more than 16 persons live in a single structure? No

100% Dedicated or DedicatedPLUS

A “100% Dedicated” project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and families.

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:

- (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 were dedicated to individuals and families experiencing chronic homelessness under the grant that is being renewed may either be reallocated as a DedicatedPLUS project or may continue as a renewal dedicating 100 percent of its beds to individuals and families experiencing chronic homelessness. If the project is reallocated as a DedicatedPLUS project, the project must adhere to all fair housing requirements at 24 CFR 578.93.

**8. Is this project 100% Dedicated or DedicatedPLUS
DedicatedPLUS?**

3C. Project Expansion Information

1. Is this a "Project Expansion" of an eligible renewal project? Yes

Enter the PIN (first 6 characters of the grant number) and Project Name for the CoC funded grant that is applying for renewal in FY 2024 upon which this project proposes to expand.

1a. Eligible Renewal Grant PIN: MA0406

1b. Eligible Renewal Grant Project Name: Welcome Home

2. Will this expansion project increase the number of program participants? Yes

| | | |
|-----|---|----|
| 2a. | Currently Approved Renewal Numbers (from "Stand-alone Renewal" project application) | |
| | Number of persons (From renewal application Screen 5A) | 20 |
| | Number of units (From renewal application Screen 4B) | 17 |
| | Number of beds (From renewal application Screen 4B) | 20 |
| 2b. | New Requested Numbers to Add (from this "Stand-alone New" project application) | |
| | Number of additional persons (From this new application Screen 5A) | 4 |
| | Number of additional units (From this new application Screen 4B) | 4 |
| | Number of additional beds (From this new application Screen 4B) | 4 |

3. Will this expansion project provide additional supportive services to program participants? No

4. Will this expansion project bring existing facilities up to government health or safety standards? No

4A. Supportive Services for Participants

1. Describe how program participants will be assisted to obtain and remain in permanent housing.

Note: If applying for DV Bonus or DV Reallocation, you must describe how the project will include trauma-informed, victim-centered approaches in their strategies to assist participants to obtain or remain in permanent housing.

Participants will be enrolled in the Welcome Home Expansion project through coordinated entry, street outreach, and collaboration with other homeless service providers and local private landlords. The primary goal is to quickly transition homeless individuals and families into permanent supportive housing units with minimal barriers. The Project Coordinator will identify available units, conduct housing quality checks, negotiate leases, and advocate on clients' behalf with landlords. As soon as a unit becomes available, the project will promptly place the next eligible individual from the coordinated entry waiting list into the unit, prioritizing chronically homeless individuals. Welcome Home clients have the option to enroll in Steppingstone's SAMHSA-funded Project FAIHR. This program offers case managers and CSP-HI workers who work closely with clients to assess risks to their housing stability. They assist clients in accessing treatment and resources to stabilize their situations and reduce the risk of losing housing.

2. Describe the specific plan to coordinate and integrate with other mainstream health, social services, and employment programs for which program participants may be eligible.

Steppingstone (SS), operating since 1972, has extensive experience in leveraging mainstream resources and has developed a strong collaborative framework both within its continuum of care and with external providers. Each participant has access to case management within 48 hours of admission, which includes an individual needs assessment and assistance in obtaining Medicaid and other community resources. The Case Manager helps complete applications, gathers required documentation, and advocates on behalf of participants.

As a licensed behavioral health provider and MassHealth Behavioral Health Community Partner, SS holds contracts with all primary MassHealth Managed Care Organizations. The agency offers various Medicaid billable services, including substance use and mental health treatment, care management, CSPECH, recovery coaching, and navigator services. SS collaborates with New Bedford Community Health and other primary care providers, and it maintains connections with providers of education, workforce readiness training, childcare, and legal services. To achieve employment goals, SS collaborates with programs including SER-Jobs for Progress, MassHire, and other local employment agencies.

**3. For all supportive services available to program 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 | Quarterly |
| Assistance with Moving Costs | | Subrecipient | As needed |
| Case Management | | Subrecipient | Weekly |
| Child Care | | Non-Partner | As needed |
| Education Services | | Subrecipient | As needed |
| Employment Assistance and Job Training | | Non-Partner | As needed |
| Food | | Non-Partner | As needed |
| Housing Search and Counseling Services | | Subrecipient | Weekly |
| Legal Services | | Non-Partner | As needed |
| Life Skills Training | | Subrecipient | Weekly |
| Mental Health Services | | Subrecipient | As needed |
| Outpatient Health Services | | Non-Partner | As needed |
| Outreach Services | | Subrecipient | Weekly |
| Substance Abuse Treatment Services | | Subrecipient | As needed |
| Transportation | | Subrecipient | As needed |
| Utility Deposits | | Non-Partner | As needed |

Identify whether the project will include the following activities:

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

5. Annual follow-ups with program participants to ensure mainstream benefits are received and renewed? Yes

6. Will program participants have access to SSI/SSDI technical assistance provided by the project applicant, 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: 4

Total Beds: 4

Total Dedicated CH Beds: 4

| Housing Type | Housing Type (JOINT) | Units | Beds | Dedicated CH Beds |
|---------------------------------|----------------------|-------|------|-------------------|
| Scattered-site apartments (...) | --- | 4 | 4 | 4 |

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 program participants at the selected housing site.

a. Units: 4

b. Beds: 4

c. How many beds in "2b. Beds" are dedicated to persons experiencing chronic homelessness? 4

This includes both the "dedicated" and "prioritized" beds.

3. Address:

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

Street 1: 888 Purchase Street

Street 2: Suite 401

City: New Bedford

State: Massachusetts

ZIP Code: 02740

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

251614 New Bedford, 250126 Attleboro, 252418 Taunton

5A. Project Participants - Households

Note: These fields should reflect full capacity on one night. For additional guidance, please refer to the Detailed Instructions.

Households Table

| | Households with at Least One Adult and One Child | Adult Households without Children | Households with Only Children | Total |
|-------------------------------------|---|--|--|-------|
| Number of Households | 0 | 4 | 0 | 4 |
| | | | | |
| 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 |
| Persons over age 24 | 0 | 3 | | 3 |
| Persons ages 18-24 | 0 | 1 | | 1 |
| Accompanied Children under age 18 | 0 | | 0 | 0 |
| Unaccompanied Children under age 18 | | | 0 | 0 |
| Total Persons | 0 | 4 | 0 | 4 |

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

Note: These fields should reflect full capacity on one night. For additional guidance, please refer to the Detailed Instructions.

Persons in Households with at Least One Adult and One Child

| Characteristics | CH (Not Veterans) | CH Veterans | Veterans (Not CH) | Substance Use Disorders | HIV/AIDS | Mental Illness | Survivors | Physical Disability | Developmental Disability | Persons Not Represented by a Listed Subpopulation |
|-----------------------|-------------------|-------------|-------------------|-------------------------|----------|----------------|-----------|---------------------|--------------------------|---|
| Persons over age 24 | | | | | | | | | | |
| Persons 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 | CH (Not Veterans) | CH Veterans | Veterans (Not CH) | Substance Use Disorders | HIV/AIDS | Mental Illness | Survivors | Physical Disability | Developmental Disability | Persons Not Represented by a Listed Subpopulation |
|---------------------|-------------------|-------------|-------------------|-------------------------|----------|----------------|-----------|---------------------|--------------------------|---|
| Persons over age 24 | 2 | 0 | 1 | 2 | 1 | 2 | 0 | 0 | 0 | 0 |
| Persons ages 18-24 | 1 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 0 |
| Total Persons | 3 | 0 | 1 | 3 | 1 | 3 | 0 | 0 | 0 | 0 |

Click Save to automatically calculate totals

Persons in Households with Only Children

| Characteristics | CH (Not Veterans) | CH Veterans | Veterans (Not CH) | Substance Use Disorders | HIV/AIDS | Mental Illness | Survivors | Physical Disability | Developmental Disability | Persons Not Represented by a Listed Subpopulation |
|-------------------------------------|-------------------|-------------|-------------------|-------------------------|----------|----------------|-----------|---------------------|--------------------------|---|
| Accompanied Children under age 18 | | | | | | | | | | |
| Unaccompanied Children under age 18 | | | | | | | | | | |
| Total Persons | 0 | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Data on this screen should be based on Maximum Occupancy at a single point in time. It should not be based on the estimated amount of participants that will be served throughout the grant term.

6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 15, 2026? Yes

2. What type of CoC funding is this project applying for in this CoC Program Competition? CoC Bonus

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 requested:

| | |
|---------------------|-------------------------------------|
| Leased Units | <input checked="" type="checkbox"/> |
| Leased Structures | <input type="checkbox"/> |
| Rental Assistance | <input type="checkbox"/> |
| Supportive Services | <input type="checkbox"/> |
| Operating | <input checked="" type="checkbox"/> |
| HMIS | <input type="checkbox"/> |
| VAWA | <input checked="" type="checkbox"/> |
| Rural | <input type="checkbox"/> |

The VAWA BLI is permanently checked. This allows any project to shift funds up to a 10% shift from another BLI if VAWA emergency transfer costs are needed.

6. If conditionally awarded, is this project requesting an initial grant term greater than 12 months? No
(13 to 18 months)

6C. Leased Units

The following list summarizes the funds being requested for one or more units leased for operating the projects. To add information to the list, select the icon. To view or update information already listed, select the icon.

| | |
|------------------------------------|----------|
| Total Annual Assistance Requested: | \$50,448 |
| Grant Term: | 1 Year |
| Total Request for Grant Term: | \$50,448 |
| Total Units: | 4 |

The number of beds for which funding has been requested in the Leased Units budget is 4.

| FMR Area | Total Units Requested | Total Annual Assistance Requested | Total Budget Requested |
|----------------------|-----------------------|-----------------------------------|------------------------|
| MA - New Bedford,... | 4 | \$50,448 | \$50,448 |

Leased Units Budget Detail

Instructions:

Metropolitan or non-metropolitan fair market rent area: This is a required field. Select the FY 2023 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 rent for each unit in the FMR Area column in the chart below. The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>.

Size of Units: 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 2023 FMRs based on the FMR area selected by the applicant. They serve as a reference and upper limit for the amounts entered in the HUD Paid Rents column.

HUD Paid Rents: This is a required field. For each unit size, enter the rent to be paid by the CoC program grant. This rent can be equal to or below the FMR amount in the previous column. Once funds are awarded recipients must document compliance with the rent reasonable requirement in 24 CFR 578.49.

12 Months: These fields are populated with the value 12 to calculate the annual rent request. The total request for this budget will calculate based on the grant term selected on Screen "6A. Funding Request."

Total Request: This column populates with the total calculated amount from each row.

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 with the grant term selected on the "Funding Request" screen and will be read only.

Total Request for Grant Term: This field is 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>

In the chart below, enter the appropriate values in the "Number of units" and "HUD Paid Rent" fields.

Metropolitan or non-metropolitan fair market rent area: MA - New Bedford, MA HUD Metro FMR Area (2500500520)

Leased Units Annual Budget

| Size of Units | Number of units (Applicant) | | FMR (Applicant) | HUD Paid Rent (Applicant) | | 12 months | | Total request (Applicant) |
|--|--------------------------------|---|--------------------|------------------------------|---|-----------|---|------------------------------|
| SRO | | x | \$668 | | x | 12 | = | \$0 |
| 0 Bedroom | | x | \$890 | | x | 12 | = | \$0 |
| 1 Bedroom | 4 | x | \$1,051 | \$1,051 | x | 12 | = | \$50,448 |
| 2 Bedroom | | x | \$1,282 | | x | 12 | = | \$0 |
| 3 Bedroom | | x | \$1,560 | | x | 12 | = | \$0 |
| 4 Bedroom | | x | \$1,722 | | x | 12 | = | \$0 |
| 5 Bedroom | | x | \$1,980 | | x | 12 | = | \$0 |
| 6 Bedroom | | x | \$2,239 | | x | 12 | = | \$0 |
| 7 Bedroom | | x | \$2,497 | | x | 12 | = | \$0 |
| 8 Bedroom | | x | \$2,755 | | x | 12 | = | \$0 |
| 9 Bedroom | | x | \$3,014 | | x | 12 | = | \$0 |
| Total units and annual assistance requested: | 4 | | | | | | | \$50,448 |
| Grant term: | | | | | | | | 1 Year |
| Total request for grant term: | | | | | | | | \$50,448 |

Click the 'Save' button to automatically calculate totals.

6G. Operating

Instructions:

Enter the quantity and total budget request for each operating cost. The request entered should be equivalent to the cost of one year of the relevant operations activity.

Eligible Costs: The system populates a list of eligible operating costs for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.55.

Quantity AND Detail: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity in detail (e.g. .75 FTE hours and benefits for staff, utility types, monthly allowance for supplies) for each operating cost for which funding is being requested. Please note that simply stating "1FTE" is NOT providing "Quantity AND Detail" and restricts understanding of what is being requested. Failure to enter adequate "Quantity AND Detail" may result in conditions being placed on the 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 operating the housing or supportive services facility.

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. Maintenance/Repair | | |
| 2. Property Taxes and Insurance | | |
| 3. Replacement Reserve | | |
| 4. Building Security | | |
| 5. Electricity, Gas, and Water | | |
| 6. Furniture | The Welcome Home Expansion will include various furnishings, such as mattresses, bed frames, couch sets, and lamps, totaling \$7,392. | \$7,392 |
| 7. Equipment (lease, buy) | | |
| Total Annual Assistance Requested | | \$7,392 |
| Grant Term | | 1 Year |
| Total Request for Grant Term | | \$7,392 |

Click the 'Save' button to automatically calculate totals.

VAWA Budget

VAWA Budget

In FY2024, the Violence Against Women Act (VAWA) has clarified the use of CoC Program funds for VAWA eligible cost categories. These VAWA cost categories can be added to a new project application to create a CoC VAWA Budget Line Item (BLI) in e-snaps and eLOCCS. The BLI will be added to grant agreements and utilized the same as other CoC Program BLIs in e-snaps and eLOCCS. Eligible CoC VAWA costs can be identified in one or both of the following CoC VAWA categories. Examples of eligible costs in these cost categories are identified as follows:

A. VAWA Emergency Transfer Facilitation. Examples of eligible costs include the costs of assessing, coordinating, approving, denying, and implementing a survivor's emergency transfer(s). Additional details of eligible costs include:

- Moving Costs. Assistance with reasonable moving costs to move survivors for an emergency transfer(s).
- Travel Costs. Assistance with reasonable travel costs for survivors and their families to travel for an emergency transfer(s). This may include travel costs to locations outside of your CoC's geography.
- Security Deposits. Grant funds can be used to pay for security deposits of the safe unit the survivor is transferring to via an emergency transfer(s).
- Utilities. Grant funds can be used to pay for costs of establishing utility assistance in the safe unit the survivor is transferring to.
- Housing Fees. Grant funds can be used to pay fees associated with getting survivors into a safe unit via emergency transfer(s), including but not limited to application fees, broker fees, holding fees, trash fees, pet fees where the person believes they need their pet to be safe, etc.
- Case Management. Grant funds can be used to pay staff time necessary to assess, coordinate, and implement emergency transfer(s).
- Housing Navigation. Grant funds can be used to pay staff time necessary to identify safe units and facilitate moves into housing for survivors through emergency transfer(s).
- Technology to make an available unit safe. Grant funds can be used to pay for technology that the individual believes is needed to make the unit safe, including but not limited to doorbell cameras, security systems, phone, and internet service when necessary to support security systems for the unit, etc.

B. VAWA Confidentiality Requirements. Examples of eligible costs for ensuring compliance with VAWA confidentiality requirements include:

- Monitoring and evaluating compliance.
- Developing and implementing strategies for corrective actions and remedies to ensure compliance.
- Program evaluation of confidentiality policies, practices, and procedures.
- Training on compliance with VAWA confidentiality requirements.
- Reporting to CoC Collaborative Applicant, HUD, and other interested parties on compliance with VAWA confidentiality requirements.
- Costs for establishing methodology to protect survivor information.
- Staff time associated with maintaining adherence to VAWA confidentiality requirements.

Enter the estimated amount(s) you are requesting for this project's Emergency Transfer Facilitation costs and VAWA Confidentiality Requirements costs for one or both of these eligible CoC VAWA cost categories. The CoC VAWA BLI Total amount can be expended for any eligible CoC VAWA cost identified above.

| Eligible Costs | Annual Assistance Requested |
|---|-----------------------------|
| Estimated budget amount for VAWA Emergency Transfer Facilitation: | \$0 |
| Estimated budget amount for VAWA Confidentiality Requirements: | \$0 |

Applicant: City of New Bedford HMIS Project

075719187



Project: Welcome Home Expansion

222846

| | |
|------------------------------|--------|
| CoC VAWA BLI Total: | \$0 |
| Grant Term | 1 Year |
| Total Request for Grant Term | \$0 |

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 this project. To add a Match source to the list, select the  icon. To view or update a Match source already listed, select the  icon.

Summary for Match

| | |
|--------------------------------------|---------|
| Total Amount of Cash Commitments: | \$3,294 |
| Total Amount of In-Kind Commitments: | \$0 |
| Total Amount of All Commitments: | \$3,294 |

1. Will this project generate program income described in 24 CFR 578.97 to use as Match for this project? No

| Type | Source | Name of Source | Amount of Commitments |
|------|---------|----------------------|-----------------------|
| Cash | Private | Steppingstone Inc... | \$3,294 |

Sources of Match Detail

1. Type of Match commitment: Cash
2. Source: Private
3. Name of Source: Steppingstone Incorporated
(Be as specific as possible and include the office
or grant program as applicable)
4. Amount of Written Commitment: \$3,294

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 (Light gray fields are available for entry of the previous grant agreement, GIW, approved GIW Change Form, or reduced by reallocation) | Annual Assistance Requested (Applicant) | Grant Term (Applicant) | Applicant CoC Program Costs Requested |
|--|--|---------------------------|---------------------------------------|
| 1a. Acquisition (Screen 6B) | | | \$0 |
| 1b. Rehabilitation (Screen 6B) | | | \$0 |
| 1c. New Construction (Screen 6B) | | | \$0 |
| 2a. Leased Units (Screen 6C) | \$50,448 | 1 Year | \$50,448 |
| 2b. Leased Structures (Screen 6D) | \$0 | 1 Year | \$0 |
| 3. Rental Assistance (Screen 6E) | \$0 | 1 Year | \$0 |
| 4. Supportive Services (Screen 6F) | \$0 | 1 Year | \$0 |
| 5. Operating (Screen 6G) | \$7,392 | 1 Year | \$7,392 |
| 6. HMIS (Screen 6H) | \$0 | 1 Year | \$0 |
| 7. VAWA | \$0 | 1 Year | \$0 |
| 8. Rural (Only for HUD CoC Program approved rural areas) | \$0 | 1 Year | \$0 |
| 9. Sub-total of CoC Program Costs Requested | | | \$57,840 |
| 10. Admin (Up to 10% of Sub-total in #9) | | | \$5,784 |
| 11. HUD funded Sub-total + Admin. Requested | | | \$63,624 |
| 12. Cash Match (From Screen 6I) | | | \$3,294 |
| 13. In-Kind Match (From Screen 6I) | | | \$0 |
| 14. Total Match (From Screen 6I) | | | \$3,294 |
| 15. Total Project Budget for this grant, including Match | | | \$66,918 |

Click the 'Save' button to automatically calculate totals.

7A. Attachment(s)

| Document Type | Required? | Document Description | Date Attached |
|---|-----------|----------------------|---------------|
| 1) Subrecipient Nonprofit Documentation | No | Steppingstone Inc... | 09/24/2024 |
| 2) Other Attachment(s) | No | WH Expansion Matc... | 10/10/2024 |
| 3) Other Attachment(s) | No | | |

Attachment Details

Document Description: Steppingstone Incorporated Nonprofit Documentation

Attachment Details

Document Description: WH Expansion Match Letter

Attachment Details

Document Description:

7D. Certification

**Applicant and Recipient Assurances and Certifications - form HUD-424B (Title)
U.S. Department of Housing and Urban Development OMB Approval No.
2501-0017
(expires 01/31/2026)**

As part of your application for HUD funding, you, as the official authorized to sign on behalf of your organization or as an individual must provide the following assurances and certifications. The Responsible Civil Rights Official has specified this form for use for purposes of general compliance with 24 CFR §§ 1.5, 3.115, 8.50, and 146.25, as applicable. The Responsible Civil Rights Official may require specific civil rights assurances to be furnished consistent with those authorities and will specify the form on which such assurances must be made. A failure to furnish or comply with the civil rights assurances contained in this form may result in the procedures to effect compliance at 24 CFR §§ 1.8, 3.115, 8.57, or 146.39. By submitting this form, you are stating that to the best of your knowledge and belief, all assertions are true and correct.

1. Has the legal authority to apply for Federal assistance, has the institutional, managerial and financial capability (including funds to pay the non-Federal share of program costs) to plan, manage and complete the program as described in the application and the governing body has duly authorized the submission of the application, including these assurances and certifications, and authorized me as the official representative of the application to act in connection with the application and to provide any additional information as may be required.

2. Will administer the grant in compliance with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and implementing regulations (24 CFR part 1), which provide that no person in the United States shall, on the grounds of race, color or national origin, be excluded from participation in, be denied the benefits of, or otherwise be subject to discrimination under any program or activity that receives Federal financial assistance OR if the applicant is a Federally recognized Indian tribe or its tribally designated housing entity, is subject to the Indian Civil Rights Act (25 U.S.C. 1301-1303).

3. Will administer the grant in compliance with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and implementing regulations at 24 CFR part 8, the American Disabilities Act (42 U.S.C. §§ 12101 et seq.), and implementing regulations at 28 CFR part 35 or 36, as applicable, and the Age Discrimination Act of 1975 (42 U.S.C. 6101-07) as amended, and implementing regulations at 24 CFR part 146 which together provide that no person in the United States shall, on the grounds of disability or age, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity that receives Federal financial assistance; except if the grant program authorizes or limits participation to designated populations, then the applicant will comply with the nondiscrimination requirements within the designated population.

4. Will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and the implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion sex (including gender identity and sexual orientation), disability, familial status, or national origin and will affirmatively further fair housing; except an applicant which is an Indian tribe or its instrumentality which is excluded by statute from coverage does not make this certification; and further except if the grant program authorizes or limits participation to designated populations, then the applicant will comply with the nondiscrimination requirements within the designated population.

5. Will comply with all applicable Federal nondiscrimination requirements, including those listed at 24 CFR §§ 5.105(a) and 5.106 as applicable.

6. Will comply with the acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended (42 U.S.C. 4601) and implementing regulations at 49 CFR part 24 and, as applicable, Section 104(d) of the Housing and Community Development Act of 1974 (42 U.S.C. 5304(d)) and implementing regulations at 24 CFR part 42, subpart A.

7. Will comply with the environmental requirements of the National Environmental Policy Act (42 U.S.C. 4321 et seq.) and related Federal authorities prior to the commitment or expenditure of funds for property.

8. That no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, and officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all subawards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly. Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage by the Byrd Amendment, but State-recognized Indian tribes and TDHs established under State law are not excluded from the statute's coverage.

Name of Authorized Certifying Official: Jennifer Clarke

Date: 10/18/2024

Title: Deputy Director

Applicant Organization: City of New Bedford

PHA Number (For PHA Applicants Only):

I/We, the undersigned, certify under penalty of perjury that the information provided above is true and correct. **WARNING:** Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§287, 1001, 1010, 1012, 1014; 31 U.S.C. §3729, 3802).

X

8B. Submission Summary

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

| Page | | Last Updated |
|--------------------------------|--|-------------------|
| New Project Application FY2024 | | Page 5710/18/2024 |

| | |
|--------------------------------------|-------------------|
| 1A. SF-424 Application Type | No Input Required |
| 1B. SF-424 Legal Applicant | 09/20/2024 |
| 1C. SF-424 Application Details | No Input Required |
| 1D. SF-424 Congressional District(s) | 10/18/2024 |
| 1E. SF-424 Compliance | 09/20/2024 |
| 1F. SF-424 Declaration | 09/20/2024 |
| 1G. HUD 2880 | 09/20/2024 |
| 1H. HUD 50070 | 09/20/2024 |
| 1I. Cert. Lobbying | 09/20/2024 |
| 1J. SF-LLL | 09/20/2024 |
| IK. SF-424B | 09/20/2024 |
| 1L. SF-424D | 09/20/2024 |
| 2A. Subrecipients | 09/25/2024 |
| 2B. Experience | 09/24/2024 |
| 3A. Project Detail | 10/10/2024 |
| 3B. Description | 10/18/2024 |
| 3C. Expansion | 10/18/2024 |
| 4A. Services | 10/18/2024 |
| 4B. Housing Type | 09/25/2024 |
| 5A. Households | 10/18/2024 |
| 5B. Subpopulations | No Input Required |
| 6A. Funding Request | 10/09/2024 |
| 6C. Leased Units | 10/09/2024 |
| 6G. Operating | 10/18/2024 |
| VAWA Budget | No Input Required |
| 6I. Match | 10/09/2024 |
| 6J. Summary Budget | No Input Required |
| 7A. Attachment(s) | 10/10/2024 |
| 7D. Certification | 10/18/2024 |

Internal Revenue Service**Department of the Treasury**

**P. O. Box 2508
Cincinnati, OH 45201**

Date: April 18, 2002

**Steppingstone Inc.
466 North Main Street
Fall River, MA 02720-2408**

Person to Contact:

**Carol Kraft - #31-01135
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:

04-2505146

Dear Madam:

This letter is in response to your request by telephone on April 18, 2002, for a copy of your organization's determination letter. This letter will take the place of the copy you requested.

Our records indicate that a determination letter issued in August 1972 granted your organization exemption from federal income tax under section 501(c)(3) of the Internal Revenue Code. That letter is still in effect.

Based on information subsequently submitted, we classified your organization as one that is not a private foundation within the meaning of section 509(a) of the Code because it is an organization described in sections 509(a)(1) and 170(b)(1)(A)(vi).

This classification was based on the assumption that your organization's operations would continue as stated in the application. If your organization's sources of support, or its character, method of operations, or purposes have changed, please let us know so we can consider the effect of the change on the exempt status and foundation status of your organization.

Your organization is required to file Form 990, Return of Organization Exempt from Income Tax, only if its gross receipts each year are normally more than \$25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of the organization's annual accounting period. The law imposes a penalty of \$20 a day, up to a maximum of \$10,000, when a return is filed late, unless there is reasonable cause for the delay.

All exempt organizations (unless specifically excluded) are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more paid to each employee during a calendar year. Your organization is not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the excise taxes under Chapter 42 of the Code. However, these organizations are not automatically exempt from other federal excise taxes.

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

-2-

Steppingstone Inc.
04-2505146

Your organization is not required to file federal income tax returns unless it is subject to the tax on unrelated business income under section 511 of the Code. If your organization is subject to this tax, it must file an income tax return on the Form 990-T, Exempt Organization Business Income Tax Return. In this letter, we are not determining whether any of your organization's present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

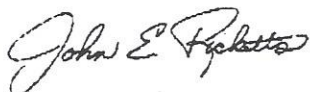
The law requires you to make your organization's annual return available for public inspection without charge for three years after the due date of the return. If your organization had a copy of its application for recognition of exemption on July 15, 1987, it is also required to make available for public inspection a copy of the exemption application, any supporting documents and the exemption letter to any individual who requests such documents in person or in writing. You can charge only a reasonable fee for reproduction and actual postage costs for the copied materials. The law does not require you to provide copies of public inspection documents that are widely available, such as by posting them on the Internet (World Wide Web). You may be liable for a penalty of \$20 a day for each day you do not make these documents available for public inspection (up to a maximum of \$10,000 in the case of an annual return).

Because this letter could help resolve any questions about your organization's exempt status and foundation status, you should keep it with the organization's permanent records.

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

This letter affirms your organization's exempt status.

Sincerely,



John E. Ricketts, Director, TE/GE
Customer Account Services



Cash Resource Commitment for Operations

Steppingstone, Incorporated commits to providing cash resources in the amount of \$3,294 from non-SHP funding sources for the FY24 CoC grant term. This \$3,294 from non-SHP funding sources will be contributed to the Welcome Home Expansion Program. The funds will be available beginning on August 1st, 2025 through July 31st, 2026. Allowable activities to be funded by this cash match include operating costs for clients of the Welcome Home Expansion Program.

DocuSigned by:

Kathleen Schedler-Clark

6A25865F50CA4F9...

Kathleen Schedler-Clark
Executive Director
Steppingstone, Incorporated

10/9/2024

Date

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.gov at https://www.hud.gov/program_offices/comm_planning/coc.
- Questions regarding the FY 2024 CoC Program Competition process must be submitted to CoCNOFO@hud.gov.
- Questions related to e-snaps functionality (e.g., password lockout, access to user's application account, updating Applicant Profile) must be submitted to e-snaps@hud.gov.
- Project applicants are required to have a Unique Entity Identifier (UEI) 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) 2024 Continuum of Care (CoC) Program Competition. For more information see FY 2024 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2024 CoC Program NOFO.
- Detailed instructions and e-snaps navigation guides can be found on the hud.gov website https://www.hud.gov/program_offices/comm_planning/coc/competition. The Detailed Instructions contain more comprehensive instructions and so should be used in tandem with the navigational guides.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2023 Project Application will be imported into the FY 2024 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- YHDP projects that are eligible for renewal under the CoC program may only use the YHDP Renewal or YHDP Replacement and Reallocation funding opportunities. Please review the NOFO for eligibility standards.
- Rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2024 CoC Program Competition NOFO.

1A. SF-424 Application Type

1. Type of Submission: Application

2. Type of Application: Renewal Project Application

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

If "Other", specify:

3. Date Received: 10/18/2024

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: MA0112

This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number

X

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: City of New Bedford
b. Employer/Taxpayer Identification Number (EIN/TIN): 04-6001402
c. Unique Entity Identifier: MUQVPRRNQM94

d. Address

Street 1: 608 Pleasant Street
Street 2:
City: New Bedford
County:
State: Massachusetts
Country: United States
Zip / Postal Code: 02740

e. Organizational Unit (optional)

Department Name: Office of Housing and Community Development
Division Name:

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

Prefix: Ms.
First Name: Jennifer
Middle Name:
Last Name: Clarke
Suffix:
Title: Deputy Director
Organizational Affiliation: City of New Bedford
Telephone Number: (508) 979-1500
Extension:

Applicant: City of New Bedford HMIS Project

075719187

Project: Family Preservation Program

222811

Fax Number: (508) 979-1575

Email: Jennifer.Clarke@newbedford-ma.gov

1C. SF-424 Application Details

9. Type of Applicant: C. City or Township 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-6800-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): Massachusetts
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: Family Preservation Program

16. Congressional District(s):

a. Applicant: MA-004, MA-008, MA-009
(for multiple selections hold CTRL key)

b. Project: MA-004, MA-008, MA-009
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 09/01/2025

b. End Date: 08/31/2026

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: Jennifer

Middle Name:

Last Name: Clarke

Suffix:

Title: Deputy Director

Telephone Number: (508) 979-1500
(Format: 123-456-7890)

Fax Number: (508) 979-1575
(Format: 123-456-7890)

Email: Jennifer.Clarke@newbedford-ma.gov

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

Date Signed: 10/18/2024

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Number: 2501-0017 Expiration Date: 01/31/2026

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: City of New Bedford

Prefix: Ms.

First Name: Jennifer

Middle Name:

Last Name: Clarke

Suffix:

Title: Deputy Director

Organizational Affiliation: City of New Bedford

Telephone Number: (508) 979-1500

Extension:

Email: Jennifer.Clarke@newbedford-ma.gov

City: New Bedford

County:

State: Massachusetts

Country: United States

Zip/Postal Code: 02740

2. Employer ID Number (EIN): 04-6001402

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$459,487.00

(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 |
|--|--------------------|-----------------------------|----------------------------|
| N/A | N/A | \$0.00 | \$0.00 |
| | | | |
| | | | |
| | | | |
| | | | |

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

Part III Interested Parties

Do you need to disclose interested parties for this grant according to the criteria below? No

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 non-disclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I/We, the undersigned, certify under penalty of perjury that the information provided above is true, correct, and accurate. Warning: If you knowingly make a false statement on this form, you may be subject to criminal and/or civil 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.

☒

Name / Title of Authorized Official: Jennifer Clarke, Deputy Director

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

Date Signed: 10/18/2024

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: City of New Bedford

Program/Activity Receiving Federal Grant CoC Program
Funding:

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; | |

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 certify that the information provided on this form and in any accompanying documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

☒

WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 1001, 1010, 1012; 31 U.S.C. §3729, 3802)

Authorized Representative

Prefix: Ms.

First Name: Jennifer

Middle Name

Last Name: Clarke

Suffix:

Title: Deputy Director

Telephone Number: (508) 979-1500
(Format: 123-456-7890)

Fax Number: (508) 979-1575
(Format: 123-456-7890)

Email: Jennifer.Clarke@newbedford-ma.gov

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

Date Signed: 10/18/2024

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: City of New Bedford

Name / Title of Authorized Official: Jennifer Clarke, Deputy Director

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

Date Signed: 10/18/2024

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES

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

Approved by OMB: 4040-0013 (exp. 02/28/2025)

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: City of New Bedford

Street 1: 608 Pleasant Street

Street 2:

City: New Bedford

County:

State: Massachusetts

Country: United States

Zip / Postal Code: 02740

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: Jennifer

Middle Name:

Last Name: Clarke

Suffix:

Title: Deputy Director

Telephone Number: (508) 979-1500
(Format: 123-456-7890)

Fax Number: (508) 979-1575
(Format: 123-456-7890)

Email: Jennifer.Clarke@newbedford-ma.gov

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

Date Signed: 10/18/2024

IK. SF-424B

(SF-424B) ASSURANCES - NON-CONSTRUCTION PROGRAMS

OMB Number: 4040-0007
Expiration Date: 02/28/2025

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

- | | |
|----|---|
| 1. | Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application. |
| 2. | Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives. |
| 3. | Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain. |
| 4. | Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency. |
| 5. | Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F). |
| 6. | Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism, (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application. |
| 7. | Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases. |
| 8. | Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds. |

| | |
|-----|--|
| 9. | Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements. |
| 10. | Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more. |
| 11. | Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205). |
| 12. | Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system. |
| 13. | Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.). |
| 14. | Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance. |
| 15. | Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance. |
| 16. | Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures. |
| 17. | Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations." |
| 18. | Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program. |
| 19. | Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award. |

As the duly authorized representative of the applicant, I certify: ☒

Authorized Representative for: City of New Bedford

Prefix: Ms.

First Name: Jennifer

Middle Name:

Last Name: Clarke

Suffix:

Title: Deputy Director

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

Date Signed: 10/18/2024

Information About Submission without Changes

Follow the instructions below making note of the exceptions and limitations to the “Submit Without Changes” process.

In general, HUD expects a project’s proposed project application information will remain the same from year-to-year unless changes are directed by HUD or approved through the grant agreement amendment process. However, HUD expects applicants to carefully review their information to determine if submitting without changes accurately reflects the expiring grant requesting renewal.

The data from previously submitted new and renewal project applications can be imported into a FY 2024 renewal project application. The “Submit without Changes” process is not applicable for first time renewing project applications or for a project application that did not import FY 2023 information and e-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that select “Yes - Individual Application in a Renewal Grant Consolidation” on the Renewal Grant Consolidation or Renewal Grant Expansion Screen may not use the “Submit Without Changes” process and esnaps will automatically be set to “Make Changes”. In addition, esnaps will automatically be set to “Make Changes” if the project applicant indicates on the Renewal Grant Consolidation or Renewal Grant Expansion Screen, this project application is for a “Yes - Stand-Alone Renewal Application in a New Grant Expansion” project application.

The e-snaps screens that remain “open” for required annual updates and do not affect applicants’ ability to select “Submit without Changes” are:

- Recipient Performance Screen
- Consolidation and Expansion
- Screen 3A. Project Detail
- Screen 6A. Funding Request
- Screen 6D. Sources of Match
- Screen 6E. Summary Budget - All of Part 7: Attachments and Certification; and
- All of Part 8: Submission Summary.

All other screens in Part 2 through Part 6 begin in “Read-Only” format and should be reviewed for accuracy; including any updates that were made to the 2023 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select “Submit Without Changes” in Part 8. If project applicants imported data and do need to make updates to the information on one or more screens, they must navigate to Part 8: “Submission Without Changes” Screen, select “Make Changes”, and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click “Save” and those screens will be available for edit. Once a project applicant selects a checkbox and clicks “Save”, the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions and e-snaps navigation guides found on HUD.gov to find more in depth information about applying under the FY 2024 CoC Competition.

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award due to reallocation? No

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

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

| | |
|--|-------------------------------------|
| Part 2 - Subrecipient Information | |
| 2A. Subrecipients | <input checked="" type="checkbox"/> |
| Part 3 - Project Information | |
| 3A. Project Detail | <input checked="" type="checkbox"/> |
| 3B. Description | <input checked="" type="checkbox"/> |
| 3C. Dedicated Plus | <input type="checkbox"/> |
| Part 4 - Housing Services and HMIS | |
| 4A. Services | <input type="checkbox"/> |
| 4B. Housing Type | <input type="checkbox"/> |
| Part 5 - Participants and Outreach Information | |
| 5A. Households | <input checked="" type="checkbox"/> |
| 5B. Subpopulations | <input checked="" type="checkbox"/> |
| Part 6 - Budget Information | |
| 6A. Funding Request | <input checked="" type="checkbox"/> |
| 6B. Leased Units | <input checked="" type="checkbox"/> |
| 6D. Match | <input checked="" type="checkbox"/> |
| 6E. Summary Budget | <input checked="" type="checkbox"/> |
| Part 7 - Attachment(s) & Certification | |

| | |
|----------------------------------|-------------------------------------|
| 7A. Attachment(s) | <input checked="" type="checkbox"/> |
| 7A. In-Kind Match MOU Attachment | <input checked="" type="checkbox"/> |
| 7B. Certification | <input checked="" type="checkbox"/> |
| | |

You have selected "Make Changes" to question #2 above. Provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

7-No changes
6A,D,E-Change funding
5A ,B-Change number of participants to correct number
2A, 3A-No changes

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

Recipient Performance

1. Did you submit your previous year's Annual Performance Report (APR) on time? Yes
2. Do you have any unresolved HUD Monitoring or OIG Audit finding(s) concerning any previous grant term related to this renewal project request? No
3. Do you draw funds quarterly for your current renewal project? Yes
4. Have any funds remained available for recapture by HUD for the most recently expired grant term related to this renewal project request? Yes

4a. If HUD recaptured funds provide an explanation.

Recapture Funds. FY21 HUD recaptured \$91,892: \$71,489 (Leasing), \$7,846 (SS), 12,557 (OP). The program received an expansion grant at the start of this grant year. Due to the increase in rents in the area and the lack of affordable units, we were unable to secure the four units needed. There was also a shortage of staff that contributed to the recapture. The program has since secured the four units and will not be returning any funds this year.

Renewal Grant Consolidation or Renewal Grant Expansion

The CoC Competition will continue offering opportunities to expand or consolidate CoC projects.

1. Expansions and Consolidations will no longer be required to submit a combined version of the application.

a. Expansions will be required to ONLY submit a Stand-Alone Renewal and a Stand-Alone New application.

b. Consolidations will be required to ONLY submit a Survivor grant and a terminating grant. Up to 10 grants may be involved in a consolidation (Survivor + 9 Terminating grants)



2. Since no combined version will be submitted for either the Expansion or Consolidation, the combining of data will occur at Post-Award. HUD HQ will combine all units, beds and budgets prior to the Post-Award process. The field office and applicant will then be required to combine remaining project data at C1.9a (recipient step). HUD HQ will provide a data report with the data all combined. All that will be required for applicants to do is a simple copy and paste.

We hope this process will simplify and reduce any confusion when submitting expansions or consolidations. If you have any questions, please contact the AAQ.

**1. Is this renewal project application requesting to No
consolidate or expand?**

If "No" click on "Next" or "Save & Next" below to move to the next screen.

2A. Project Subrecipients

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

Total Expected Sub-Awards: \$459,487

| Organization | Type | Sub-Award Amount |
|--------------|------------------------------------|------------------|
| SEMCOA Inc. | M. Nonprofit with 501C3 IRS Status | \$459,487 |

2A. Project Subrecipients Detail

a. Organization Name: SEMCOA Inc.

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

c. Employer or Tax Identification Number: 23-7161463

d. Unique Entity Identifier: WXJHJ88EJ3R6

e. Physical Address

Street 1: 72 Kilburn Street

Street 2:

City: New Bedford

State: Massachusetts

Zip Code: 02740

f. Congressional District(s): MA-005, MA-008, MA-009
(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: \$459,487

j. Contact Person

Prefix: Ms.

First Name: Wendy

Middle Name:

Last Name: Bluis

Suffix:

Title: Program Director

E-mail Address: wbluis@hptc.org

Confirm E-mail Address: wbluis@hptc.org

Phone Number: 508-991-7487

Extension:

Fax Number: 508-991-7487

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

3A. Project Detail

1. Expiring Grant Project Identification Number (PIN): MA0112

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

2. CoC Number and Name: MA-505 - New Bedford/Attleboro/Taunton/Bristol County

3. CoC Collaborative Applicant Name: City of New Bedford

4. Project Name: Family Preservation Program

5. Project Status: Standard

6. Component Type: PH

6a. Select the type of PH project. PSH

7. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3? No

8. Does this project include Replacement Reserves as a CoC Operating Cost? No

(Attachment Requirement)

9. Is this project applying for Rural costs on screen 6A? No

3B. Project Description

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

The Family Preservation Program (FPP) program consists of twenty (20) housing units with sixty-two (62) beds located at scattered sites within the MA-505 CoC. The program serves families experiencing homelessness in New Bedford. The goal of the program is to serve a total of 20 households or 59 persons over the course of the program year.

To qualify for this project, all participants must meet the HUD definition of homelessness and have a documented disability. Further, all participants are required to use, and the Family Preservation Program project shall receive all its referrals from, the CoC's Coordinated Entry System. The Family Preservation Program will prioritize those families meeting the HUD definition of chronically homeless. Further, this project will be available to families, all of whom will have substance use disorders, as well as co-occurring disorders in addition to meeting the eligibility standards of homelessness and disability noted. Those eligible for this project meeting homelessness and disability standards may also be veterans, unaccompanied youth and/or have experienced or be fleeing from domestic violence, stalking, and other forms of predation as consistent with HUD's definition of homelessness.

The Family Preservation Program will use a Housing First Model of service delivery (i.e., low barrier /low threshold system) that focuses first on stabilizing families in housing. Once the family is stabilized and the basic need for shelter has been eliminated, they can choose to participate in receiving support, resources and/or case management.

SEMCOA case managers will work with each program participant/family to develop an Individual Service Plan (ISP) to maximize housing stability, increase income/access to mainstream resources, and to help them achieve greater self-determination based on the unique needs and choice of each program participant or family member. Case managers will provide referrals and options for mainstream resources that will help them maintain stability in their housing. In addition to mainstream resources, SEMCOA will offer assistance to all program participants interested in applying for subsidized housing such as Section 8/vouchers that would allow them to move on to more permanent housing.

The Family Preservation Program will also partner with outside agencies such as the Department of Children and Families (in order to provide a smooth transition for those families reunifying with their children), the Massachusetts Rehabilitation Commission (to provide job training and/or education), and multiple resources in the community that provide outpatient counseling and support. Workshops such as those focusing on Educational/Vocational, Financial, and Healthy Living topics will be held for participants to give them both the opportunity to increase skills, income, and education and to obtain life skills to ensure families become independent and remain stably housed.

Continuum of Care (CoC) funds will be used for the following eligible costs: Leasing, Supportive Services, Operations and Administration. See the Project Budget for additional details.

2. Check the appropriate box(s) if this project will have a specific subpopulation focus. (Select all that apply)

| | | | |
|---|-------------------------------------|-------------------------------|-------------------------------------|
| N/A - Project Serves All Subpopulations | <input type="checkbox"/> | Survivors | <input checked="" type="checkbox"/> |
| Veterans | <input type="checkbox"/> | Substance Use Disorders | <input checked="" type="checkbox"/> |
| Youth (under 25) | <input type="checkbox"/> | Mental Illness | <input type="checkbox"/> |
| Families with Children | <input checked="" type="checkbox"/> | HIV/AIDS | <input type="checkbox"/> |
| | | Chronic Homeless | <input checked="" type="checkbox"/> |
| | | Other(Click 'Save' to update) | <input type="checkbox"/> |

3. Housing First

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

3b. Does the project enroll program participants who have the following barriers? Select all that apply.

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

3c. Will the project prevent program participant termination for the following reasons? Select all that apply.

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

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

3C. Dedicated Plus

100% Dedicated or DedicatedPLUS

A "100% Dedicated" project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and families.

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:

- (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 were dedicated to individuals and families experiencing chronic homelessness under the grant that is being renewed may either be reallocated as a DedicatedPLUS project or may continue as a renewal dedicating 100 percent of its beds to individuals and families experiencing chronic homelessness. If the project is reallocated as a DedicatedPLUS project, the project must adhere to all fair housing requirements at 24 CFR 578.93.

1. Is this project "100% Dedicated," DedicatedPLUS
"DedicatedPLUS," or "N/A"?

(Only select "N/A" if this project was originally awarded as a grant that did not have requirements to only serve persons experiencing chronic homelessness and meets the definition of "non-dedicated permanent supportive housing beds" in the NOFO Section III.B.2.r).

4A. Supportive Services for Program Participants

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. For all supportive services available to program 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 | As needed |
| Assistance with Moving Costs | Non-Partner | As needed |
| Case Management | Subrecipient | As needed |
| Child Care | Partner | As needed |
| Education Services | Partner | As needed |
| Employment Assistance and Job Training | Partner | As needed |
| Food | Non-Partner | As needed |
| Housing Search and Counseling Services | Partner | As needed |
| Legal Services | Non-Partner | As needed |
| Life Skills Training | Subrecipient | As needed |
| Mental Health Services | Partner | As needed |
| Outpatient Health Services | Partner | As needed |
| Outreach Services | Partner | As needed |
| Substance Abuse Treatment Services | Partner | As needed |
| Transportation | Non-Partner | As needed |
| Utility Deposits | Partner | As needed |

Identify whether the project includes the following activities:

2. Transportation assistance to program participants to attend mainstream benefit appointments, employee training, or jobs? Yes

3. Annual follow-up with program participants to ensure mainstream benefits are received and renewed? Yes

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

4a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months? Yes

4B. Housing Type and Location

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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: 20

Total Beds: 62

Total Dedicated CH Beds: 62

| Housing Type | Housing Type (JOINT) | Units | Beds |
|---------------------------------|----------------------|-------|------|
| Scattered-site apartments (...) | --- | 20 | 62 |

4B. Housing Type and Location Detail

Note: These fields should reflect full capacity on one night. For additional guidance, please refer to the Detailed Instructions.

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

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

a. Units: 20

b. Beds: 62

c. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 62

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

3. Address:

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

Street 1: 80 Rivet Street, B02

Street 2:

City: New Bedford

State: Massachusetts

ZIP Code: 02744

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

251614 New Bedford

5A. Program Participants - Households

Note: These fields should reflect full capacity on one night. For additional guidance, please refer to the Detailed Instructions

| | Households with at Least One Adult and One Child | Adult Households without Children | Households with Only Children | Total |
|-------------------------------------|---|--|--|-------|
| Number of Households | 20 | 0 | 0 | 20 |
| | | | | |
| 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 |
| Persons over age 24 | 21 | 0 | | 21 |
| Persons ages 18-24 | 2 | 0 | | 2 |
| Accompanied Children under age 18 | 39 | | 0 | 39 |
| Unaccompanied Children under age 18 | | | 0 | 0 |
| Total Persons | 62 | 0 | 0 | 62 |

Click Save to automatically calculate totals

5B. Program Participants - Subpopulations

Note: These fields should reflect full capacity on one night. For additional guidance, please refer to the Detailed Instructions.

Persons in Households with at Least One Adult and One Child

| Characteristics | CH (Not Veterans) | CH Veterans | Veterans (Not CH) | Substance Use Disorders | HIV/AIDS | Mental Illness | Survivors | Physical Disability | Developmental Disability | Persons Not Represented by a Listed Subpopulation |
|-----------------------|-------------------|-------------|-------------------|-------------------------|----------|----------------|-----------|---------------------|--------------------------|---|
| Persons over age 24 | 21 | 0 | 0 | 21 | 0 | 0 | 3 | 0 | 0 | 0 |
| Persons ages 18-24 | 2 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 |
| Children under age 18 | 39 | | | | | | | | | |
| Total Persons | 62 | 0 | 0 | 23 | 0 | 0 | 3 | 0 | 0 | 0 |

Click Save to automatically calculate totals

Persons in Households without Children

| Characteristics | CH (Not Veterans) | CH Veterans | Veterans (Not CH) | Substance Use Disorders | HIV/AIDS | Mental Illness | Survivors | Physical Disability | Developmental Disability | Persons Not Represented by a Listed Subpopulation |
|---------------------|-------------------|-------------|-------------------|-------------------------|----------|----------------|-----------|---------------------|--------------------------|---|
| Persons over age 24 | | | | | | | | | | |
| Persons ages 18-24 | | | | | | | | | | |
| Total Persons | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Persons in Households with Only Children

| Characteristics | CH (Not Veterans) | CH Veterans | Veterans (Not CH) | Substance Use Disorders | HIV/AIDS | Mental Illness | Survivors | Physical Disability | Developmental Disability | Persons Not Represented by a Listed Subpopulation |
|-------------------------------------|-------------------|-------------|-------------------|-------------------------|----------|----------------|-----------|---------------------|--------------------------|---|
| Accompanied Children under age 18 | | | | | | | | | | |
| Unaccompanied Children under age 18 | | | | | | | | | | |
| Total Persons | 0 | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

6A. Funding Request

VAWA Budget

In FY2024, the Violence Against Women Act (VAWA) has clarified the use of CoC Program funds for VAWA eligible cost categories. These VAWA cost categories can be added to a new project application to create a CoC VAWA Budget Line Item (BLI) in e-snaps and eLOCCS. The BLI will be added to grant agreements and utilized the same as other CoC Program BLIs in e-snaps and eLOCCS. Eligible CoC VAWA costs can be identified in one or both of the following CoC VAWA categories. Examples of eligible costs in these cost categories are identified as follows:

A. VAWA Emergency Transfer Facilitation. Examples of eligible costs include the costs of assessing, coordinating, approving, denying, and implementing a survivor's emergency transfer(s). Additional details of eligible costs include:

- Moving Costs. Assistance with reasonable moving costs to move survivors for an emergency transfer(s).
- Travel Costs. Assistance with reasonable travel costs for survivors and their families to travel for an emergency transfer(s). This may include travel costs to locations outside of your CoC's geography.
- Security Deposits. Grant funds can be used to pay for security deposits of the safe unit the survivor is transferring to via an emergency transfer(s).
- Utilities. Grant funds can be used to pay for costs of establishing utility assistance in the safe unit the survivor is transferring to.
- Housing Fees. Grant funds can be used to pay fees associated with getting survivors into a safe unit via emergency transfer(s), including but not limited to application fees, broker fees, holding fees, trash fees, pet fees where the person believes they need their pet to be safe, etc.
- Case Management. Grant funds can be used to pay staff time necessary to assess, coordinate, and implement emergency transfer(s).
- Housing Navigation. Grant funds can be used to pay staff time necessary to identify safe units and facilitate moves into housing for survivors through emergency transfer(s).
- Technology to make an available unit safe. Grant funds can be used to pay for technology that the individual believes is needed to make the unit safe, including but not limited to doorbell cameras, security systems, phone, and internet service when necessary to support security systems for the unit, etc.

B. VAWA Confidentiality Requirements. Examples of eligible costs for ensuring compliance with VAWA confidentiality requirements include:

- Monitoring and evaluating compliance.
- Developing and implementing strategies for corrective actions and remedies to ensure compliance.
- Program evaluation of confidentiality policies, practices, and procedures.
- Training on compliance with VAWA confidentiality requirements.
- Reporting to CoC Collaborative Applicant, HUD, and other interested parties on compliance with VAWA confidentiality requirements.
- Costs for establishing methodology to protect survivor information.
- Staff time associated with maintaining adherence to VAWA confidentiality requirements.

Enter the estimated amount(s) you are requesting for this project's Emergency Transfer Facilitation costs and VAWA Confidentiality Requirements costs for one or both of these eligible CoC VAWA cost categories. The CoC VAWA BLI Total amount can be expended for any eligible CoC VAWA cost identified above.

1. Will this project use funds from this grant to provide for emergency transfer facilitation, which includes the costs of assessing, coordinating, approving, denying and implementing a survivor's emergency transfer per Section III.B.4.a.(3) (a) of the NOFO? No

2. Will this project use funds from this grant to provide for VAWA confidentiality requirements, which includes the costs of ensuring compliance with the VAWA confidentiality requirements per Section III.B.4.a.(3) (b) of the NOFO? No

Rural Cost Budget

In FY2024, the CoC Program has added eligible rural cost budget categories to be added in a new CoC Rural Cost Budget Line Item (BLI). The BLI will be added to grant agreements and utilized the same as other CoC Program BLIs in e-snaps and eLOCCS. There are three CoC Program rural cost categories that can be requested for your CoC Rural Cost BLI.

- Short-term emergency lodging to include housing in motels or shelters, either by providing direct funding or through vouchers.
- Repairs to housing units in where individuals and families experiencing homelessness will be housed, including housing units.
- Staff Training to include professional development, skill development, and staff retention activities.

3. Will this project use funds from this grant to provide for short-terms emergency lodging, repairs to housing units and staff training per Section III.B.4.b.(3) (a) of the NOFO? No

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

5. Renewal Grant Term: This field is pre-populated with a one-year grant term and cannot be edited: 1 Year

6. Select the costs for which funding is requested:

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

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

The VAWA BLI is permanently checked. This allows any project to shift funds up to a 10% shift from another BLI if VAWA emergency transfer costs are needed.

6B. Leased Units Budget

The following list summarizes the funds being requested for one or more units leased for operating the projects. To add information to the list, select the icon. To view or update information already listed, select the icon.

| | |
|------------------------------------|-----------|
| Total Annual Assistance Requested: | \$338,041 |
| Grant Term: | 1 Year |
| Total Request for Grant Term: | \$338,041 |
| Total Units: | 20 |

The number of beds for which funding has been requested in the Leased Units budget is 52.

| FMR Area | Total Units Requested | Total Annual Budget Requested | Total Budget Requested |
|----------------------|-----------------------|-------------------------------|------------------------|
| MA - New Bedford,... | 20 | \$338,041 | \$338,041 |

Leased Units Budget Detail

Enter the appropriate values in the "Number of Units" AND "Total Request" fields.



Metropolitan or non-metropolitan MA - New Bedford, MA HUD Metro FMR Area
fair market rent area: (2500500520)

Leased Units Annual Budget

| Size of Units | # of Units (Applicant) | Total Request (Applicant) |
|--|---------------------------|---------------------------------|
| SRO | | |
| 0 Bedroom | | |
| 1 Bedroom | | |
| 2 Bedroom | 11 | |
| 3 Bedroom | 6 | |
| 4 Bedroom | 3 | |
| 5 Bedroom | | |
| 6 Bedroom | | |
| 7 Bedroom | | |
| 8 Bedroom | | |
| 9 Bedroom | | |
| Total Units and Annual Assistance Requested | 20 | \$338,041 |
| Grant Term | | 1 Year |
| Total Request for Grant Term | | \$338,041 |

Click the 'Save' button to automatically calculate totals.

6D. Sources of Match

The following list summarizes the funds that will be used as Match for this project. To add a Match source to the list, select the  icon. To view or update a Match source already listed, select the  icon.

Summary for Match

| | |
|-------------------------------------|----------|
| Total Value of Cash Commitments: | \$2,400 |
| Total Value of In-Kind Commitments: | \$27,962 |
| Total Value of All Commitments: | \$30,362 |

1. Will this project generate program income described in 24 CFR 578.97 to use as Match for this project? 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.

| Type | Source | Contributor | Value of Commitments |
|---------|---------|----------------------|----------------------|
| In-Kind | Private | High Point Treatm... | \$27,962 |
| Cash | Private | SEMCOA Inc | \$2,400 |

Sources of Match Detail

1. Type of Match Commitment: In-Kind

2. Source: Private

3. Name of Source: High Point Treatment Center

(Be as specific as possible and include the office or grant program as applicable)

4. Amount of Written Commitment: \$27,962

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. Type of Match Commitment: Cash

2. Source: Private

3. Name of Source: SEMCOA Inc

(Be as specific as possible and include the office or grant program as applicable)

4. Amount of Written Commitment: \$2,400

6E. Summary Budget

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2018 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2018, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

| Eligible Costs (Light gray fields are available for entry of the previous grant agreement, GIW, approved GIW Change Form, or reduced by reallocation) | Applicant CoC Program Costs Requested (1 Year Term) |
|--|--|
| 1a. Leased Units (Screen 6B) | \$338,041 |
| 1b. Leased Structures (Enter) | \$0 |
| 2. Rental Assistance (Screen 6C) | \$0 |
| 3. Supportive Services (Enter) | \$62,056 |
| 4. Operating (Enter) | \$28,270 |
| 5. HMIS (Enter) | \$0 |
| 6. VAWA (Enter) | \$0 |
| 7. Rural (Enter) (Only for HUD CoC Program approved rural areas) | \$0 |
| 8. Sub-total of CoC Program Costs Requested | \$428,367 |
| 9. Admin (Up to 10% of Sub-total in #8) | \$31,120 |
| 10. HUD funded Sub-total + Admin. Requested | \$459,487 |
| 11. Cash Match (From Screen 6D) | \$2,400 |
| 12. In-Kind Match (From Screen 6D) | \$27,962 |
| 13. Total Match (From Screen 6D) | \$30,362 |
| 14. Total Project Budget for this grant, including Match | \$489,849 |

7A. Attachment(s)

| Document Type | Required? | Document Description | Date Attached |
|---|-----------|----------------------|---------------|
| 1) Subrecipient Nonprofit Documentation | No | 501C status | 09/13/2022 |
| 2) Other Attachment | No | | |
| 3) Other Attachment | No | | |

Attachment Details

Document Description: 501C status

Attachment Details

Document Description:

Attachment Details

Document Description:

7A. In-Kind Match MOU Attachment

| Document Type | Required? | Document Description | Date Attached |
|-------------------|-----------|----------------------|---------------|
| In-Kind Match MOU | No | | |

Attachment Details

Document Description:

7B. Certification

**Applicant and Recipient Assurances and Certifications - form HUD-424B (Title)
U.S. Department of Housing and Urban Development OMB Approval No.
2501-0017
(expires 01/31/2026)**

As part of your application for HUD funding, you, as the official authorized to sign on behalf of your organization or as an individual must provide the following assurances and certifications. The Responsible Civil Rights Official has specified this form for use for purposes of general compliance with 24 CFR §§ 1.5, 3.115, 8.50, and 146.25, as applicable. The Responsible Civil Rights Official may require specific civil rights assurances to be furnished consistent with those authorities and will specify the form on which such assurances must be made. A failure to furnish or comply with the civil rights assurances contained in this form may result in the procedures to effect compliance at 24 CFR §§ 1.8, 3.115, 8.57, or 146.39. By submitting this form, you are stating that to the best of your knowledge and belief, all assertions are true and correct.

1. Has the legal authority to apply for Federal assistance, has the institutional, managerial and financial capability (including funds to pay the non-Federal share of program costs) to plan, manage and complete the program as described in the application and the governing body has duly authorized the submission of the application, including these assurances and certifications, and authorized me as the official representative of the application to act in connection with the application and to provide any additional information as may be required.

2. Will administer the grant in compliance with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and implementing regulations (24 CFR part 1), which provide that no person in the United States shall, on the grounds of race, color or national origin, be excluded from participation in, be denied the benefits of, or otherwise be subject to discrimination under any program or activity that receives Federal financial assistance OR if the applicant is a Federally recognized Indian tribe or its tribally designated housing entity, is subject to the Indian Civil Rights Act (25 U.S.C. 1301-1303).

3. Will administer the grant in compliance with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and implementing regulations at 24 CFR part 8, the American Disabilities Act (42 U.S.C. §§ 12101 et seq.), and implementing regulations at 28 CFR part 35 or 36, as applicable, and the Age Discrimination Act of 1975 (42 U.S.C. 6101-07) as amended, and implementing regulations at 24 CFR part 146 which together provide that no person in the United States shall, on the grounds of disability or age, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity that receives Federal financial assistance; except if the grant program authorizes or limits participation to designated populations, then the applicant will comply with the nondiscrimination requirements within the designated population.

4. Will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and the implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion sex (including gender identity and sexual orientation), disability, familial status, or national origin and will affirmatively further fair housing; except an applicant which is an Indian tribe or its instrumentality which is excluded by statute from coverage does not make this certification; and further except if the grant program authorizes or limits participation to designated populations, then the applicant will comply with the nondiscrimination requirements within the designated population.

5. Will comply with all applicable Federal nondiscrimination requirements, including those listed at 24 CFR §§ 5.105(a) and 5.106 as applicable.

6. Will comply with the acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended (42 U.S.C. 4601) and implementing regulations at 49 CFR part 24 and, as applicable, Section 104(d) of the Housing and Community Development Act of 1974 (42 U.S.C. 5304(d)) and implementing regulations at 24 CFR part 42, subpart A.

7. Will comply with the environmental requirements of the National Environmental Policy Act (42 U.S.C. 4321 et seq.) and related Federal authorities prior to the commitment or expenditure of funds for property.

8. That no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, and officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all subawards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly. Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage by the Byrd Amendment, but State-recognized Indian tribes and TDHs established under State law are not excluded from the statute's coverage.

Name of Authorized Certifying Official: Jennifer Clarke

Date: 10/18/2024

Title: Deputy Director

Applicant Organization: City of New Bedford

PHA Number (For PHA Applicants Only):

I/We, the undersigned, certify under penalty of perjury that the information provided above is true and correct. **WARNING:** Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§287, 1001, 1010, 1012, 1014; 31 U.S.C. §3729, 3802).

X

8B Submission Summary

| Page | | Last Updated |
|------------------------------------|--|--------------|
| 1A. SF-424 Application Type | | 09/20/2024 |
| 1B. SF-424 Legal Applicant | | 09/20/2024 |
| Renewal Project Application FY2024 | | Page 56 |
| | | 10/18/2024 |

| | |
|---|-------------------|
| 1C. SF-424 Application Details | No Input Required |
| 1D. SF-424 Congressional District(s) | 10/10/2024 |
| 1E. SF-424 Compliance | 09/20/2024 |
| 1F. SF-424 Declaration | 09/20/2024 |
| 1G. HUD 2880 | 09/20/2024 |
| 1H. HUD-50070 | 09/20/2024 |
| 1I. Cert. Lobbying | 09/20/2024 |
| 1J. SF-LLL | 09/20/2024 |
| IK. SF-424B | 09/20/2024 |
| Submission Without Changes | 10/07/2024 |
| Recipient Performance | 10/01/2024 |
| Renewal Grant Consolidation or Renewal Grant Expansion | 09/23/2024 |
| 2A. Subrecipients | 10/01/2024 |
| 3A. Project Detail | 09/23/2024 |
| 3B. Description | 10/18/2024 |
| 3C. Dedicated Plus | 09/20/2024 |
| 4A. Services | 09/20/2024 |
| 4B. Housing Type | 09/20/2024 |
| 5A. Households | 10/07/2024 |
| 5B. Subpopulations | No Input Required |
| 6A. Funding Request | 09/23/2024 |
| 6B. Leased Units | 10/01/2024 |
| 6D. Match | 10/01/2024 |
| 6E. Summary Budget | No Input Required |
| 7A. Attachment(s) | 09/20/2024 |
| 7A. In-Kind Match MOU Attachment | No Input Required |
| 7B. Certification | 10/18/2024 |



IRS Department of the Treasury
Internal Revenue Service

P.O. Box 2508, Room 4010
Cincinnati OH 45201

In reply refer to: 4077550279
Apr. 01, 2011 LTR 4168C 0
23-7161463 000000 00

00032274
BODC: TE

SEMCOA INC
100 N FRONT ST UNIT 3
NEW BEDFORD MA 02740-7350



020938

Employer Identification Number: 23-7161463
Person to Contact: Sophia Brown
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Mar. 17, 2011, 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 1972.

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.

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.gov at https://www.hud.gov/program_offices/comm_planning/coc.
- Questions regarding the FY 2024 CoC Program Competition process must be submitted to CoCNOFO@hud.gov.
- Questions related to e-snaps functionality (e.g., password lockout, access to user's application account, updating Applicant Profile) must be submitted to e-snaps@hud.gov.
- Project applicants are required to have a Unique Entity Identifier (UEI) 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) 2024 Continuum of Care (CoC) Program Competition. For more information see FY 2024 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2024 CoC Program NOFO.
- Detailed instructions and e-snaps navigation guides can be found on the hud.gov website https://www.hud.gov/program_offices/comm_planning/coc/competition. The Detailed Instructions contain more comprehensive instructions and so should be used in tandem with the navigational guides.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2023 Project Application will be imported into the FY 2024 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- YHDP projects that are eligible for renewal under the CoC program may only use the YHDP Renewal or YHDP Replacement and Reallocation funding opportunities. Please review the NOFO for eligibility standards.
- Rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2024 CoC Program Competition NOFO.

1A. SF-424 Application Type

1. Type of Submission: Application

2. Type of Application: Renewal Project Application

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

If "Other", specify:

3. Date Received: 10/17/2024

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: MA0291

This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number

X

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Community Counseling of Bristol County, Inc.

b. Employer/Taxpayer Identification Number (EIN/TIN): 04-3035697

c. Unique Entity Identifier: SFK3BEGX2W89

d. Address

Street 1: One Washington Street

Street 2:

City: Taunton

County:

State: Massachusetts

Country: United States

Zip / Postal Code: 02780

e. Organizational Unit (optional)

Department Name:

Division Name:

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

Prefix: Ms.

First Name: Angela

Middle Name:

Last Name: Ferreira

Suffix:

Title: Contracts Manager

Organizational Affiliation: Community Counseling of Bristol County, Inc.

Telephone Number: (508) 977-8002

Extension:

Applicant: Community Counseling of Bristol County, Inc.

781972716

Project: Homes With Heart

224396

Fax Number: (508) 824-6604

Email: aferreira@comcounseling.org

1C. SF-424 Application Details

9. Type of Applicant: M. Nonprofit with 501C3 IRS Status

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-6800-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): Massachusetts
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: Homes With Heart

16. Congressional District(s):

a. Applicant: MA-004, MA-008, MA-009
(for multiple selections hold CTRL key)

b. Project: MA-004, MA-008, MA-009
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 07/01/2025

b. End Date: 06/30/2026

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: Mr.

First Name: Andrew

Middle Name:

Last Name: Dawley

Suffix:

Title: President & CEO

Telephone Number: (508) 977-8100
(Format: 123-456-7890)

Fax Number: (508) 824-6604
(Format: 123-456-7890)

Email: adawley@comcounseling.org

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

Date Signed: 10/17/2024

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Number: 2501-0017 Expiration Date: 01/31/2026

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: Community Counseling of Bristol County, Inc.

Prefix: Mr.

First Name: Andrew

Middle Name:

Last Name: Dawley

Suffix:

Title: President & CEO

Organizational Affiliation: Community Counseling of Bristol County, Inc.

Telephone Number: (508) 977-8100

Extension:

Email: adawley@comcounseling.org

City: Taunton

County:

State: Massachusetts

Country: United States

Zip/Postal Code: 02780

2. Employer ID Number (EIN): 04-3035697

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$726,924.00

(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 |
|---|--------------------|-----------------------------|----------------------------|
| United Way of Mass Bay and Merrimack Valley | grant | \$50,000.00 | program support |
| NA | NA | \$0.00 | NA |
| NA | NA | \$0.00 | NA |
| NA | NA | \$0.00 | NA |
| NA | NA | \$0.00 | NA |

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

Part III Interested Parties

Do you need to disclose interested parties for this grant according to the criteria below? No

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 non-disclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I/We, the undersigned, certify under penalty of perjury that the information provided above is true, correct, and accurate. Warning: If you knowingly make a false statement on this form, you may be subject to criminal and/or civil 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.

☒

Name / Title of Authorized Official: Andrew Dawley, President & CEO

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

Date Signed: 10/17/2024

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Community Counseling of Bristol County, Inc.
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; | |

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 certify that the information provided on this form and in any accompanying documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

X

WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 1001, 1010, 1012; 31 U.S.C. §3729, 3802)

Authorized Representative

Prefix: Mr.

First Name: Andrew

Middle Name

Last Name: Dawley

Suffix:

Title: President & CEO

Telephone Number: (508) 977-8100
(Format: 123-456-7890)

Fax Number: (508) 824-6604
(Format: 123-456-7890)

Email: adawley@comcounseling.org

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

Date Signed: 10/17/2024

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: Community Counseling of Bristol County, Inc.

Name / Title of Authorized Official: Andrew Dawley, President & CEO

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

Date Signed: 10/17/2024

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES

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

Approved by OMB: 4040-0013 (exp. 02/28/2025)

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: Community Counseling of Bristol County, Inc.

Street 1: One Washington Street

Street 2:

City: Taunton

County:

State: Massachusetts

Country: United States

Zip / Postal Code: 02780

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: Mr.

First Name: Andrew

Middle Name:

Last Name: Dawley

Suffix:

Title: President & CEO

Telephone Number: (508) 977-8100
(Format: 123-456-7890)

Fax Number: (508) 824-6604
(Format: 123-456-7890)

Email: adawley@comcounseling.org

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

Date Signed: 10/17/2024

IK. SF-424B

(SF-424B) ASSURANCES - NON-CONSTRUCTION PROGRAMS

OMB Number: 4040-0007
Expiration Date: 02/28/2025

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

- | | |
|----|---|
| 1. | Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application. |
| 2. | Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives. |
| 3. | Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain. |
| 4. | Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency. |
| 5. | Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F). |
| 6. | Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism, (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application. |
| 7. | Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases. |
| 8. | Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds. |

| | |
|-----|--|
| 9. | Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327~333), regarding labor standards for federally-assisted construction subagreements. |
| 10. | Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more. |
| 11. | Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205). |
| 12. | Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system. |
| 13. | Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.). |
| 14. | Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance. |
| 15. | Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance. |
| 16. | Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures. |
| 17. | Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations." |
| 18. | Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program. |
| 19. | Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award. |

As the duly authorized representative of the applicant, I certify: ☒

Authorized Representative for: Community Counseling of Bristol County, Inc.

Prefix: Mr.

First Name: Andrew

Middle Name:

Last Name: Dawley

Suffix:

Title: President & CEO

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

Date Signed: 10/17/2024

Information About Submission without Changes

Follow the instructions below making note of the exceptions and limitations to the “Submit Without Changes” process.

In general, HUD expects a project’s proposed project application information will remain the same from year-to-year unless changes are directed by HUD or approved through the grant agreement amendment process. However, HUD expects applicants to carefully review their information to determine if submitting without changes accurately reflects the expiring grant requesting renewal.

The data from previously submitted new and renewal project applications can be imported into a FY 2024 renewal project application. The “Submit without Changes” process is not applicable for first time renewing project applications or for a project application that did not import FY 2023 information and e-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that select “Yes - Individual Application in a Renewal Grant Consolidation” on the Renewal Grant Consolidation or Renewal Grant Expansion Screen may not use the “Submit Without Changes” process and esnaps will automatically be set to “Make Changes”. In addition, esnaps will automatically be set to “Make Changes” if the project applicant indicates on the Renewal Grant Consolidation or Renewal Grant Expansion Screen, this project application is for a “Yes - Stand-Alone Renewal Application in a New Grant Expansion” project application.

The e-snaps screens that remain “open” for required annual updates and do not affect applicants’ ability to select “Submit without Changes” are:

- Recipient Performance Screen
- Consolidation and Expansion
- Screen 3A. Project Detail
- Screen 6A. Funding Request
- Screen 6D. Sources of Match
- Screen 6E. Summary Budget - All of Part 7: Attachments and Certification; and
- All of Part 8: Submission Summary.

All other screens in Part 2 through Part 6 begin in “Read-Only” format and should be reviewed for accuracy; including any updates that were made to the 2023 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select “Submit Without Changes” in Part 8. If project applicants imported data and do need to make updates to the information on one or more screens, they must navigate to Part 8: “Submission Without Changes” Screen, select “Make Changes”, and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click “Save” and those screens will be available for edit. Once a project applicant selects a checkbox and clicks “Save”, the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions and e-snaps navigation guides found on HUD.gov to find more in depth information about applying under the FY 2024 CoC Competition.

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award due to reallocation? No

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

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

| | |
|--|-------------------------------------|
| Part 2 - Subrecipient Information | |
| 2A. Subrecipients | <input type="checkbox"/> |
| Part 3 - Project Information | |
| 3A. Project Detail | <input checked="" type="checkbox"/> |
| 3B. Description | <input checked="" type="checkbox"/> |
| 3C. Dedicated Plus | <input checked="" type="checkbox"/> |
| Part 4 - Housing Services and HMIS | |
| 4A. Services | <input checked="" type="checkbox"/> |
| 4B. Housing Type | <input checked="" type="checkbox"/> |
| Part 5 - Participants and Outreach Information | |
| 5A. Households | <input checked="" type="checkbox"/> |
| 5B. Subpopulations | <input checked="" type="checkbox"/> |
| Part 6 - Budget Information | |
| 6A. Funding Request | <input checked="" type="checkbox"/> |
| 6B. Leased Units | <input checked="" type="checkbox"/> |
| 6D. Match | <input checked="" type="checkbox"/> |
| 6E. Summary Budget | <input checked="" type="checkbox"/> |
| Part 7 - Attachment(s) & Certification | |

| | |
|-------------------|-------------------------------------|
| 7A. Attachment(s) | <input checked="" type="checkbox"/> |
| 7B. Certification | <input checked="" type="checkbox"/> |
| | |

You have selected "Make Changes" to question #2 above. Provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

Community Counseling of Bristol county (CCBC) will complete all project information screens other than the sub-recipient.

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

Recipient Performance

1. Did you submit your previous year's Annual Performance Report (APR) on time? Yes

2. Do you have any unresolved HUD Monitoring or OIG Audit finding(s) concerning any previous grant term related to this renewal project request? No

3. Do you draw funds quarterly for your current renewal project? Yes

4. Have any funds remained available for recapture by HUD for the most recently expired grant term related to this renewal project request? No

Renewal Grant Consolidation or Renewal Grant Expansion

The CoC Competition will continue offering opportunities to expand or consolidate CoC projects.

1. Expansions and Consolidations will no longer be required to submit a combined version of the application.

a. Expansions will be required to ONLY submit a Stand-Alone Renewal and a Stand-Alone New application.

b. Consolidations will be required to ONLY submit a Survivor grant and a terminating grant. Up to 10 grants may be involved in a consolidation (Survivor + 9 Terminating grants)

2. Since no combined version will be submitted for either the Expansion or Consolidation, the combining of data will occur at Post-Award. HUD HQ will combine all units, beds and budgets prior to the Post-Award process. The field office and applicant will then be required to combine remaining project data at C1.9a (recipient step). HUD HQ will provide a data report with the data all combined. All that will be required for applicants to do is a simple copy and paste.

We hope this process will simplify and reduce any confusion when submitting expansions or consolidations. If you have any questions, please contact the AAQ.

1. Is this renewal project application requesting to consolidate or expand? Yes - Stand-Alone Renewal Application in a New Grant Expansion

If "No" click on "Next" or "Save & Next" below to move to the next screen.

As part of the FY 2024 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Expansion. This process can combine up to 1 renewal project application and 2 new expansion project applications. Renewal projects that are part of an expansion must expire in Calendar Year (CY) 2025, as confirmed on the FY 2024 GIW or eLOCCS, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

2. In the fields below, enter the Project Name, PIN and Total Amount Requested of the Stand-Alone Renewal project application and the Project Name and Total Amount requested for the Stand-Alone New project application as entered in e-snaps for the FY 2024 CoC Competition. There is no PIN for the Stand-Alone New, which is why the field will automatically fill as "NA". The Total Requested Amount for the Stand-Alone Renewal will automatically pull from the summary budget.

Renewal Grant Expansion Table

| Stand-Alone Renewal or Stand-Alone New | Project Name | PIN Number |
|--|----------------------------|------------|
| Stand-Alone Renewal | Homes With Heart | MA0291 |
| Stand-Alone New | Homes With Heart Expansion | NA |
| | | |

Renewal Expansion Summary

| | |
|---|---|
| Total Number of Grants in the Expansion | 2 |
|---|---|

I acknowledge that I have informed my Collaborative Applicant of this expansion request to be included in the CoCs Project Listing and listed on a special attachment identifying this expansion request.

☒

I acknowledge that I have reviewed the accuracy and submitted all new expansion project applications related to this expansion request into esnaps.



☒

NOTE: DO NOT SUMBIT A FULLY COMBINED NEW OR RENEWAL PROJECT APPLICATION IN E-SNAPS AS PART OF THE FY 2024 COC COMPETITION.

Click on "Save & Next" to continue completing the remainder of this stand-alone renewal project application

2A. Project Subrecipients

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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: \$0

| Organization | Type | Sub-Award Amount |
|-----------------------------|------|------------------|
| This list contains no items | | |

3A. Project Detail

1. Expiring Grant Project Identification Number (PIN): MA0291

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

2. CoC Number and Name: MA-505 - New Bedford/Attleboro/Taunton/Bristol County

3. CoC Collaborative Applicant Name: City of New Bedford

4. Project Name: Homes With Heart

5. Project Status: Standard

6. Component Type: PH

6a. Select the type of PH project. PSH

7. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3? No

8. Does this project include Replacement Reserves as a CoC Operating Cost? No

(Attachment Requirement)

9. Is this project applying for Rural costs on screen 6A? No

3B. Project Description

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

Homes With Heart serves 42 individuals with a history of chronic homelessness and a documented disability which may be psychiatric, physical, or a cooccurring disorder. The program leases scattered site apartments throughout the Continuum that are accessible by public transportation. Homes With Heart provides permanent housing using a housing first model, and then will offer services to people in their homes or, if the client is willing, at a local provider organization. There will be 4.0 FTE of case managers who will provide homebased and community services utilizing a flexible support case management program. The goal for the program is to encourage individuals with disabilities to enter and remain in permanent housing. The project will continue as a part of the continuum of permanent housing of Community Counseling of Bristol County (CCBC) and the case managers will receive supervision from the Supportive Housing Program Director at CCBC. In addition to basic activities of daily living skills training, the case managers will work with individuals to focus on assessment of vocational skills, resume development, development of steady employment, and money management. Additionally the case managers will work with individuals on recovery and rehabilitation plans and the provision of concrete support to maintain their tenancy as self sustaining individuals in their communities in order to begin to break the cycle of a return to homelessness so often seen when issues related to successful tenancy are not addressed.

2. Check the appropriate box(s) if this project will have a specific subpopulation focus. (Select all that apply)

| | | | |
|---|-------------------------------------|-------------------------------|-------------------------------------|
| N/A - Project Serves All Subpopulations | <input type="checkbox"/> | Survivors | <input checked="" type="checkbox"/> |
| Veterans | <input checked="" type="checkbox"/> | Substance Use Disorders | <input checked="" type="checkbox"/> |
| Youth (under 25) | <input type="checkbox"/> | Mental Illness | <input checked="" type="checkbox"/> |
| Families with Children | <input type="checkbox"/> | HIV/AIDS | <input type="checkbox"/> |
| | | Chronic Homeless | <input checked="" type="checkbox"/> |
| | | Other(Click 'Save' to update) | <input type="checkbox"/> |

3. Housing First

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

3b. Does the project enroll program participants who have the following barriers?
Select all that apply.

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

3c. Will the project prevent program participant termination for the following reasons? Select all that apply.

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

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

3C. Dedicated Plus

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

100% Dedicated or DedicatedPLUS

A "100% Dedicated" project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and families.

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:

- (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 were dedicated to individuals and families experiencing chronic homelessness under the grant that is being renewed may either be reallocated as a DedicatedPLUS project or may continue as a renewal dedicating 100 percent of its beds to individuals and families experiencing chronic homelessness. If the project is reallocated as a DedicatedPLUS project, the project must adhere to all fair housing requirements at 24 CFR 578.93.

1. Is this project "100% Dedicated," "DedicatedPLUS," or "N/A"? (Only select "N/A" if this project was originally awarded as a grant that did not have requirements to only serve persons experiencing chronic homelessness and meets the definition of "non-dedicated permanent supportive housing beds" in the NOFO Section III.B.2.r). DedicatedPLUS

4A. Supportive Services for Program Participants

1. For all supportive services available to program 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 | Applicant | As needed |
| Assistance with Moving Costs | Applicant | As needed |
| Case Management | Applicant | As needed |
| Child Care | Non-Partner | As needed |
| Education Services | Partner | As needed |
| Employment Assistance and Job Training | Applicant | Monthly |
| Food | Partner | Weekly |
| Housing Search and Counseling Services | Applicant | As needed |
| Legal Services | Partner | As needed |
| Life Skills Training | Applicant | Weekly |
| Mental Health Services | Applicant | Monthly |
| Outpatient Health Services | Partner | Annually |
| Outreach Services | Applicant | Weekly |
| Substance Abuse Treatment Services | Applicant | Monthly |
| Transportation | Applicant | As needed |
| Utility Deposits | Partner | Annually |

Identify whether the project includes the following activities:

2. Transportation assistance to program participants to attend mainstream benefit appointments, employee training, or jobs? Yes

3. Annual follow-up with program participants to ensure mainstream benefits are received and renewed? Yes

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

4a. 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: 42

Total Beds: 42

Total Dedicated CH Beds: 42

| Housing Type | Housing Type (JOINT) | Units | Beds |
|---------------------------------|----------------------|-------|------|
| Scattered-site apartments (...) | --- | 42 | 42 |

4B. Housing Type and Location Detail

Note: These fields should reflect full capacity on one night. For additional guidance, please refer to the Detailed Instructions.

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

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

a. Units: 42

b. Beds: 42

c. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 42

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

3. Address:

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

Street 1: 63 Winthrop Street

Street 2:

City: Taunton

State: Massachusetts

ZIP Code: 02780

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

250126 Attleboro, 252418 Taunton, 259005
Bristol County

5A. Program Participants - Households

Note: These fields should reflect full capacity on one night. For additional guidance, please refer to the Detailed Instructions

| | Households with at Least One Adult and One Child | Adult Households without Children | Households with Only Children | Total |
|-------------------------------------|---|--|--|-------|
| Number of Households | 0 | 42 | 0 | 42 |
| | | | | |
| 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 |
| Persons over age 24 | 0 | 42 | | 42 |
| Persons ages 18-24 | 0 | 0 | | 0 |
| Accompanied Children under age 18 | 0 | | 0 | 0 |
| Unaccompanied Children under age 18 | | | 0 | 0 |
| Total Persons | 0 | 42 | 0 | 42 |

Click Save to automatically calculate totals

5B. Program Participants - Subpopulations

Note: These fields should reflect full capacity on one night. For additional guidance, please refer to the Detailed Instructions.

Persons in Households with at Least One Adult and One Child

| Characteristics | CH (Not Veterans) | CH Veterans | Veterans (Not CH) | Substance Use Disorders | HIV/AIDS | Mental Illness | Survivors | Physical Disability | Developmental Disability | Persons Not Represented by a Listed Subpopulation |
|-----------------------|-------------------|-------------|-------------------|-------------------------|----------|----------------|-----------|---------------------|--------------------------|---|
| Persons over age 24 | | | | | | | | | | |
| Persons 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 | CH (Not Veterans) | CH Veterans | Veterans (Not CH) | Substance Use Disorders | HIV/AIDS | Mental Illness | Survivors | Physical Disability | Developmental Disability | Persons Not Represented by a Listed Subpopulation |
|---------------------|-------------------|-------------|-------------------|-------------------------|----------|----------------|-----------|---------------------|--------------------------|---|
| Persons over age 24 | 38 | 4 | 0 | 16 | 2 | 20 | 4 | 6 | 0 | 0 |
| Persons ages 18-24 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total Persons | 38 | 4 | 0 | 16 | 2 | 20 | 4 | 6 | 0 | 0 |

Click Save to automatically calculate totals

Persons in Households with Only Children

| Characteristics | CH (Not Veterans) | CH Veterans | Veterans (Not CH) | Substance Use Disorders | HIV/AIDS | Mental Illness | Survivors | Physical Disability | Developmental Disability | Persons Not Represented by a Listed Subpopulation |
|-------------------------------------|-------------------|-------------|-------------------|-------------------------|----------|----------------|-----------|---------------------|--------------------------|---|
| Accompanied Children under age 18 | | | | | | | | | | |
| Unaccompanied Children under age 18 | | | | | | | | | | |
| Total Persons | 0 | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

6A. Funding Request

VAWA Budget

In FY2024, the Violence Against Women Act (VAWA) has clarified the use of CoC Program funds for VAWA eligible cost categories. These VAWA cost categories can be added to a new project application to create a CoC VAWA Budget Line Item (BLI) in e-snaps and eLOCCS. The BLI will be added to grant agreements and utilized the same as other CoC Program BLIs in e-snaps and eLOCCS. Eligible CoC VAWA costs can be identified in one or both of the following CoC VAWA categories. Examples of eligible costs in these cost categories are identified as follows:

A. VAWA Emergency Transfer Facilitation. Examples of eligible costs include the costs of assessing, coordinating, approving, denying, and implementing a survivor's emergency transfer(s). Additional details of eligible costs include:

- Moving Costs. Assistance with reasonable moving costs to move survivors for an emergency transfer(s).
- Travel Costs. Assistance with reasonable travel costs for survivors and their families to travel for an emergency transfer(s). This may include travel costs to locations outside of your CoC's geography.
- Security Deposits. Grant funds can be used to pay for security deposits of the safe unit the survivor is transferring to via an emergency transfer(s).
- Utilities. Grant funds can be used to pay for costs of establishing utility assistance in the safe unit the survivor is transferring to.
- Housing Fees. Grant funds can be used to pay fees associated with getting survivors into a safe unit via emergency transfer(s), including but not limited to application fees, broker fees, holding fees, trash fees, pet fees where the person believes they need their pet to be safe, etc.
- Case Management. Grant funds can be used to pay staff time necessary to assess, coordinate, and implement emergency transfer(s).
- Housing Navigation. Grant funds can be used to pay staff time necessary to identify safe units and facilitate moves into housing for survivors through emergency transfer(s).
- Technology to make an available unit safe. Grant funds can be used to pay for technology that the individual believes is needed to make the unit safe, including but not limited to doorbell cameras, security systems, phone, and internet service when necessary to support security systems for the unit, etc.

B. VAWA Confidentiality Requirements. Examples of eligible costs for ensuring compliance with VAWA confidentiality requirements include:

- Monitoring and evaluating compliance.
- Developing and implementing strategies for corrective actions and remedies to ensure compliance.
- Program evaluation of confidentiality policies, practices, and procedures.
- Training on compliance with VAWA confidentiality requirements.
- Reporting to CoC Collaborative Applicant, HUD, and other interested parties on compliance with VAWA confidentiality requirements.
- Costs for establishing methodology to protect survivor information.
- Staff time associated with maintaining adherence to VAWA confidentiality requirements.

Enter the estimated amount(s) you are requesting for this project's Emergency Transfer Facilitation costs and VAWA Confidentiality Requirements costs for one or both of these eligible CoC VAWA cost categories. The CoC VAWA BLI Total amount can be expended for any eligible CoC VAWA cost identified above.

1. Will this project use funds from this grant to provide for emergency transfer facilitation, which includes the costs of assessing, coordinating, approving, denying and implementing a survivor's emergency transfer per Section III.B.4.a.(3) (a) of the NOFO? No

2. Will this project use funds from this grant to provide for VAWA confidentiality requirements, which includes the costs of ensuring compliance with the VAWA confidentiality requirements per Section III.B.4.a.(3) (b) of the NOFO? No

Rural Cost Budget

In FY2024, the CoC Program has added eligible rural cost budget categories to be added in a new CoC Rural Cost Budget Line Item (BLI). The BLI will be added to grant agreements and utilized the same as other CoC Program BLIs in e-snaps and eLOCCS. There are three CoC Program rural cost categories that can be requested for your CoC Rural Cost BLI.

- Short-term emergency lodging to include housing in motels or shelters, either by providing direct funding or through vouchers.
- Repairs to housing units in where individuals and families experiencing homelessness will be housed, including housing units.
- Staff Training to include professional development, skill development, and staff retention activities.

3. Will this project use funds from this grant to provide for short-term emergency lodging, repairs to housing units and staff training per Section III.B.4.b.(3) (a) of the NOFO? No

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

5. Renewal Grant Term: This field is pre-populated with a one-year grant term and cannot be edited: 1 Year

6. Select the costs for which funding is requested:

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

| | |
|---------------------|---|
| Supportive Services | X |
| Operating | X |
| HMIS | |
| VAWA | X |
| Rural | |

The VAWA BLI is permanently checked. This allows any project to shift funds up to a 10% shift from another BLI if VAWA emergency transfer costs are needed.

6B. Leased Units Budget

The following list summarizes the funds being requested for one or more units leased for operating the projects. To add information to the list, select the icon. To view or update information already listed, select the icon.

| | |
|------------------------------------|-----------|
| Total Annual Assistance Requested: | \$471,310 |
| Grant Term: | 1 Year |
| Total Request for Grant Term: | \$471,310 |
| Total Units: | 42 |

The number of beds for which funding has been requested in the Leased Units budget is 42.

| FMR Area | Total Units Requested | Total Annual Budget Requested | Total Budget Requested |
|----------------------|-----------------------|-------------------------------|------------------------|
| MA - Providence-F... | 14 | \$157,103 | \$157,103 |
| MA - Taunton-Mans... | 28 | \$314,207 | \$314,207 |

Leased Units Budget Detail

Enter the appropriate values in the "Number of Units" AND "Total Request" fields.

Metropolitan or non-metropolitan MA - Providence-Fall River, RI-MA HUD Metro
fair market rent area: FMR Area (2500502690)

Leased Units Annual Budget

| Size of Units | # of Units (Applicant) | Total Request (Applicant) |
|--|---------------------------|---------------------------------|
| SRO | | |
| 0 Bedroom | | |
| 1 Bedroom | 14 | |
| 2 Bedroom | | |
| 3 Bedroom | | |
| 4 Bedroom | | |
| 5 Bedroom | | |
| 6 Bedroom | | |
| 7 Bedroom | | |
| 8 Bedroom | | |
| 9 Bedroom | | |
| Total Units and Annual Assistance Requested | 14 | \$157,103 |
| Grant Term | | 1 Year |
| Total Request for Grant Term | | \$157,103 |

Click the 'Save' button to automatically calculate totals.

Leased Units Budget Detail

Enter the appropriate values in the "Number of Units" AND "Total Request" fields.



Metropolitan or non-metropolitan MA - Taunton-Mansfield-Norton, MA HUD Metro
fair market rent area: FMR Area (2500505280)

Leased Units Annual Budget

| Size of Units | # of Units (Applicant) | Total Request (Applicant) |
|--|---------------------------|---------------------------------|
| SRO | | |
| 0 Bedroom | 10 | |
| 1 Bedroom | 18 | |
| 2 Bedroom | | |
| 3 Bedroom | | |
| 4 Bedroom | | |
| 5 Bedroom | | |
| 6 Bedroom | | |
| 7 Bedroom | | |
| 8 Bedroom | | |
| 9 Bedroom | | |
| Total Units and Annual Assistance Requested | 28 | \$314,207 |
| Grant Term | | 1 Year |
| Total Request for Grant Term | | \$314,207 |

Click the 'Save' button to automatically calculate totals.

6D. Sources of Match

The following list summarizes the funds that will be used as Match for this project. To add a Match source to the list, select the  icon. To view or update a Match source already listed, select the  icon.

Summary for Match

| | |
|-------------------------------------|----------|
| Total Value of Cash Commitments: | \$63,904 |
| Total Value of In-Kind Commitments: | \$0 |
| Total Value of All Commitments: | \$63,904 |

1. Will this project generate program income described in 24 CFR 578.97 to use as Match for this project? Yes

1a. Briefly describe the source of the program income:

The program income comes from the individuals who pay rent to CCBC directly calculated as a portion of their income based on HUD regulations. CCBC pays the landlords the full rent for the leased apartments.

1b. Estimate the amount of program income that will be used as Match for this project: \$63,904

| Type | Source | Contributor | Value of Commitments |
|------|---------|--------------|----------------------|
| Cash | Private | Client Rents | \$63,904 |

Sources of Match Detail

1. Type of Match Commitment: Cash
2. Source: Private
3. Name of Source: Client Rents
(Be as specific as possible and include the office or grant program as applicable)
4. Amount of Written Commitment: \$63,904

6E. Summary Budget

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2018 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2018, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

| Eligible Costs (Light gray fields are available for entry of the previous grant agreement, GIW, approved GIW Change Form, or reduced by reallocation) | Applicant CoC Program Costs Requested (1 Year Term) |
|--|--|
| 1a. Leased Units (Screen 6B) | \$471,310 |
| 1b. Leased Structures (Enter) | \$0 |
| 2. Rental Assistance (Screen 6C) | \$0 |
| 3. Supportive Services (Enter) | \$171,063 |
| 4. Operating (Enter) | \$50,038 |
| 5. HMIS (Enter) | \$0 |
| 6. VAWA (Enter) | \$0 |
| 7. Rural (Enter) (Only for HUD CoC Program approved rural areas) | \$0 |
| 8. Sub-total of CoC Program Costs Requested | \$692,411 |
| 9. Admin (Up to 10% of Sub-total in #8) | \$34,513 |
| 10. HUD funded Sub-total + Admin. Requested | \$726,924 |
| 11. Cash Match (From Screen 6D) | \$63,904 |
| 12. In-Kind Match (From Screen 6D) | \$0 |
| 13. Total Match (From Screen 6D) | \$63,904 |
| 14. Total Project Budget for this grant, including Match | \$790,828 |

7A. Attachment(s)

| Document Type | Required? | Document Description | Date Attached |
|---|-----------|----------------------|---------------|
| 1) Subrecipient Nonprofit Documentation | No | | |
| 2) Other Attachment | No | | |
| 3) Other Attachment | No | | |

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

7B. Certification

**Applicant and Recipient Assurances and Certifications - form HUD-424B (Title)
U.S. Department of Housing and Urban Development OMB Approval No.
2501-0017
(expires 01/31/2026)**

As part of your application for HUD funding, you, as the official authorized to sign on behalf of your organization or as an individual must provide the following assurances and certifications. The Responsible Civil Rights Official has specified this form for use for purposes of general compliance with 24 CFR §§ 1.5, 3.115, 8.50, and 146.25, as applicable. The Responsible Civil Rights Official may require specific civil rights assurances to be furnished consistent with those authorities and will specify the form on which such assurances must be made. A failure to furnish or comply with the civil rights assurances contained in this form may result in the procedures to effect compliance at 24 CFR §§ 1.8, 3.115, 8.57, or 146.39. By submitting this form, you are stating that to the best of your knowledge and belief, all assertions are true and correct.

1. Has the legal authority to apply for Federal assistance, has the institutional, managerial and financial capability (including funds to pay the non-Federal share of program costs) to plan, manage and complete the program as described in the application and the governing body has duly authorized the submission of the application, including these assurances and certifications, and authorized me as the official representative of the application to act in connection with the application and to provide any additional information as may be required.

2. Will administer the grant in compliance with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and implementing regulations (24 CFR part 1), which provide that no person in the United States shall, on the grounds of race, color or national origin, be excluded from participation in, be denied the benefits of, or otherwise be subject to discrimination under any program or activity that receives Federal financial assistance OR if the applicant is a Federally recognized Indian tribe or its tribally designated housing entity, is subject to the Indian Civil Rights Act (25 U.S.C. 1301-1303).

3. Will administer the grant in compliance with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and implementing regulations at 24 CFR part 8, the American Disabilities Act (42 U.S.C. §§ 12101 et seq.), and implementing regulations at 28 CFR part 35 or 36, as applicable, and the Age Discrimination Act of 1975 (42 U.S.C. 6101-07) as amended, and implementing regulations at 24 CFR part 146 which together provide that no person in the United States shall, on the grounds of disability or age, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity that receives Federal financial assistance; except if the grant program authorizes or limits participation to designated populations, then the applicant will comply with the nondiscrimination requirements within the designated population.

4. Will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and the implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion sex (including gender identity and sexual orientation), disability, familial status, or national origin and will affirmatively further fair housing; except an applicant which is an Indian tribe or its instrumentality which is excluded by statute from coverage does not make this certification; and further except if the grant program authorizes or limits participation to designated populations, then the applicant will comply with the nondiscrimination requirements within the designated population.

5. Will comply with all applicable Federal nondiscrimination requirements, including those listed at 24 CFR §§ 5.105(a) and 5.106 as applicable.

6. Will comply with the acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended (42 U.S.C. 4601) and implementing regulations at 49 CFR part 24 and, as applicable, Section 104(d) of the Housing and Community Development Act of 1974 (42 U.S.C. 5304(d)) and implementing regulations at 24 CFR part 42, subpart A.

7. Will comply with the environmental requirements of the National Environmental Policy Act (42 U.S.C. 4321 et seq.) and related Federal authorities prior to the commitment or expenditure of funds for property.

8. That no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, and officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all subawards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly. Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage by the Byrd Amendment, but State-recognized Indian tribes and TDHs established under State law are not excluded from the statute's coverage.

Name of Authorized Certifying Official: Andrew Dawley

Date: 10/17/2024

Title: President & CEO

Applicant Organization: Community Counseling of Bristol County, Inc.

PHA Number (For PHA Applicants Only):

I/We, the undersigned, certify under penalty of perjury that the information provided above is true and correct. **WARNING:** Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§287, 1001, 1010, 1012, 1014; 31 U.S.C. §3729, 3802).

X

8B Submission Summary

| Page | | Last Updated |
|------------------------------------|--|-------------------|
| 1A. SF-424 Application Type | | 10/10/2024 |
| 1B. SF-424 Legal Applicant | | 10/10/2024 |
| 1C. SF-424 Application Details | | No Input Required |
| Renewal Project Application FY2024 | | 10/17/2024 |

| | |
|--|-------------------|
| 1D. SF-424 Congressional District(s) | 10/11/2024 |
| 1E. SF-424 Compliance | 10/10/2024 |
| 1F. SF-424 Declaration | 10/11/2024 |
| 1G. HUD 2880 | 10/11/2024 |
| 1H. HUD-50070 | 10/11/2024 |
| 1I. Cert. Lobbying | 10/11/2024 |
| 1J. SF-LLL | 10/11/2024 |
| IK. SF-424B | 10/11/2024 |
| Submission Without Changes | 10/11/2024 |
| Recipient Performance | 10/10/2024 |
| Renewal Grant Consolidation or Renewal Grant Expansion | 10/11/2024 |
| 2A. Subrecipients | No Input Required |
| 3A. Project Detail | 10/11/2024 |
| 3B. Description | 10/11/2024 |
| 3C. Dedicated Plus | 10/10/2024 |
| 4A. Services | 10/11/2024 |
| 4B. Housing Type | 10/10/2024 |
| 5A. Households | 10/11/2024 |
| 5B. Subpopulations | No Input Required |
| 6A. Funding Request | 10/11/2024 |
| 6B. Leased Units | 10/11/2024 |
| 6D. Match | 10/11/2024 |
| 6E. Summary Budget | No Input Required |
| 7A. Attachment(s) | No Input Required |
| 7B. Certification | 10/11/2024 |

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.gov at https://www.hud.gov/program_offices/comm_planning/coc.
- Questions regarding the FY 2024 CoC Program Competition process must be submitted to CoCNOFO@hud.gov.
- Questions related to e-snaps functionality (e.g., password lockout, access to user's application account, updating Applicant Profile) must be submitted to e-snaps@hud.gov.
- Project applicants are required to have a Unique Entity Identifier (UEI) 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) 2024 Continuum of Care (CoC) Program Competition. For more information see FY 2024 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2024 CoC Program NOFO.
- Detailed instructions and e-snaps navigation guides can be found on the hud.gov website https://www.hud.gov/program_offices/comm_planning/coc/competition. The Detailed Instructions contain more comprehensive instructions and so should be used in tandem with the navigational guides.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2023 Project Application will be imported into the FY 2024 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- YHDP projects that are eligible for renewal under the CoC program may only use the YHDP Renewal or YHDP Replacement and Reallocation funding opportunities. Please review the NOFO for eligibility standards.
- Rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2024 CoC Program Competition NOFO.

1A. SF-424 Application Type

1. Type of Submission: Application

2. Type of Application: Renewal Project Application

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

If "Other", specify:

3. Date Received: 10/18/2024

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: MA0805

This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number

X

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

- a. Legal Name:** City of New Bedford
- b. Employer/Taxpayer Identification Number (EIN/TIN):** 04-6001402
- c. Unique Entity Identifier:** MUQVPRRNQM94

d. Address

Street 1: 608 Pleasant Street

Street 2:

City: New Bedford

County:

State: Massachusetts

Country: United States

Zip / Postal Code: 02740

e. Organizational Unit (optional)

Department Name: Office of Housing and Community Development

Division Name:

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

Prefix: Ms.

First Name: Jennifer

Middle Name:

Last Name: Clarke

Suffix:

Title: Deputy Director

Organizational Affiliation: City of New Bedford

Telephone Number: (508) 979-1500

Extension:

Applicant: City of New Bedford HMIS Project
Project: Green Light Project

075719187
222812

Fax Number: (508) 979-1575

Email: Jennifer.Clarke@newbedford-ma.gov

1C. SF-424 Application Details

9. Type of Applicant: C. City or Township 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-6800-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): Massachusetts
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: Green Light Project

16. Congressional District(s):

a. Applicant: MA-004, MA-008, MA-009
(for multiple selections hold CTRL key)

b. Project: MA-004, MA-008, MA-009
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 09/01/2025

b. End Date: 08/31/2026

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: Jennifer

Middle Name:

Last Name: Clarke

Suffix:

Title: Deputy Director

Telephone Number: (508) 979-1500
(Format: 123-456-7890)

Fax Number: (508) 979-1575
(Format: 123-456-7890)

Email: Jennifer.Clarke@newbedford-ma.gov

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

Date Signed: 10/18/2024

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Number: 2501-0017 Expiration Date: 01/31/2026

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: City of New Bedford

Prefix: Ms.

First Name: Jennifer

Middle Name:

Last Name: Clarke

Suffix:

Title: Deputy Director

Organizational Affiliation: City of New Bedford

Telephone Number: (508) 979-1500

Extension:

Email: Jennifer.Clarke@newbedford-ma.gov

City: New Bedford

County:

State: Massachusetts

Country: United States

Zip/Postal Code: 02740

2. Employer ID Number (EIN): 04-6001402

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$145,045.00

(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 |
|--|--------------------|-----------------------------|----------------------------|
| N/A | N/A | \$0.00 | \$0.00 |
| | | | |
| | | | |
| | | | |
| | | | |

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

Part III Interested Parties

Do you need to disclose interested parties for this grant according to the criteria below? No

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 non-disclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I/We, the undersigned, certify under penalty of perjury that the information provided above is true, correct, and accurate. Warning: If you knowingly make a false statement on this form, you may be subject to criminal and/or civil 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.

X

Name / Title of Authorized Official: Jennifer Clarke, Deputy Director

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

Date Signed: 10/18/2024

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: City of New Bedford

Program/Activity Receiving Federal Grant CoC Program
Funding:

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; | |

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 certify that the information provided on this form and in any accompanying documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

☒

WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 1001, 1010, 1012; 31 U.S.C. §3729, 3802)

Authorized Representative

Prefix: Ms.

First Name: Jennifer

Middle Name

Last Name: Clarke

Suffix:

Title: Deputy Director

Telephone Number: (508) 979-1500
(Format: 123-456-7890)

Fax Number: (508) 979-1575
(Format: 123-456-7890)

Email: Jennifer.Clarke@newbedford-ma.gov

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

Date Signed: 10/18/2024

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: City of New Bedford

Name / Title of Authorized Official: Jennifer Clarke, Deputy Director

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

Date Signed: 10/18/2024

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES

**Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB: 4040-0013 (exp. 02/28/2025)**

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: City of New Bedford

Street 1: 608 Pleasant Street

Street 2:

City: New Bedford

County:

State: Massachusetts

Country: United States

Zip / Postal Code: 02740

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: Jennifer

Middle Name:

Last Name: Clarke

Suffix:

Title: Deputy Director

Telephone Number: (508) 979-1500
(Format: 123-456-7890)

Fax Number: (508) 979-1575
(Format: 123-456-7890)

Email: Jennifer.Clarke@newbedford-ma.gov

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

Date Signed: 10/18/2024

IK. SF-424B

(SF-424B) ASSURANCES - NON-CONSTRUCTION PROGRAMS

OMB Number: 4040-0007
Expiration Date: 02/28/2025

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

- | | |
|----|---|
| 1. | Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application. |
| 2. | Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives. |
| 3. | Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain. |
| 4. | Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency. |
| 5. | Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F). |
| 6. | Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism, (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application. |
| 7. | Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases. |
| 8. | Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds. |

| | |
|-----|--|
| 9. | Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327~333), regarding labor standards for federally-assisted construction subagreements. |
| 10. | Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more. |
| 11. | Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205). |
| 12. | Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system. |
| 13. | Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.). |
| 14. | Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance. |
| 15. | Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance. |
| 16. | Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures. |
| 17. | Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations." |
| 18. | Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program. |
| 19. | Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award. |

As the duly authorized representative of the applicant, I certify: ☒

Authorized Representative for: City of New Bedford

Prefix: Ms.

First Name: Jennifer

Middle Name:

Last Name: Clarke

Suffix:

Title: Deputy Director

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

Date Signed: 10/18/2024

Information About Submission without Changes

Follow the instructions below making note of the exceptions and limitations to the “Submit Without Changes” process.

In general, HUD expects a project’s proposed project application information will remain the same from year-to-year unless changes are directed by HUD or approved through the grant agreement amendment process. However, HUD expects applicants to carefully review their information to determine if submitting without changes accurately reflects the expiring grant requesting renewal.

The data from previously submitted new and renewal project applications can be imported into a FY 2024 renewal project application. The “Submit without Changes” process is not applicable for first time renewing project applications or for a project application that did not import FY 2023 information and e-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that select “Yes - Individual Application in a Renewal Grant Consolidation” on the Renewal Grant Consolidation or Renewal Grant Expansion Screen may not use the “Submit Without Changes” process and esnaps will automatically be set to “Make Changes”. In addition, esnaps will automatically be set to “Make Changes” if the project applicant indicates on the Renewal Grant Consolidation or Renewal Grant Expansion Screen, this project application is for a “Yes - Stand-Alone Renewal Application in a New Grant Expansion” project application.

The e-snaps screens that remain “open” for required annual updates and do not affect applicants’ ability to select “Submit without Changes” are:

- Recipient Performance Screen
- Consolidation and Expansion
- Screen 3A. Project Detail
- Screen 6A. Funding Request
- Screen 6D. Sources of Match
- Screen 6E. Summary Budget - All of Part 7: Attachments and Certification; and
- All of Part 8: Submission Summary.

All other screens in Part 2 through Part 6 begin in “Read-Only” format and should be reviewed for accuracy; including any updates that were made to the 2023 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select “Submit Without Changes” in Part 8. If project applicants imported data and do need to make updates to the information on one or more screens, they must navigate to Part 8: “Submission Without Changes” Screen, select “Make Changes”, and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click “Save” and those screens will be available for edit. Once a project applicant selects a checkbox and clicks “Save”, the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions and e-snaps navigation guides found on HUD.gov to find more in depth information about applying under the FY 2024 CoC Competition.

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award due to reallocation? No

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

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

| | |
|--|-------------------------------------|
| Part 2 - Subrecipient Information | |
| 2A. Subrecipients | <input checked="" type="checkbox"/> |
| Part 3 - Project Information | |
| 3A. Project Detail | <input checked="" type="checkbox"/> |
| 3B. Description | <input checked="" type="checkbox"/> |
| 3C. Dedicated Plus | <input type="checkbox"/> |
| Part 4 - Housing Services and HMIS | |
| 4A. Services | <input type="checkbox"/> |
| 4B. Housing Type | <input type="checkbox"/> |
| Part 5 - Participants and Outreach Information | |
| 5A. Households | <input type="checkbox"/> |
| 5B. Subpopulations | <input type="checkbox"/> |
| Part 6 - Budget Information | |
| 6A. Funding Request | <input checked="" type="checkbox"/> |
| 6B. Leased Units | <input type="checkbox"/> |
| 6D. Match | <input checked="" type="checkbox"/> |
| 6E. Summary Budget | <input checked="" type="checkbox"/> |
| Part 7 - Attachment(s) & Certification | |

| | |
|----------------------------------|-------------------------------------|
| 7A. Attachment(s) | <input checked="" type="checkbox"/> |
| 7A. In-Kind Match MOU Attachment | <input checked="" type="checkbox"/> |
| 7B. Certification | <input checked="" type="checkbox"/> |
| | |

You have selected "Make Changes" to question #2 above. Provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

2A. Updated Congressional Districts to MA-009, MA-008, and MA-005. Updated expected sub-award amounts to \$145,045. 3B. Project description has been updated. 6D. Match amount updated to reflect 25%.

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

Recipient Performance

1. Did you submit your previous year's Annual Performance Report (APR) on time? Not Applicable

1a. If you did not submit your APR on time to the SAGE website, provide an explanation.

1st year program. This program received funding in the last NOFO round. Our 1st APR is due in August 2025.

2. Do you have any unresolved HUD Monitoring or OIG Audit finding(s) concerning any previous grant term related to this renewal project request? No

3. Do you draw funds quarterly for your current renewal project? No

3a. If no was selected, explain why CoC Program funds are not drawn quarterly.

1st year program. Program year just started September 2023. At this point, only one month of programs and services have been provided. As a result, no funds have been drawn down. Going forward, funds will be drawn down on a monthly basis.

4. Have any funds remained available for recapture by HUD for the most recently expired grant term related to this renewal project request? No

Renewal Grant Consolidation or Renewal Grant Expansion

The CoC Competition will continue offering opportunities to expand or consolidate CoC projects.

1. Expansions and Consolidations will no longer be required to submit a combined version of the application.

a. Expansions will be required to ONLY submit a Stand-Alone Renewal and a Stand-Alone New application.

b. Consolidations will be required to ONLY submit a Survivor grant and a terminating grant. Up to 10 grants may be involved in a consolidation (Survivor + 9 Terminating grants)



2. Since no combined version will be submitted for either the Expansion or Consolidation, the combining of data will occur at Post-Award. HUD HQ will combine all units, beds and budgets prior to the Post-Award process. The field office and applicant will then be required to combine remaining project data at C1.9a (recipient step). HUD HQ will provide a data report with the data all combined. All that will be required for applicants to do is a simple copy and paste.

We hope this process will simplify and reduce any confusion when submitting expansions or consolidations. If you have any questions, please contact the AAQ.

**1. Is this renewal project application requesting to No
consolidate or expand?**

If "No" click on "Next" or "Save & Next" below to move to the next screen.

2A. Project Subrecipients

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

Total Expected Sub-Awards: \$145,045

| Organization | Type | Sub-Award Amount |
|--|------------------------------------|------------------|
| People Acting in Community Endeavors, Inc. | M. Nonprofit with 501C3 IRS Status | \$145,045 |

2A. Project Subrecipients Detail

a. Organization Name: People Acting in Community Endeavors, Inc.

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

c. Employer or Tax Identification Number: 04-2777810

d. Unique Entity Identifier: ZPMBC8CMGF74

e. Physical Address

Street 1: 166 William St.

Street 2:

City: New Bedford

State: Massachusetts

Zip Code: 02740

f. Congressional District(s): MI-008, MA-009, MI-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: \$145,045

j. Contact Person

Prefix: Mrs.

First Name: Pamela

Middle Name:

Last Name: Kuechler

Suffix:

Title: Executive Director

E-mail Address: pamkuechler@paceinfo.org

Confirm E-mail Address: pamkuechler@paceinfo.org

Phone Number: 508-999-9920

Extension:

Fax Number: 508-999-3728

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

3A. Project Detail

1. Expiring Grant Project Identification Number (PIN): MA0805

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

2. CoC Number and Name: MA-505 - New Bedford/Attleboro/Taunton/Bristol County

3. CoC Collaborative Applicant Name: City of New Bedford

4. Project Name: Green Light Project

5. Project Status: Standard

6. Component Type: PH

6a. Select the type of PH project. PSH

7. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3? No

8. Does this project include Replacement Reserves as a CoC Operating Cost? No
(Attachment Requirement)

9. Is this project applying for Rural costs on screen 6A? No

3B. Project Description

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

The Green Light program consists of four (4) housing units with nine (9) beds located at scattered sites within the MA-505 CoC. The program serves both individuals and families experiencing homelessness in New Bedford. The goal of the program is to serve a total of 4 households or 9 persons over the course of the program year.

To qualify for this project, all participants must meet the HUD definition of homelessness and have a documented disability. Further, all participants are required to use, and the Green Light project shall receive all its referrals from, the CoC's Coordinated Entry System. Green Light will prioritize those individuals and families meeting the HUD definition of chronically homeless.

The Green Light program will use a Housing First Model of service delivery (i.e., low barrier /low threshold system) that focuses first on stabilizing the individual or family in housing. Once participants are stabilized and their basic needs for shelter have been eliminated, program participants may choose to participate in receiving support, resources and/or case management.

Green Light case managers will work with each program individual and family to develop Individual Service Plans (ISPs) with specific, client-centered goals and activities across all domains of life, such as employment, education, life skills and community connectedness, as well as assistance with applying for mainstream resource benefits, health insurance, and transportation vouchers. Case managers will also provide food, utility assistance, childcare, health insurance navigation, tax preparation, adult education, and a range of related housing services.

Continuum of Care (CoC) funds will be used for the following eligible costs: Leasing, Supportive Services, Operations and Administration. See the Project Budget for additional details.

2. Check the appropriate box(s) if this project will have a specific subpopulation focus. (Select all that apply)

| | | | |
|---|-------------------------------------|-------------------------|-------------------------------------|
| N/A - Project Serves All Subpopulations | <input type="checkbox"/> | Survivors | <input type="checkbox"/> |
| Veterans | <input checked="" type="checkbox"/> | Substance Use Disorders | <input checked="" type="checkbox"/> |
| Youth (under 25) | <input checked="" type="checkbox"/> | Mental Illness | <input checked="" type="checkbox"/> |
| Families with Children | <input checked="" type="checkbox"/> | HIV/AIDS | <input type="checkbox"/> |
| | | Chronic Homeless | <input checked="" type="checkbox"/> |

Other(Click 'Save' to update)

☐

3. Housing First

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

3b. Does the project enroll program participants who have the following barriers?
Select all that apply.

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

3c. Will the project prevent program participant termination for the following reasons? Select all that apply.

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

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

3C. Dedicated Plus

100% Dedicated or DedicatedPLUS

A “100% Dedicated” project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and families.

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:

- (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 were dedicated to individuals and families experiencing chronic homelessness under the grant that is being renewed may either be reallocated as a DedicatedPLUS project or may continue as a renewal dedicating 100 percent of its beds to individuals and families experiencing chronic homelessness. If the project is reallocated as a DedicatedPLUS project, the project must adhere to all fair housing requirements at 24 CFR 578.93.

1. Is this project “100% Dedicated,” DedicatedPLUS
“DedicatedPLUS,” or “N/A”?
(Only select “N/A” if this project was originally
awarded as a grant that did not have
requirements to only serve persons experiencing
chronic homelessness and meets the definition of
“non-dedicated permanent supportive housing
beds” in the NOFO Section III.B.2.r).

4A. Supportive Services for Program Participants

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. For all supportive services available to program 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 | Partner | As needed |
| Education Services | Partner | As needed |
| Employment Assistance and Job Training | Partner | As needed |
| Food | Subrecipient | As needed |
| Housing Search and Counseling Services | Subrecipient | As needed |
| Legal Services | Partner | As needed |
| Life Skills Training | Partner | As needed |
| Mental Health Services | Partner | As needed |
| Outpatient Health Services | Partner | As needed |
| Outreach Services | Partner | As needed |
| Substance Abuse Treatment Services | Partner | As needed |
| Transportation | Partner | As needed |
| Utility Deposits | Subrecipient | As needed |

Identify whether the project includes the following activities:

2. Transportation assistance to program participants to attend mainstream benefit appointments, employee training, or jobs? Yes

3. Annual follow-up with program participants to ensure mainstream benefits are received and renewed? Yes

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

4a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months? No

4B. Housing Type and Location

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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: 4

Total Beds: 9

Total Dedicated CH Beds: 9

| Housing Type | Housing Type (JOINT) | Units | Beds |
|---------------------------------|----------------------|-------|------|
| Scattered-site apartments (...) | --- | 4 | 9 |

4B. Housing Type and Location Detail

Note: These fields should reflect full capacity on one night. For additional guidance, please refer to the Detailed Instructions.

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

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

a. Units: 4

b. Beds: 9

c. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 9

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

3. Address:

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

Street 1: 166 William St.

Street 2:

City: New Bedford

State: Massachusetts

ZIP Code: 02740

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

251614 New Bedford

5A. Program Participants - Households

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

Note: These fields should reflect full capacity on one night. For additional guidance, please refer to the Detailed Instructions

| | Households with at Least One Adult and One Child | Adult Households without Children | Households with Only Children | Total |
|-------------------------------------|---|--|--|-------|
| Number of Households | 2 | 2 | 0 | 4 |
| | | | | |
| 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 |
| Persons over age 24 | 3 | 2 | | 5 |
| Persons ages 18-24 | | 0 | | 0 |
| Accompanied Children under age 18 | 4 | | 0 | 4 |
| Unaccompanied Children under age 18 | | | 0 | 0 |
| Total Persons | 7 | 2 | 0 | 9 |

Click Save to automatically calculate totals

5B. Program Participants - Subpopulations

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

Note: These fields should reflect full capacity on one night. For additional guidance, please refer to the Detailed Instructions.

Persons in Households with at Least One Adult and One Child

| Characteristics | CH (Not Veterans) | CH Veterans | Veterans (Not CH) | Substance Use Disorders | HIV/AIDS | Mental Illness | Survivors | Physical Disability | Developmental Disability | Persons Not Represented by a Listed Subpopulation |
|-----------------------|-------------------|-------------|-------------------|-------------------------|----------|----------------|-----------|---------------------|--------------------------|---|
| Persons over age 24 | 3 | | | | | | | | | |
| Persons ages 18-24 | 0 | | | | | | | | | |
| Children under age 18 | 4 | | | | | | | | | |
| Total Persons | 7 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Click Save to automatically calculate totals

Persons in Households without Children

| Characteristics | CH (Not Veterans) | CH Veterans | Veterans (Not CH) | Substance Use Disorders | HIV/AIDS | Mental Illness | Survivors | Physical Disability | Developmental Disability | Persons Not Represented by a Listed Subpopulation |
|---------------------|-------------------|-------------|-------------------|-------------------------|----------|----------------|-----------|---------------------|--------------------------|---|
| Persons over age 24 | 2 | 0 | | | | | | | | |
| Persons ages 18-24 | 0 | 0 | | | | | | | | |
| Total Persons | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Click Save to automatically calculate totals

Persons in Households with Only Children

| Characteristics | CH (Not Veterans) | CH Veterans | Veterans (Not CH) | Substance Use Disorders | HIV/AIDS | Mental Illness | Survivors | Physical Disability | Developmental Disability | Persons Not Represented by a Listed Subpopulation |
|-----------------------------------|-------------------|-------------|-------------------|-------------------------|----------|----------------|-----------|---------------------|--------------------------|---|
| Accompanied Children under age 18 | | | | | | | | | | |

| | | | | | | | | | | |
|-------------------------------------|---|--|--|---|---|---|---|---|---|---|
| Unaccompanied Children under age 18 | | | | | | | | | | |
| Total Persons | 0 | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

6A. Funding Request

VAWA Budget

In FY2024, the Violence Against Women Act (VAWA) has clarified the use of CoC Program funds for VAWA eligible cost categories. These VAWA cost categories can be added to a new project application to create a CoC VAWA Budget Line Item (BLI) in e-snaps and eLOCCS. The BLI will be added to grant agreements and utilized the same as other CoC Program BLIs in e-snaps and eLOCCS. Eligible CoC VAWA costs can be identified in one or both of the following CoC VAWA categories. Examples of eligible costs in these cost categories are identified as follows:

- A. VAWA Emergency Transfer Facilitation. Examples of eligible costs include the costs of assessing, coordinating, approving, denying, and implementing a survivor's emergency transfer(s). Additional details of eligible costs include:
- Moving Costs. Assistance with reasonable moving costs to move survivors for an emergency transfer(s).
 - Travel Costs. Assistance with reasonable travel costs for survivors and their families to travel for an emergency transfer(s). This may include travel costs to locations outside of your CoC's geography.
 - Security Deposits. Grant funds can be used to pay for security deposits of the safe unit the survivor is transferring to via an emergency transfer(s).
 - Utilities. Grant funds can be used to pay for costs of establishing utility assistance in the safe unit the survivor is transferring to.
 - Housing Fees. Grant funds can be used to pay fees associated with getting survivors into a safe unit via emergency transfer(s), including but not limited to application fees, broker fees, holding fees, trash fees, pet fees where the person believes they need their pet to be safe, etc.
 - Case Management. Grant funds can be used to pay staff time necessary to assess, coordinate, and implement emergency transfer(s).
 - Housing Navigation. Grant funds can be used to pay staff time necessary to identify safe units and facilitate moves into housing for survivors through emergency transfer(s).
 - Technology to make an available unit safe. Grant funds can be used to pay for technology that the individual believes is needed to make the unit safe, including but not limited to doorbell cameras, security systems, phone, and internet service when necessary to support security systems for the unit, etc.
- B. VAWA Confidentiality Requirements. Examples of eligible costs for ensuring compliance with VAWA confidentiality requirements include:
- Monitoring and evaluating compliance.
 - Developing and implementing strategies for corrective actions and remedies to ensure compliance.
 - Program evaluation of confidentiality policies, practices, and procedures.
 - Training on compliance with VAWA confidentiality requirements.
 - Reporting to CoC Collaborative Applicant, HUD, and other interested parties on compliance with VAWA confidentiality requirements.
 - Costs for establishing methodology to protect survivor information.
 - Staff time associated with maintaining adherence to VAWA confidentiality requirements.

Enter the estimated amount(s) you are requesting for this project's Emergency Transfer Facilitation costs and VAWA Confidentiality Requirements costs for one or both of these eligible CoC VAWA cost categories. The CoC VAWA BLI Total amount can be expended for any eligible CoC VAWA cost identified above.

1. Will this project use funds from this grant to provide for emergency transfer facilitation, which includes the costs of assessing, coordinating, approving, denying and implementing a survivor's emergency transfer per Section III.B.4.a.(3) (a) of the NOFO? No

2. Will this project use funds from this grant to provide for VAWA confidentiality requirements, which includes the costs of ensuring compliance with the VAWA confidentiality requirements per Section III.B.4.a.(3) (b) of the NOFO? No

Rural Cost Budget

In FY2024, the CoC Program has added eligible rural cost budget categories to be added in a new CoC Rural Cost Budget Line Item (BLI). The BLI will be added to grant agreements and utilized the same as other CoC Program BLIs in e-snaps and eLOCCS. There are three CoC Program rural cost categories that can be requested for your CoC Rural Cost BLI.

- Short-term emergency lodging to include housing in motels or shelters, either by providing direct funding or through vouchers.
- Repairs to housing units in where individuals and families experiencing homelessness will be housed, including housing units.
- Staff Training to include professional development, skill development, and staff retention activities.

3. Will this project use funds from this grant to provide for short-term emergency lodging, repairs to housing units and staff training per Section III.B.4.b.(3) (a) of the NOFO? Yes

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

5. Renewal Grant Term: This field is pre-populated with a one-year grant term and cannot be edited: 1 Year

6. Select the costs for which funding is requested:

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

| | |
|---------------------|---|
| Supportive Services | X |
| Operating | X |
| HMIS | |
| VAWA | X |
| Rural | |

The VAWA BLI is permanently checked. This allows any project to shift funds up to a 10% shift from another BLI if VAWA emergency transfer costs are needed.

6B. Leased Units Budget

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

The following list summarizes the funds being requested for one or more units leased for operating the projects. To add information to the list, select the icon. To view or update information already listed, select the icon.

| | |
|------------------------------------|----------|
| Total Annual Assistance Requested: | \$65,122 |
| Grant Term: | 1 Year |
| Total Request for Grant Term: | \$65,122 |
| Total Units: | 4 |

The number of beds for which funding has been requested in the Leased Units budget is 9.

| FMR Area | Total Units Requested | Total Annual Budget Requested | Total Budget Requested |
|----------------------|-----------------------|-------------------------------|------------------------|
| MA - New Bedford,... | 4 | \$65,122 | \$65,122 |

Leased Units Budget Detail

Enter the appropriate values in the "Number of Units" AND "Total Request" fields.

Metropolitan or non-metropolitan fair market rent area:



MA - New Bedford, MA HUD Metro FMR Area (2500500520)

Leased Units Annual Budget

| Size of Units | # of Units (Applicant) | Total Request (Applicant) |
|---|------------------------|---------------------------|
| SRO | | |
| 0 Bedroom | | |
| 1 Bedroom | | |
| 2 Bedroom | 3 | |
| 3 Bedroom | 1 | |
| 4 Bedroom | | |
| 5 Bedroom | | |
| 6 Bedroom | | |
| 7 Bedroom | | |
| 8 Bedroom | | |
| 9 Bedroom | | |
| Total Units and Annual Assistance Requested | 4 | \$65,122 |
| Grant Term | | 1 Year |
| Total Request for Grant Term | | \$65,122 |

Click the 'Save' button to automatically calculate totals.

6D. Sources of Match

The following list summarizes the funds that will be used as Match for this project. To add a Match source to the list, select the  icon. To view or update a Match source already listed, select the  icon.

Summary for Match

| | |
|-------------------------------------|----------|
| Total Value of Cash Commitments: | \$0 |
| Total Value of In-Kind Commitments: | \$19,981 |
| Total Value of All Commitments: | \$19,981 |

1. Will this project generate program income described in 24 CFR 578.97 to use as Match for this project? 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.

| Type | Source | Contributor | Value of Commitments |
|---------|---------|----------------------|----------------------|
| In-Kind | Private | PACE, Inc, founda... | \$19,981 |

Sources of Match Detail

1. Type of Match Commitment: In-Kind

2. Source: Private

3. Name of Source: PACE, Inc, foundation grants, ESG funds
(Be as specific as possible and include the office or grant program as applicable)

4. Amount of Written Commitment: \$19,981

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.

6E. Summary Budget

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2018 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2018, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

| Eligible Costs (Light gray fields are available for entry of the previous grant agreement, GIW, approved GIW Change Form, or reduced by reallocation) | Applicant CoC Program Costs Requested (1 Year Term) |
|--|--|
| 1a. Leased Units (Screen 6B) | \$65,122 |
| 1b. Leased Structures (Enter) | \$0 |
| 2. Rental Assistance (Screen 6C) | \$0 |
| 3. Supportive Services (Enter) | \$54,614 |
| 4. Operating (Enter) | \$13,050 |
| 5. HMIS (Enter) | \$0 |
| 6. VAWA (Enter) | \$0 |
| 7. Rural (Enter) (Only for HUD CoC Program approved rural areas) | \$0 |
| 8. Sub-total of CoC Program Costs Requested | \$132,786 |
| 9. Admin (Up to 10% of Sub-total in #8) | \$12,259 |
| 10. HUD funded Sub-total + Admin. Requested | \$145,045 |
| 11. Cash Match (From Screen 6D) | \$0 |
| 12. In-Kind Match (From Screen 6D) | \$19,981 |
| 13. Total Match (From Screen 6D) | \$19,981 |
| 14. Total Project Budget for this grant, including Match | \$165,026 |

7A. Attachment(s)

| Document Type | Required? | Document Description | Date Attached |
|---|-----------|----------------------|---------------|
| 1) Subrecipient Nonprofit Documentation | No | | |
| 2) Other Attachment | No | | |
| 3) Other Attachment | No | | |

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

7A. In-Kind Match MOU Attachment

| Document Type | Required? | Document Description | Date Attached |
|-------------------|-----------|----------------------|---------------|
| In-Kind Match MOU | No | | |

Attachment Details

Document Description:

7B. Certification

**Applicant and Recipient Assurances and Certifications - form HUD-424B (Title)
U.S. Department of Housing and Urban Development OMB Approval No.
2501-0017
(expires 01/31/2026)**

As part of your application for HUD funding, you, as the official authorized to sign on behalf of your organization or as an individual must provide the following assurances and certifications. The Responsible Civil Rights Official has specified this form for use for purposes of general compliance with 24 CFR §§ 1.5, 3.115, 8.50, and 146.25, as applicable. The Responsible Civil Rights Official may require specific civil rights assurances to be furnished consistent with those authorities and will specify the form on which such assurances must be made. A failure to furnish or comply with the civil rights assurances contained in this form may result in the procedures to effect compliance at 24 CFR §§ 1.8, 3.115, 8.57, or 146.39. By submitting this form, you are stating that to the best of your knowledge and belief, all assertions are true and correct.

1. Has the legal authority to apply for Federal assistance, has the institutional, managerial and financial capability (including funds to pay the non-Federal share of program costs) to plan, manage and complete the program as described in the application and the governing body has duly authorized the submission of the application, including these assurances and certifications, and authorized me as the official representative of the application to act in connection with the application and to provide any additional information as may be required.

2. Will administer the grant in compliance with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and implementing regulations (24 CFR part 1), which provide that no person in the United States shall, on the grounds of race, color or national origin, be excluded from participation in, be denied the benefits of, or otherwise be subject to discrimination under any program or activity that receives Federal financial assistance OR if the applicant is a Federally recognized Indian tribe or its tribally designated housing entity, is subject to the Indian Civil Rights Act (25 U.S.C. 1301-1303).

3. Will administer the grant in compliance with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and implementing regulations at 24 CFR part 8, the American Disabilities Act (42 U.S.C. §§ 12101 et seq.), and implementing regulations at 28 CFR part 35 or 36, as applicable, and the Age Discrimination Act of 1975 (42 U.S.C. 6101-07) as amended, and implementing regulations at 24 CFR part 146 which together provide that no person in the United States shall, on the grounds of disability or age, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity that receives Federal financial assistance; except if the grant program authorizes or limits participation to designated populations, then the applicant will comply with the nondiscrimination requirements within the designated population.

4. Will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and the implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion sex (including gender identity and sexual orientation), disability, familial status, or national origin and will affirmatively further fair housing; except an applicant which is an Indian tribe or its instrumentality which is excluded by statute from coverage does not make this certification; and further except if the grant program authorizes or limits participation to designated populations, then the applicant will comply with the nondiscrimination requirements within the designated population.

5. Will comply with all applicable Federal nondiscrimination requirements, including those listed at 24 CFR §§ 5.105(a) and 5.106 as applicable.

6. Will comply with the acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended (42 U.S.C. 4601) and implementing regulations at 49 CFR part 24 and, as applicable, Section 104(d) of the Housing and Community Development Act of 1974 (42 U.S.C. 5304(d)) and implementing regulations at 24 CFR part 42, subpart A.

7. Will comply with the environmental requirements of the National Environmental Policy Act (42 U.S.C. 4321 et seq.) and related Federal authorities prior to the commitment or expenditure of funds for property.

8. That no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, and officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all subawards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly. Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage by the Byrd Amendment, but State-recognized Indian tribes and TDHs established under State law are not excluded from the statute's coverage.

Name of Authorized Certifying Official: Jennifer Clarke

Date: 10/18/2024

Title: Deputy Director

Applicant Organization: City of New Bedford

PHA Number (For PHA Applicants Only):

I/We, the undersigned, certify under penalty of perjury that the information provided above is true and correct. **WARNING:** Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§287, 1001, 1010, 1012, 1014; 31 U.S.C. §3729, 3802).

X

8B Submission Summary

| Page | Last Updated |
|-----------------------------|--------------|
| 1A. SF-424 Application Type | 09/20/2024 |
| 1B. SF-424 Legal Applicant | 09/20/2024 |

| | | |
|------------------------------------|---------|------------|
| Renewal Project Application FY2024 | Page 55 | 10/18/2024 |
|------------------------------------|---------|------------|

| | |
|---|-------------------|
| 1C. SF-424 Application Details | No Input Required |
| 1D. SF-424 Congressional District(s) | 09/20/2024 |
| 1E. SF-424 Compliance | 09/20/2024 |
| 1F. SF-424 Declaration | 09/20/2024 |
| 1G. HUD 2880 | 09/20/2024 |
| 1H. HUD-50070 | 09/20/2024 |
| 1I. Cert. Lobbying | 09/20/2024 |
| 1J. SF-LLL | 09/20/2024 |
| IK. SF-424B | 09/20/2024 |
| Submission Without Changes | 10/08/2024 |
| Recipient Performance | 09/23/2024 |
| Renewal Grant Consolidation or Renewal Grant Expansion | 09/23/2024 |
| 2A. Subrecipients | 10/08/2024 |
| 3A. Project Detail | 09/23/2024 |
| 3B. Description | 10/18/2024 |
| 3C. Dedicated Plus | 09/20/2024 |
| 4A. Services | 09/20/2024 |
| 4B. Housing Type | 09/20/2024 |
| 5A. Households | 09/20/2024 |
| 5B. Subpopulations | No Input Required |
| 6A. Funding Request | 09/25/2024 |
| 6B. Leased Units | 09/20/2024 |
| 6D. Match | 10/08/2024 |
| 6E. Summary Budget | No Input Required |
| 7A. Attachment(s) | No Input Required |
| 7A. In-Kind Match MOU Attachment | No Input Required |
| 7B. Certification | 10/18/2024 |

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.gov at https://www.hud.gov/program_offices/comm_planning/coc.
- Questions regarding the FY 2024 CoC Program Competition process must be submitted to CoCNOFO@hud.gov.
- Questions related to e-snaps functionality (e.g., password lockout, access to user's application account, updating Applicant Profile) must be submitted to e-snaps@hud.gov.
- Project applicants are required to have a Unique Entity Identifier (UEI) 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) 2024 Continuum of Care (CoC) Program Competition. For more information see FY 2024 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2024 CoC Program NOFO and the FY 2024 General Section NOFO.
- Detailed instructions and e-snaps navigation guides can be found on the hud.gov website https://www.hud.gov/program_offices/comm_planning/coc/competition. The Detailed Instructions contain more comprehensive instructions and so should be used in tandem with the navigational guides.
- New projects may only be submitted as either Reallocated, Bonus Projects, Reallocated + Bonus, DV Bonus or DV Reallocation. 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. Please review the NOFO for eligibility standards.
- YHDP projects that are eligible for renewal under the CoC program may only use the YHDP Renewal or YHDP Replacement and Reallocation funding opportunities. Please review the NOFO for eligibility standards.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- 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 2024 CoC Program Competition NOFO.

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: 10/18/2024

4. Applicant Identifier:

a. Federal Entity Identifier:

5. Federal Award Identifier:

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

- a. Legal Name:** City of New Bedford
- b. Employer/Taxpayer Identification Number (EIN/TIN):** 04-6001402
- c. Unique Entity Identifier:** MUQVPRRNQM94

d. Address

Street 1: 608 Pleasant Street

Street 2:

City: New Bedford

County:

State: Massachusetts

Country: United States

Zip / Postal Code: 02740

e. Organizational Unit (optional)

Department Name: Office of Housing and Community Development

Division Name:

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

Prefix: Ms.

First Name: Jennifer

Middle Name:

Last Name: Clarke

Suffix:

Title: Deputy Director

Organizational Affiliation: City of New Bedford

Telephone Number: (508) 979-1500

Extension:

Applicant: City of New Bedford HMIS Project

075719187

Project: Step Up Rapid Rehousing

222850

Fax Number: (508) 979-1575

Email: Jennifer.Clarke@newbedford-ma.gov

1C. SF-424 Application Details

9. Type of Applicant: C. City or Township 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-6800-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): Massachusetts
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: Step Up Rapid Rehousing

16. Congressional District(s):

16a. Applicant: MA-004, MA-008, MA-009

16b. Project: MA-004, MA-008, MA-009
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 10/01/2025

b. End Date: 09/30/2026

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: Jennifer

Middle Name:

Last Name: Clarke

Suffix:

Title: Deputy Director

Telephone Number: (508) 979-1500
(Format: 123-456-7890)

Fax Number: (508) 979-1575
(Format: 123-456-7890)

Email: Jennifer.Clarke@newbedford-ma.gov

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

Date Signed: 10/18/2024

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Number: 2501-0017 Expiration Date: 01/31/2026

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: City of New Bedford

Prefix: Ms.

First Name: Jennifer

Middle Name:

Last Name: Clarke

Suffix:

Title: Deputy Director

Organizational Affiliation: City of New Bedford

Telephone Number: (508) 979-1500

Extension:

Email: Jennifer.Clarke@newbedford-ma.gov

City: New Bedford

County:

State: Massachusetts

Country: United States

Zip/Postal Code: 02740

2. Employer ID Number (EIN): 04-6001402

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$96,000.00

(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 |
|--|--------------------|-----------------------------|----------------------------|
| N/A | N/A | \$0.00 | \$0.00 |
| | | | |
| | | | |
| | | | |
| | | | |

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

Part III Interested Parties

Do you need to disclose interested parties for this grant according to the criteria below? No

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 non-disclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I/We, the undersigned, certify under penalty of perjury that the information provided above is true, correct, and accurate. Warning: If you knowingly make a false statement on this form, you may be subject to criminal and/or civil 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.

☒

Name / Title of Authorized Official: Jennifer Clarke, Deputy Director

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

Date Signed: 10/18/2024

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: City of New Bedford
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 certify that the information provided on this form and in any accompanying documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

☒

WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 1001, 1010, 1012; 31 U.S.C. §3729, 3802)

Authorized Representative

Prefix: Ms.

First Name: Jennifer

Middle Name

Last Name: Clarke

Suffix:

Title: Deputy Director

Telephone Number: (508) 979-1500
(Format: 123-456-7890)

Fax Number: (508) 979-1575
(Format: 123-456-7890)

Email: Jennifer.Clarke@newbedford-ma.gov

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

Date Signed: 10/18/2024

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: City of New Bedford

Name / Title of Authorized Official: Jennifer Clarke, Deputy Director

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

Date Signed: 10/18/2024

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES Complete this form to disclose
lobbying activities pursuant to 31 U.S.C. 1352
Approved by OMB: 4040-0013 (exp. 02/28/2025)

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: City of New Bedford

Street 1: 608 Pleasant Street

Street 2:

City: New Bedford

County:

State: Massachusetts

Country: United States

Zip / Postal Code: 02740

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: Jennifer

Middle Name:

Last Name: Clarke

Suffix:

Title: Deputy Director

Telephone Number: (508) 979-1500
(Format: 123-456-7890)

Fax Number: (508) 979-1575
(Format: 123-456-7890)

Email: Jennifer.Clarke@newbedford-ma.gov

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

Date Signed: 10/18/2024

IK. SF-424B

(SF-424B) ASSURANCES - NON-CONSTRUCTION PROGRAMS

OMB Number: 4040-0007
Expiration Date: 02/28/2025

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

- | | |
|----|---|
| 1. | Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application. |
| 2. | Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives. |
| 3. | Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain. |
| 4. | Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency. |
| 5. | Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F). |
| 6. | Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism, (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application. |
| 7. | Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases. |
| 8. | Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds. |

| | |
|-----|--|
| 9. | Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327~333), regarding labor standards for federally-assisted construction subagreements. |
| 10. | Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more. |
| 11. | Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205). |
| 12. | Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system. |
| 13. | Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.). |
| 14. | Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance. |
| 15. | Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance. |
| 16. | Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures. |
| 17. | Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations." |
| 18. | Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program. |
| 19. | Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award. |

As the duly authorized representative of the applicant, I certify: ☒

Authorized Representative for: City of New Bedford

Prefix: Ms.

First Name: Jennifer

Middle Name:

Last Name: Clarke

Suffix:

Title: Deputy Director

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

Date Signed: 10/18/2024

1L. SF-424D

Are you requesting CoC Program funds for No
construction costs in this application?

No SF-424D is required. Select "Save and Next" to move to the next screen.

2A. Project Subrecipients

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

Total Expected Sub-Awards: \$96,000

| Organization | Type | Sub-Award Amount |
|--|------------------------------------|------------------|
| Positive Action Against Chemical Addiction, Inc. | M. Nonprofit with 501C3 IRS Status | \$96,000 |

2A. Project Subrecipients Detail

a. Organization Name: Positive Action Against Chemical Addiction, Inc.

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

c. Employer or Tax Identification Number: 04-2791362

d. Unique Entity Identifier: VS45N4FMZ4X5

e. Physical Address

Street 1: 360 Coggeshall Street

Street 2:

City: New Bedford

State: Massachusetts

Zip Code: 02746

f. Congressional District(s): MA-005, MA-008, MA-009
(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: \$96,000

j. Contact Person

Prefix: Mr.

First Name: Carl

Middle Name: J

Last Name: Alves

Suffix:

Title: Chief Executive Officer

E-mail Address: calves@paaca.org

Confirm E-mail Address: calves@paaca.org

Phone Number: 508-997-9051

Extension:

Fax Number: 508-991-6233

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

1. Describe your organization's (and subrecipient(s) if applicable) experience in effectively utilizing Federal funds and performing the activities proposed in the application.

Positive Action Against Chemical Addiction, Incorporated (P.A.A.C.A.) is a non-profit community center providing quality services to Greater New Bedford residents since 1983. The agency offers people (and their families) struggling with Substance Use Disorder, and mental and physical disabilities a broad range of counseling, education, intervention, prevention, advocacy, outreach and referral services, supportive services, and meeting sites for our clients and the community's social and psychological needs. Services are available to individuals from all ethnic and religious backgrounds and provided without regard to income. As such many of these services have been supported through the use of federal funds.

As a result of the above challenges, the majority of PAACA clients are in need of safe, affordable housing. As the city's "MASH" unit in the war on drugs, PAACA serves as the entry point or triage center for many people entering the housing Continuum of Care. Since 1999 PAACA has successfully utilized HUD funds in the operation of its PSH Step-Up housing program to serve chronically homeless individuals and families with disabilities. The current Step Up Permanent Supportive Housing program has a total of fifteen (15) housing units with thirty-five (35) beds located at scattered sites within the New Bedford CoC. We will use the existing Step Up program as a model to create our new Rapid Rehousing program. This new pilot RRH program will only consist of 5 units. Participants will be housed for up to 24 months. At the end of this period, each participant will assume the lease. If needed, participants can still receive limited case management in order to ensure successful tenancy.

2. Describe your organization's (and subrecipient(s) if applicable) experience in leveraging Federal, State, local and private sector funds.

In serving the community for over forty years, PAACA has built relationships with dozens of federal, state, local, and private sector partners who provide in-kind and financial support. PAACA has long held Federal, State, Local, and Private grants for 25+ years. Some of the fund sources include: Housing and Urban Development, the Department of Justice, the Department of Labor, Health and Human Services, the State Executive Office of Public Safety, the Bureau of Substance Addiction, and the Cities of New Bedford and Fall River.

3. Describe your organization's (and subrecipient(s) if applicable) financial management structure.

PAACA operates based on a formal budget presented to the Board of Directors during the June Meeting and adopted for the following fiscal year (1 July – 30 June).

Annual Audits are performed in conformity with United States generally accepted accounting principles as well as with OMB Circular A-133. The board has a Treasurer who has extensive experience with the PAACA operation and audit process. An internal CPA assists and provides oversight to the fiscal management team with daily tasks (A/R, A/P, Banking, Insurance, and other financial matters.) There are two staff who provide day-to-day duties under the supervision of the Internal CPA and Executive Director. PAACA contracts with an external CPA firm to perform an outside audit.

**4. Are there any unresolved HUD monitoring or No
OIG audit findings for any HUD grants (including
ESG) under your organization?**

3A. Project Detail

1. CoC Number and Name: MA-505 - New Bedford/Attleboro/Taunton/Bristol County

2. CoC Collaborative Applicant Name: City of New Bedford

3. Project Name: Step Up Rapid Rehousing

4. Project Status: Standard

5. Component Type: PH

5a. Select the type of PH project: RRH

6. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3? No

7. Is this new project application requesting to transition from eligible renewal project(s) that was awarded to the same recipient and fully eliminated through reallocation in this CoC Program Competition? (Attachment Requirement) No

8. Will funds requested in this new project application replace state or local government funds (24 CFR 578.87(a))? No

10. Is this project applying for Rural costs on screen 6A? No

3B. Project Description

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

The Step Up RRH program consists of five (5) housing units with five (5) beds located at scattered sites within the MA-505 CoC. The program serves individuals experiencing homelessness in New Bedford. The goal of the program is to serve a total of 5 households or 5 persons over the course of the program year. Participants will be housed for no longer than 24 months.

To qualify for this project, all participants must meet the HUD definition of homelessness and imminently losing their primary night-time residence. Further, all participants are required to use, and the Step-Up project shall receive all its referrals from, the CoC's Coordinated Entry System. Step-Up will prioritize those individuals who are homeless with a substance use disorder, serious mental health issues or co-occurring issues in addition to meeting the eligibility standards of homelessness. Those eligible for this project meeting homelessness may also be veterans, unaccompanied youth and/or have experienced or be fleeing from domestic violence, stalking, and other forms of predation as consistent with HUD's definition of homelessness.

Step-Up will use a Housing First Model of service delivery (i.e. low barrier /low threshold system) that focuses first on stabilizing individuals and families in housing. Once participants are stabilized and their basic needs for shelter have been eliminated, program participants may choose to participate in receiving support, resources and/or case management.

PAACA case managers will work with each program participant/family to develop an Individual Service Plan (ISP) to maximize housing stability, increase income/access to mainstream resources, and to help them achieve greater self-determination based on the unique needs and choice of each program participant or family member. Case managers will provide referrals and options for mainstream resources that will help them maintain stability in their housing. In addition to mainstream resources, PAACA will offer assistance to all program participants interested in applying for subsidized housing such as Section 8/vouchers that would allow them to move on to more permanent housing.

Continuum of Care (CoC) funds will be used for the following eligible costs: Rental Assistance, Supportive Services and Administration. See the Project Budget for additional details.

2. For each primary project location, or structure, enter the number of days from the execution of the grant agreement that each of the following milestones will occur if this project is selected for conditional award.

| 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 |
| Begin hiring staff or expending funds | 1 | | | |
| Begin program participant enrollment | 30 | | | |
| Program participants occupy leased or rental assistance units or structure(s), or supportive services begin | 30 | | | |
| Leased or rental assistance units or structure, and supportive services near 100% capacity | 60 | | | |
| Closing on purchase of land, structure(s), or execution of structure lease | 0 | | | |
| Start rehabilitation | 0 | | | |
| Complete rehabilitation | 0 | | | |
| Start new construction | 0 | | | |
| Complete new construction | 0 | | | |

3. Check the appropriate box(s) if this project will have a specific subpopulation focus.

(Select ALL that apply)

| | | | |
|---|--------------------------|-----------------------------------|-------------------------------------|
| N/A - Project Serves All Subpopulations | <input type="checkbox"/> | Survivors | <input type="checkbox"/> |
| Veterans | <input type="checkbox"/> | Substance Use Disorders | <input checked="" type="checkbox"/> |
| Youth (under 25) | <input type="checkbox"/> | Mental Illness | <input checked="" type="checkbox"/> |
| Families | <input type="checkbox"/> | HIV/AIDS | <input checked="" type="checkbox"/> |
| | | Chronic Homeless | <input checked="" type="checkbox"/> |
| | | Other (Click 'Save' to update) | <input type="checkbox"/> |

4. Will your project participate in the CoC's Coordinated Entry (CE) process or recipient organization is a victim service provider, as defined in 24 CFR 578.3 and uses an alternate CE process that meets HUD's minimum requirements?

Yes

5. Housing First

5a. Will the project quickly move participants into permanent housing?

Yes

**5b. Will the project enroll program participants who have the following barriers?
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"/> |

5c. Will the project prevent program participant termination 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"/> |

5d. Will the project follow a "Housing First" approach? Yes
(Click 'Save' to update)

6 Will program participants be required to live in a specific structure, unit, or locality at any time while in the program? No

7. Will more than 16 persons live in a single structure? No

3C. Project Expansion Information

1. Is this a “Project Expansion” of an eligible No
renewal project?

4A. Supportive Services for Participants

1. Describe how program participants will be assisted to obtain and remain in permanent housing.

Note: If applying for DV Bonus or DV Reallocation, you must describe how the project will include trauma-informed, victim-centered approaches in their strategies to assist participants to obtain or remain in permanent housing.

PAACA reviews all program applicant cases for participation in mainstream resources. Case management activities prioritize enrollment and remove barriers to applications for programs such as Medicaid, MassHealth, SSI and SSDI, Food Stamps, school enrollment for children, and other related federal and state benefits as part of onboarding all new participants/clients. PAACA also leverages practical support for Clients, such as the necessary furniture, food, and clothing resources. Once PAACA has assisted in meeting a client's basic needs, PAACA pursues other resources such as workforce development and educational resources. All clients apply for federal housing programs as well.

2. Describe the specific plan to coordinate and integrate with other mainstream health, social services, and employment programs for which program participants may be eligible.

The project has longstanding relationships (over ten years) with Southcoast Health which operates St. Lukes Hospital and satellite offices in New Bedford and New Bedford Community Health Center. Likewise, the project has worked with High Point Treatment Center for over ten years, specializing in in-patient and outpatient Substance Use Disorder and Mental Health Treatment. The project Supportive Services has experience obtaining medical insurance (both MassHealth and private insurance through the MassHealth Connector website). The project also has experience in obtaining Medicare where applicable. PAACA also has a close working relationship with AllCare, which provides primary care resources, mental health, and substance use disorder treatment options.

3. For all supportive services available to program 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 | | Applicant | Weekly |
| Assistance with Moving Costs | | Applicant | As needed |
| Case Management | | Applicant | Weekly |
| Child Care | | Applicant | As needed |

| |
|--|
| Education Services |
| Employment Assistance and Job Training |
| Food |
| Housing Search and Counseling Services |
| Legal Services |
| Life Skills Training |
| Mental Health Services |
| Outpatient Health Services |
| Outreach Services |
| Substance Abuse Treatment Services |
| Transportation |
| Utility Deposits |

| | |
|-----------|-----------|
| Applicant | As needed |
| Applicant | Weekly |
| Applicant | As needed |
| Applicant | Weekly |
| Applicant | As needed |
| Applicant | Weekly |
| Partner | As needed |
| Partner | As needed |
| Applicant | As needed |
| Partner | As needed |
| Applicant | As needed |
| Partner | As needed |

Identify whether the project will include the following activities:

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

5. Annual follow-ups with program participants to ensure mainstream benefits are received and renewed? Yes

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

6a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. No

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: 5

Total Beds: 5

| Housing Type | Housing Type (JOINT) | Units | Beds | Dedicated CH Beds |
|---------------------------------|----------------------|-------|------|-------------------|
| Scattered-site apartments (...) | --- | 5 | 5 | 0 |

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 program participants at the selected housing site.

a. Units: 5

b. Beds: 5

3. Address:

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

Street 1: 88 Ruth Street

Street 2:

City: New Bedford

State: Massachusetts

ZIP Code: 02744

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

251614 New Bedford

5A. Project Participants - Households

Note: These fields should reflect full capacity on one night. For additional guidance, please refer to the Detailed Instructions.

Households Table

| | Households with at Least One Adult and One Child | Adult Households without Children | Households with Only Children | Total |
|-------------------------------------|---|--|--|-------|
| Number of Households | | 5 | | 5 |
| | | | | |
| 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 |
| Persons over age 24 | | 5 | | 5 |
| Persons ages 18-24 | | | | 0 |
| Accompanied Children under age 18 | | | | 0 |
| Unaccompanied Children under age 18 | | | | 0 |
| Total Persons | 0 | 5 | 0 | 5 |

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

Note: These fields should reflect full capacity on one night. For additional guidance, please refer to the Detailed Instructions.

Persons in Households with at Least One Adult and One Child

| Characteristics | CH (Not Veterans) | CH Veterans | Veterans (Not CH) | Substance Use Disorders | HIV/AIDS | Mental Illness | Survivors | Physical Disability | Developmental Disability | Persons Not Represented by a Listed Subpopulation |
|-----------------------|-------------------|-------------|-------------------|-------------------------|----------|----------------|-----------|---------------------|--------------------------|---|
| Persons over age 24 | | | | | | | | | | |
| Persons 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 | CH (Not Veterans) | CH Veterans | Veterans (Not CH) | Substance Use Disorders | HIV/AIDS | Mental Illness | Survivors | Physical Disability | Developmental Disability | Persons Not Represented by a Listed Subpopulation |
|---------------------|-------------------|-------------|-------------------|-------------------------|----------|----------------|-----------|---------------------|--------------------------|---|
| Persons over age 24 | 5 | | | 5 | | 5 | | | | |
| Persons ages 18-24 | | | | | | | | | | |
| Total Persons | 5 | 0 | 0 | 5 | 0 | 5 | 0 | 0 | 0 | 0 |

Click Save to automatically calculate totals

Persons in Households with Only Children

| Characteristics | CH (Not Veterans) | CH Veterans | Veterans (Not CH) | Substance Use Disorders | HIV/AIDS | Mental Illness | Survivors | Physical Disability | Developmental Disability | Persons Not Represented by a Listed Subpopulation |
|-------------------------------------|-------------------|-------------|-------------------|-------------------------|----------|----------------|-----------|---------------------|--------------------------|---|
| Accompanied Children under age 18 | | | | | | | | | | |
| Unaccompanied Children under age 18 | | | | | | | | | | |
| Total Persons | 0 | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Data on this screen should be based on Maximum Occupancy at a single point in time. It should not be based on the estimated amount of participants that will be served throughout the grant term.

6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 15, 2026? Yes

2. What type of CoC funding is this project applying for in this CoC Program Competition? CoC Bonus

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 requested:

| | |
|---------------------|-------------------------------------|
| Rental Assistance | <input checked="" type="checkbox"/> |
| Supportive Services | <input checked="" type="checkbox"/> |
| HMIS | <input type="checkbox"/> |
| VAWA | <input checked="" type="checkbox"/> |
| Rural | <input type="checkbox"/> |

The VAWA BLI is permanently checked. This allows any project to shift funds up to a 10% shift from another BLI if VAWA emergency transfer costs are needed.

6. If conditionally awarded, is this project requesting an initial grant term greater than 12 months? No
(13 to 18 months)

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 Annual Assistance Request: | \$63,060 |
| Grant Term: | 1 Year |
| Total Request for Grant Term: | \$63,060 |
| Total Units: | 5 |

The number of beds for which funding has been requested in the Rental Assistance budget is 5.

| Type of Rental Assistance | FMR Area | Total Units Requested | Total Request |
|---------------------------|--|-----------------------|---------------|
| TRA | MA - New Bedford, MA HUD Metro FMR Ar... | 5 | \$63,060 |

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 2023 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 2023 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: MA - New Bedford, MA HUD Metro FMR Area (2500500520)

| Size of Units | # of Units (Applicant) | | FMR Area (Applicant) | | 12 Months | | | Total Request (Applicant) |
|---------------|------------------------|---|----------------------|---|-----------|--|---|---------------------------|
| SRO | | x | \$668 | x | 12 | | = | \$0 |
| 0 Bedroom | | x | \$890 | x | 12 | | = | \$0 |
| 1 Bedroom | 5 | x | \$1,051 | x | 12 | | = | \$63,060 |

| | | |
|--------------------------------|---------|------------|
| New Project Application FY2024 | Page 41 | 10/18/2024 |
|--------------------------------|---------|------------|

| | | | | | | | |
|---|---|---|---------|---|----|---|----------|
| 2 Bedrooms | 0 | x | \$1,282 | x | 12 | = | \$0 |
| 3 Bedrooms | | x | \$1,560 | x | 12 | = | \$0 |
| 4 Bedrooms | | x | \$1,722 | x | 12 | = | \$0 |
| 5 Bedrooms | | x | \$1,980 | x | 12 | = | \$0 |
| 6 Bedrooms | | x | \$2,239 | x | 12 | = | \$0 |
| 7 Bedrooms | | x | \$2,497 | x | 12 | = | \$0 |
| 8 Bedrooms | | x | \$2,755 | x | 12 | = | \$0 |
| 9 Bedrooms | | x | \$3,014 | x | 12 | = | \$0 |
| Total Units and Annual Assistance Requested | 5 | | | | | | \$63,060 |
| Grant Term | | | | | | | 1 Year |
| Total Request for Grant Term | | | | | | | \$63,060 |

Click the 'Save' button to automatically calculate totals.

6F. Supportive Services Budget

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 | 1 Case manager at .4 FTE | \$24,220 |
| 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 | | \$24,220 |
| Grant Term | | 1 Year |
| Total Request for Grant Term | | \$24,220 |

Click the 'Save' button to automatically calculate totals.

VAWA Budget

VAWA Budget

In FY2024, the Violence Against Women Act (VAWA) has clarified the use of CoC Program funds for VAWA eligible cost categories. These VAWA cost categories can be added to a new project application to create a CoC VAWA Budget Line Item (BLI) in e-snaps and eLOCCS. The BLI will be added to grant agreements and utilized the same as other CoC Program BLIs in e-snaps and eLOCCS. Eligible CoC VAWA costs can be identified in one or both of the following CoC VAWA categories. Examples of eligible costs in these cost categories are identified as follows:

A. VAWA Emergency Transfer Facilitation. Examples of eligible costs include the costs of assessing, coordinating, approving, denying, and implementing a survivor's emergency transfer(s). Additional details of eligible costs include:

- Moving Costs. Assistance with reasonable moving costs to move survivors for an emergency transfer(s).
- Travel Costs. Assistance with reasonable travel costs for survivors and their families to travel for an emergency transfer(s). This may include travel costs to locations outside of your CoC's geography.
- Security Deposits. Grant funds can be used to pay for security deposits of the safe unit the survivor is transferring to via an emergency transfer(s).
- Utilities. Grant funds can be used to pay for costs of establishing utility assistance in the safe unit the survivor is transferring to.
- Housing Fees. Grant funds can be used to pay fees associated with getting survivors into a safe unit via emergency transfer(s), including but not limited to application fees, broker fees, holding fees, trash fees, pet fees where the person believes they need their pet to be safe, etc.
- Case Management. Grant funds can be used to pay staff time necessary to assess, coordinate, and implement emergency transfer(s).
- Housing Navigation. Grant funds can be used to pay staff time necessary to identify safe units and facilitate moves into housing for survivors through emergency transfer(s).
- Technology to make an available unit safe. Grant funds can be used to pay for technology that the individual believes is needed to make the unit safe, including but not limited to doorbell cameras, security systems, phone, and internet service when necessary to support security systems for the unit, etc.

B. VAWA Confidentiality Requirements. Examples of eligible costs for ensuring compliance with VAWA confidentiality requirements include:

- Monitoring and evaluating compliance.
- Developing and implementing strategies for corrective actions and remedies to ensure compliance.
- Program evaluation of confidentiality policies, practices, and procedures.
- Training on compliance with VAWA confidentiality requirements.
- Reporting to CoC Collaborative Applicant, HUD, and other interested parties on compliance with VAWA confidentiality requirements.
- Costs for establishing methodology to protect survivor information.
- Staff time associated with maintaining adherence to VAWA confidentiality requirements.

Enter the estimated amount(s) you are requesting for this project's Emergency Transfer Facilitation costs and VAWA Confidentiality Requirements costs for one or both of these eligible CoC VAWA cost categories. The CoC VAWA BLI Total amount can be expended for any eligible CoC VAWA cost identified above.

| Eligible Costs | Annual Assistance Requested |
|---|-----------------------------|
| Estimated budget amount for VAWA Emergency Transfer Facilitation: | \$0 |
| Estimated budget amount for VAWA Confidentiality Requirements: | \$0 |

Applicant: City of New Bedford HMIS Project

075719187



Project: Step Up Rapid Rehousing

222850

| | |
|------------------------------|--------|
| CoC VAWA BLI Total: | \$0 |
| Grant Term | 1 Year |
| Total Request for Grant Term | \$0 |

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 this project. To add a Match source to the list, select the  icon. To view or update a Match source already listed, select the  icon.

Summary for Match

| | |
|--------------------------------------|----------|
| Total Amount of Cash Commitments: | \$0 |
| Total Amount of In-Kind Commitments: | \$24,000 |
| Total Amount of All Commitments: | \$24,000 |

1. Will this project generate program income described in 24 CFR 578.97 to use as Match for this project? 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.

| Type | Source | Name of Source | Amount of Commitments |
|---------|---------|----------------|-----------------------|
| In-Kind | Private | PAACA | \$24,000 |

Sources of Match Detail

1. Type of Match commitment: In-Kind

2. Source: Private

3. Name of Source: PAACA

(Be as specific as possible and include the office
or grant program as applicable)

4. Amount of Written Commitment: \$24,000

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 (Light gray fields are available for entry of the previous grant agreement, GIW, approved GIW Change Form, or reduced by reallocation) | Annual Assistance Requested (Applicant) | Grant Term (Applicant) | Applicant CoC Program Costs Requested |
|--|---|---------------------------|---|
| 1a. Acquisition (Screen 6B) | | | \$0 |
| 1b. Rehabilitation (Screen 6B) | | | \$0 |
| 1c. New Construction (Screen 6B) | | | \$0 |
| 2a. Leased Units (Screen 6C) | \$0 | 1 Year | \$0 |
| 2b. Leased Structures (Screen 6D) | \$0 | 1 Year | \$0 |
| 3. Rental Assistance (Screen 6E) | \$63,060 | 1 Year | \$63,060 |
| 4. Supportive Services (Screen 6F) | \$24,220 | 1 Year | \$24,220 |
| 5. Operating (Screen 6G) | \$0 | 1 Year | \$0 |
| 6. HMIS (Screen 6H) | \$0 | 1 Year | \$0 |
| 7. VAWA | \$0 | 1 Year | \$0 |
| 8. Rural (Only for HUD CoC Program approved rural areas) | \$0 | 1 Year | \$0 |
| 9. Sub-total of CoC Program Costs Requested | | | \$87,280 |
| 10. Admin (Up to 10% of Sub-total in #9) | | | \$8,720 |
| 11. HUD funded Sub-total + Admin. Requested | | | \$96,000 |
| 12. Cash Match (From Screen 6I) | | | \$0 |
| 13. In-Kind Match (From Screen 6I) | | | \$24,000 |
| 14. Total Match (From Screen 6I) | | | \$24,000 |
| 15. Total Project Budget for this grant, including Match | | | \$120,000 |

Click the 'Save' button to automatically calculate totals.

7A. Attachment(s)

| Document Type | Required? | Document Description | Date Attached |
|---|-----------|----------------------|---------------|
| 1) Subrecipient Nonprofit Documentation | No | | |
| 2) Other Attachment(s) | No | | |
| 3) Other Attachment(s) | No | | |

Attachment Details

Document Description:

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 | | |

Attachment Details

Document Description:

7D. Certification

**Applicant and Recipient Assurances and Certifications - form HUD-424B (Title)
U.S. Department of Housing and Urban Development OMB Approval No.
2501-0017
(expires 01/31/2026)**

As part of your application for HUD funding, you, as the official authorized to sign on behalf of your organization or as an individual must provide the following assurances and certifications. The Responsible Civil Rights Official has specified this form for use for purposes of general compliance with 24 CFR §§ 1.5, 3.115, 8.50, and 146.25, as applicable. The Responsible Civil Rights Official may require specific civil rights assurances to be furnished consistent with those authorities and will specify the form on which such assurances must be made. A failure to furnish or comply with the civil rights assurances contained in this form may result in the procedures to effect compliance at 24 CFR §§ 1.8, 3.115, 8.57, or 146.39. By submitting this form, you are stating that to the best of your knowledge and belief, all assertions are true and correct.

1. Has the legal authority to apply for Federal assistance, has the institutional, managerial and financial capability (including funds to pay the non-Federal share of program costs) to plan, manage and complete the program as described in the application and the governing body has duly authorized the submission of the application, including these assurances and certifications, and authorized me as the official representative of the application to act in connection with the application and to provide any additional information as may be required.

2. Will administer the grant in compliance with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and implementing regulations (24 CFR part 1), which provide that no person in the United States shall, on the grounds of race, color or national origin, be excluded from participation in, be denied the benefits of, or otherwise be subject to discrimination under any program or activity that receives Federal financial assistance OR if the applicant is a Federally recognized Indian tribe or its tribally designated housing entity, is subject to the Indian Civil Rights Act (25 U.S.C. 1301-1303).

3. Will administer the grant in compliance with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and implementing regulations at 24 CFR part 8, the American Disabilities Act (42 U.S.C. §§ 12101 et seq.), and implementing regulations at 28 CFR part 35 or 36, as applicable, and the Age Discrimination Act of 1975 (42 U.S.C. 6101-07) as amended, and implementing regulations at 24 CFR part 146 which together provide that no person in the United States shall, on the grounds of disability or age, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity that receives Federal financial assistance; except if the grant program authorizes or limits participation to designated populations, then the applicant will comply with the nondiscrimination requirements within the designated population.

4. Will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and the implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion sex (including gender identity and sexual orientation), disability, familial status, or national origin and will affirmatively further fair housing; except an applicant which is an Indian tribe or its instrumentality which is excluded by statute from coverage does not make this certification; and further except if the grant program authorizes or limits participation to designated populations, then the applicant will comply with the nondiscrimination requirements within the designated population.

5. Will comply with all applicable Federal nondiscrimination requirements, including those listed at 24 CFR §§ 5.105(a) and 5.106 as applicable.

6. Will comply with the acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended (42 U.S.C. 4601) and implementing regulations at 49 CFR part 24 and, as applicable, Section 104(d) of the Housing and Community Development Act of 1974 (42 U.S.C. 5304(d)) and implementing regulations at 24 CFR part 42, subpart A.

7. Will comply with the environmental requirements of the National Environmental Policy Act (42 U.S.C. 4321 et seq.) and related Federal authorities prior to the commitment or expenditure of funds for property.

8. That no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, and officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all subawards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly. Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage by the Byrd Amendment, but State-recognized Indian tribes and TDHs established under State law are not excluded from the statute's coverage.

Name of Authorized Certifying Official: Jennifer Clarke

Date: 10/18/2024

Title: Deputy Director

Applicant Organization: City of New Bedford

PHA Number (For PHA Applicants Only):

I/We, the undersigned, certify under penalty of perjury that the information provided above is true and correct. **WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties.** (18 U.S.C. §§287, 1001, 1010, 1012, 1014; 31 U.S.C. §3729, 3802).

X

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 |
|--------------------------------------|-------------------|
| 1A. SF-424 Application Type | No Input Required |
| 1B. SF-424 Legal Applicant | 09/20/2024 |
| 1C. SF-424 Application Details | No Input Required |
| 1D. SF-424 Congressional District(s) | 09/30/2024 |
| 1E. SF-424 Compliance | 09/20/2024 |
| 1F. SF-424 Declaration | 09/20/2024 |
| 1G. HUD 2880 | 09/20/2024 |
| 1H. HUD 50070 | 09/20/2024 |
| 1I. Cert. Lobbying | 09/20/2024 |
| 1J. SF-LLL | 09/20/2024 |
| 1K. SF-424B | 09/20/2024 |
| 1L. SF-424D | 09/20/2024 |
| 2A. Subrecipients | 10/09/2024 |
| 2B. Experience | 10/10/2024 |
| 3A. Project Detail | 09/30/2024 |
| 3B. Description | 10/18/2024 |
| 3C. Expansion | 09/30/2024 |
| 4A. Services | 10/09/2024 |
| 4B. Housing Type | 10/09/2024 |
| 5A. Households | 10/09/2024 |
| 5B. Subpopulations | No Input Required |
| 6A. Funding Request | 09/30/2024 |
| 6E. Rental Assistance | 10/09/2024 |
| 6F. Supp Srvcs Budget | 10/09/2024 |
| VAWA Budget | No Input Required |
| 6I. Match | 10/09/2024 |

| | |
|-----------------------------------|-------------------|
| 6J. Summary Budget | No Input Required |
| 7A. Attachment(s) | No Input Required |
| 7A. In-Kind MOU Attachment | No Input Required |
| 7D. Certification | 09/30/2024 |

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.gov at https://www.hud.gov/program_offices/comm_planning/coc.
- Questions regarding the FY 2024 CoC Program Competition process must be submitted to CoCNOFO@hud.gov.
- Questions related to e-snaps functionality (e.g., password lockout, access to user's application account, updating Applicant Profile) must be submitted to e-snaps@hud.gov.
- Project applicants are required to have a Unique Entity Identifier (UEI) 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) 2024 Continuum of Care (CoC) Program Competition. For more information see FY 2024 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2024 CoC Program NOFO.
- Detailed instructions and e-snaps navigation guides can be found on the hud.gov website https://www.hud.gov/program_offices/comm_planning/coc/competition. The Detailed Instructions contain more comprehensive instructions and so should be used in tandem with the navigational guides.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2023 Project Application will be imported into the FY 2024 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- YHDP projects that are eligible for renewal under the CoC program may only use the YHDP Renewal or YHDP Replacement and Reallocation funding opportunities. Please review the NOFO for eligibility standards.
- Rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2024 CoC Program Competition NOFO.

1A. SF-424 Application Type

1. Type of Submission: Application

2. Type of Application: Renewal Project Application

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

If "Other", specify:

3. Date Received: 10/18/2024

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: MA0449

This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number

X

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

- a. Legal Name:** Catholic Charities of the Diocese of Fall River
- b. Employer/Taxpayer Identification Number (EIN/TIN):** 04-2106394
- c. Unique Entity Identifier:** Y9C6WT71E6H3

d. Address

Street 1: 1600 Bay Street

Street 2:

City: Fall River

County: Bristol

State: Massachusetts

Country: United States

Zip / Postal Code: 02724

e. Organizational Unit (optional)

Department Name:

Division Name:

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

Prefix: Mr.

First Name: Rui

Middle Name:

Last Name: Rosa

Suffix:

Title: CFO

Organizational Affiliation: Catholic Charities of the Diocese of Fall River

Telephone Number: (508) 674-4681

Extension: 1190

Applicant: Catholic Charities of the Diocese of Fall River
Project: Steadfast

1600Bay
217743

Fax Number: (508) 675-2224

Email: rrosa@cssdioc.org

1C. SF-424 Application Details

9. Type of Applicant: M. Nonprofit with 501C3 IRS Status

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-6800-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): Massachusetts
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: Steadfast

16. Congressional District(s):

a. Applicant: MA-004, MA-009
(for multiple selections hold CTRL key)

b. Project: MA-004
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 09/01/2025

b. End Date: 08/31/2026

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: Susan

Middle Name:

Last Name: Mazzarella

Suffix:

Title: Chief Executive Officer

Telephone Number: (508) 674-4681
(Format: 123-456-7890)

Fax Number: (508) 675-2224
(Format: 123-456-7890)

Email: SMazzarella@cssdioc.org

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

Date Signed: 10/18/2024

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Number: 2501-0017 Expiration Date: 01/31/2026

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: Catholic Charities of the Diocese of Fall River

Prefix: Ms.

First Name: Susan

Middle Name:

Last Name: Mazzarella

Suffix:

Title: Chief Executive Officer

Organizational Affiliation: Catholic Charities of the Diocese of Fall River

Telephone Number: (508) 674-4681

Extension:

Email: SMazzarella@cssdioc.org

City: Fall River

County: Bristol

State: Massachusetts

Country: United States

Zip/Postal Code: 02724

2. Employer ID Number (EIN): 04-2106394

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$153,284.00

(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. No

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 non-disclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I/We, the undersigned, certify under penalty of perjury that the information provided above is true, correct, and accurate. Warning: If you knowingly make a false statement on this form, you may be subject to criminal and/or civil 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.

X

Name / Title of Authorized Official: Susan Mazzarella, Chief Executive Officer

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

Date Signed: 10/18/2024

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Catholic Charities of the Diocese of Fall River
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; | |

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 certify that the information provided on this form and in any accompanying documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

X

WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 1001, 1010, 1012; 31 U.S.C. §3729, 3802)

Authorized Representative

Prefix: Ms.

First Name: Susan

Middle Name

Last Name: Mazzarella

Suffix:

Title: Chief Executive Officer

Telephone Number: (508) 674-4681
(Format: 123-456-7890)

Fax Number: (508) 675-2224
(Format: 123-456-7890)

Email: SMazzarella@cssdioc.org

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

Date Signed: 10/18/2024

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: Catholic Charities of the Diocese of Fall River

Name / Title of Authorized Official: Susan Mazzearella, Chief Executive Officer

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

Date Signed: 10/18/2024

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES

**Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB: 4040-0013 (exp. 02/28/2025)**

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: Catholic Charities of the Diocese of Fall River

Street 1: 1600 Bay Street

Street 2:

City: Fall River

County: Bristol

State: Massachusetts

Country: United States

Zip / Postal Code: 02724

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: Susan

Middle Name:

Last Name: Mazzarella

Suffix:

Title: Chief Executive Officer

Telephone Number: (508) 674-4681
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Email: SMazzarella@cssdioc.org

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

Date Signed: 10/18/2024

IK. SF-424B

(SF-424B) ASSURANCES - NON-CONSTRUCTION PROGRAMS

OMB Number: 4040-0007
Expiration Date: 02/28/2025

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

- | | |
|----|---|
| 1. | Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application. |
| 2. | Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives. |
| 3. | Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain. |
| 4. | Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency. |
| 5. | Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F). |
| 6. | Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism, (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application. |
| 7. | Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases. |
| 8. | Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds. |

| | |
|-----|--|
| 9. | Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327~333), regarding labor standards for federally-assisted construction subagreements. |
| 10. | Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more. |
| 11. | Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93~205). |
| 12. | Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system. |
| 13. | Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.). |
| 14. | Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance. |
| 15. | Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance. |
| 16. | Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures. |
| 17. | Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations." |
| 18. | Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program. |
| 19. | Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award. |

As the duly authorized representative of the
applicant, I certify: ☒

Authorized Representative for: Catholic Charities of the Diocese of Fall River

Prefix: Ms.

First Name: Susan

Middle Name:

Last Name: Mazzarella

Suffix:

Title: Chief Executive Officer

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

Date Signed: 10/18/2024

Information About Submission without Changes

Follow the instructions below making note of the exceptions and limitations to the “Submit Without Changes” process.

In general, HUD expects a project’s proposed project application information will remain the same from year-to-year unless changes are directed by HUD or approved through the grant agreement amendment process. However, HUD expects applicants to carefully review their information to determine if submitting without changes accurately reflects the expiring grant requesting renewal.

The data from previously submitted new and renewal project applications can be imported into a FY 2024 renewal project application. The “Submit without Changes” process is not applicable for first time renewing project applications or for a project application that did not import FY 2023 information and e-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that select “Yes - Individual Application in a Renewal Grant Consolidation” on the Renewal Grant Consolidation or Renewal Grant Expansion Screen may not use the “Submit Without Changes” process and esnaps will automatically be set to “Make Changes”. In addition, esnaps will automatically be set to “Make Changes” if the project applicant indicates on the Renewal Grant Consolidation or Renewal Grant Expansion Screen, this project application is for a “Yes - Stand-Alone Renewal Application in a New Grant Expansion” project application.

The e-snaps screens that remain “open” for required annual updates and do not affect applicants’ ability to select “Submit without Changes” are:

- Recipient Performance Screen
- Consolidation and Expansion
- Screen 3A. Project Detail
- Screen 6A. Funding Request
- Screen 6D. Sources of Match
- Screen 6E. Summary Budget - All of Part 7: Attachments and Certification; and
- All of Part 8: Submission Summary.

All other screens in Part 2 through Part 6 begin in “Read-Only” format and should be reviewed for accuracy; including any updates that were made to the 2023 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select “Submit Without Changes” in Part 8. If project applicants imported data and do need to make updates to the information on one or more screens, they must navigate to Part 8: “Submission Without Changes” Screen, select “Make Changes”, and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click “Save” and those screens will be available for edit. Once a project applicant selects a checkbox and clicks “Save”, the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions and e-snaps navigation guides found on HUD.gov to find more in depth information about applying under the FY 2024 CoC Competition.

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award due to reallocation? No

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

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

| | |
|--|-------------------------------------|
| Part 2 - Subrecipient Information | |
| 2A. Subrecipients | <input checked="" type="checkbox"/> |
| Part 3 - Project Information | |
| 3A. Project Detail | <input checked="" type="checkbox"/> |
| 3B. Description | <input checked="" type="checkbox"/> |
| 3C. Dedicated Plus | <input type="checkbox"/> |
| Part 4 - Housing Services and HMIS | |
| 4A. Services | <input type="checkbox"/> |
| 4B. Housing Type | <input type="checkbox"/> |
| Part 5 - Participants and Outreach Information | |
| 5A. Households | <input checked="" type="checkbox"/> |
| 5B. Subpopulations | <input checked="" type="checkbox"/> |
| Part 6 - Budget Information | |
| 6A. Funding Request | <input checked="" type="checkbox"/> |
| 6B. Leased Units | <input checked="" type="checkbox"/> |
| 6D. Match | <input checked="" type="checkbox"/> |
| 6E. Summary Budget | <input checked="" type="checkbox"/> |
| Part 7 - Attachment(s) & Certification | |

| | |
|-------------------|-------------------------------------|
| 7A. Attachment(s) | <input checked="" type="checkbox"/> |
| 7B. Certification | <input checked="" type="checkbox"/> |
| | |

You have selected "Make Changes" to question #2 above. Provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

- 3A. Updated CoC Number and Name
- 3B. Updated agency name to Catholic Charities of the Diocese of Fall River, formally known as Catholic Social Services.
- 5B. Updated subpopulations
- 6D. Updated match commitment

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

Recipient Performance

1. Did you submit your previous year's Annual Performance Report (APR) on time? Yes
2. Do you have any unresolved HUD Monitoring or OIG Audit finding(s) concerning any previous grant term related to this renewal project request? No
3. Do you draw funds quarterly for your current renewal project? Yes
4. Have any funds remained available for recapture by HUD for the most recently expired grant term related to this renewal project request? Yes
 - 4a. If HUD recaptured funds provide an explanation.
FY22-unspent funds: \$14,074.07 (Lease: \$8,273; Support Services: \$5,801.07)

Unspent funds in FY22 were due to the program having less units than budgeted for but more bed utilization than necessary to meet contract requirements, as well as periodic staff vacancies during grant period.

Renewal Grant Consolidation or Renewal Grant Expansion

The CoC Competition will continue offering opportunities to expand or consolidate CoC projects.

1. Expansions and Consolidations will no longer be required to submit a combined version of the application.

a. Expansions will be required to ONLY submit a Stand-Alone Renewal and a Stand-Alone New application.

b. Consolidations will be required to ONLY submit a Survivor grant and a terminating grant. Up to 10 grants may be involved in a consolidation (Survivor + 9 Terminating grants)



2. Since no combined version will be submitted for either the Expansion or Consolidation, the combining of data will occur at Post-Award. HUD HQ will combine all units, beds and budgets prior to the Post-Award process. The field office and applicant will then be required to combine remaining project data at C1.9a (recipient step). HUD HQ will provide a data report with the data all combined. All that will be required for applicants to do is a simple copy and paste.

We hope this process will simplify and reduce any confusion when submitting expansions or consolidations. If you have any questions, please contact the AAQ.

1. Is this renewal project application requesting to No consolidate or expand?

If "No" click on "Next" or "Save & Next" below to move to the next screen.

2A. Project Subrecipients

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

Total Expected Sub-Awards: \$0

| Organization | Type | Sub-Award Amount |
|-----------------------------|------|------------------|
| This list contains no items | | |

3A. Project Detail

1. Expiring Grant Project Identification Number (PIN): MA0449

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

2. CoC Number and Name: MA-505 - New Bedford/Attleboro/Taunton/Bristol County

3. CoC Collaborative Applicant Name: City of New Bedford

4. Project Name: Steadfast

5. Project Status: Standard

6. Component Type: PH

6a. Select the type of PH project. PSH

7. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3? No

8. Does this project include Replacement Reserves as a CoC Operating Cost? No
(Attachment Requirement)

9. Is this project applying for Rural costs on screen 6A? No

3B. Project Description

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

This is the fifth renewal of this consolidation project. Steadfast is a Permanent Supportive Housing Program that consists of scattered site housing within the Taunton/Attleboro area. The project capacity was reduced from 10 units/26 beds to 6 units/14 beds due to a decrease in funding. The project is designed to serve chronically homeless households with disabilities, while ensuring the provision of essential supportive services to strengthen long-term stability. The Coordinated Housing Assessment Tool (CHAT) is used to assess participants through the Coordinated Entry System. Steadfast uses a Housing First Model of service delivery that focuses on helping households achieve housing stability. Through this model, once the housing crisis has been resolved and the household has been stabilized, the participant can choose to participate in voluntary support services to address unique needs. The Case Manager works with each family to formulate service plans that will maximize housing stability, increase income, and achieve greater self-determination based on the unique needs and choices of each family member. The Case Manager provides a multitude of referrals and options for mainstream resources that help participants to identify, choose, and access the appropriate supportive service or mainstream resource that will help them build independent living and tenancy skills, improve health outcomes, and financial stability. It is our experience that through understanding and recognizing that each household may come with unique situation and need, as well as motivating participants to take an active role in their service plan process, empowers the participants and improves their engagement with services. The ability to have a choice of service helps program participants build a solid foundation for success by self-resolving and cultivating self-confidence.

2. Check the appropriate box(s) if this project will have a specific subpopulation focus. (Select all that apply)

| | | | |
|---|-------------------------------------|-------------------------------|-------------------------------------|
| N/A - Project Serves All Subpopulations | <input type="checkbox"/> | Survivors | <input checked="" type="checkbox"/> |
| Veterans | <input checked="" type="checkbox"/> | Substance Use Disorders | <input checked="" type="checkbox"/> |
| Youth (under 25) | <input checked="" type="checkbox"/> | Mental Illness | <input checked="" type="checkbox"/> |
| Families with Children | <input checked="" type="checkbox"/> | HIV/AIDS | <input checked="" type="checkbox"/> |
| | | Chronic Homeless | <input checked="" type="checkbox"/> |
| | | Other(Click 'Save' to update) | <input type="checkbox"/> |

3. Housing First

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

3b. Does the project enroll program participants who have the following barriers?
Select all that apply.

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

3c. Will the project prevent program participant termination for the following reasons? Select all that apply.

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

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

3C. Dedicated Plus

100% Dedicated or DedicatedPLUS

A “100% Dedicated” project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and families.

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:

- (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 were dedicated to individuals and families experiencing chronic homelessness under the grant that is being renewed may either be reallocated as a DedicatedPLUS project or may continue as a renewal dedicating 100 percent of its beds to individuals and families experiencing chronic homelessness. If the project is reallocated as a DedicatedPLUS project, the project must adhere to all fair housing requirements at 24 CFR 578.93.

1. Is this project “100% Dedicated,” DedicatedPLUS
“DedicatedPLUS,” or “N/A”?
(Only select “N/A” if this project was originally
awarded as a grant that did not have
requirements to only serve persons experiencing
chronic homelessness and meets the definition of
“non-dedicated permanent supportive housing
beds” in the NOFO Section III.B.2.r).

4A. Supportive Services for Program Participants

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. For all supportive services available to program 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 | Applicant | As needed |
| Assistance with Moving Costs | Applicant | As needed |
| Case Management | Applicant | Weekly |
| Child Care | Partner | As needed |
| Education Services | Partner | As needed |
| Employment Assistance and Job Training | Partner | As needed |
| Food | Applicant | As needed |
| Housing Search and Counseling Services | Applicant | As needed |
| Legal Services | Partner | As needed |
| Life Skills Training | Applicant | As needed |
| Mental Health Services | Partner | As needed |
| Outpatient Health Services | Partner | As needed |
| Outreach Services | Applicant | As needed |
| Substance Abuse Treatment Services | Partner | As needed |
| Transportation | Applicant | As needed |
| Utility Deposits | Partner | As needed |

Identify whether the project includes the following activities:

2. Transportation assistance to program participants to attend mainstream benefit appointments, employee training, or jobs? Yes

3. Annual follow-up with program participants to ensure mainstream benefits are received and renewed? Yes

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

4a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months? Yes

4B. Housing Type and Location

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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: 6

Total Beds: 14

Total Dedicated CH Beds: 14

| Housing Type | Housing Type (JOINT) | Units | Beds |
|---------------------------------|----------------------|-------|------|
| Scattered-site apartments (...) | --- | 6 | 14 |

4B. Housing Type and Location Detail

Note: These fields should reflect full capacity on one night. For additional guidance, please refer to the Detailed Instructions.

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

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

a. Units: 6

b. Beds: 14

c. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 14

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

3. Address:

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

Street 1: 1600 Bay Street

Street 2:

City: Fall River

State: Massachusetts

ZIP Code: 02724

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

250126 Attleboro

5A. Program Participants - Households

Note: These fields should reflect full capacity on one night. For additional guidance, please refer to the Detailed Instructions

| | Households with at Least One Adult and One Child | Adult Households without Children | Households with Only Children | Total |
|-------------------------------------|---|--|--|-------|
| Number of Households | 3 | 3 | 0 | 6 |
| | | | | |
| 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 |
| Persons over age 24 | 3 | 3 | | 6 |
| Persons ages 18-24 | 2 | 0 | | 2 |
| Accompanied Children under age 18 | 6 | | 0 | 6 |
| Unaccompanied Children under age 18 | | | 0 | 0 |
| Total Persons | 11 | 3 | 0 | 14 |

Click Save to automatically calculate totals

5B. Program Participants - Subpopulations

Note: These fields should reflect full capacity on one night. For additional guidance, please refer to the Detailed Instructions.

Persons in Households with at Least One Adult and One Child

| Characteristics | CH (Not Veterans) | CH Veterans | Veterans (Not CH) | Substance Use Disorders | HIV/AIDS | Mental Illness | Survivors | Physical Disability | Developmental Disability | Persons Not Represented by a Listed Subpopulation |
|-----------------------|-------------------|-------------|-------------------|-------------------------|----------|----------------|-----------|---------------------|--------------------------|---|
| Persons over age 24 | 3 | 0 | 0 | 2 | 0 | 3 | 1 | 1 | 0 | 0 |
| Persons ages 18-24 | 2 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 |
| Children under age 18 | 6 | | | 0 | 0 | 0 | 2 | 0 | 1 | 0 |
| Total Persons | 11 | 0 | 0 | 2 | 0 | 4 | 3 | 1 | 1 | 0 |

Click Save to automatically calculate totals

Persons in Households without Children

| Characteristics | CH (Not Veterans) | CH Veterans | Veterans (Not CH) | Substance Use Disorders | HIV/AIDS | Mental Illness | Survivors | Physical Disability | Developmental Disability | Persons Not Represented by a Listed Subpopulation |
|---------------------|-------------------|-------------|-------------------|-------------------------|----------|----------------|-----------|---------------------|--------------------------|---|
| Persons over age 24 | 3 | 0 | 0 | 3 | 0 | 3 | 0 | 1 | 0 | 0 |
| Persons ages 18-24 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total Persons | 3 | 0 | 0 | 3 | 0 | 3 | 0 | 1 | 0 | 0 |

Click Save to automatically calculate totals

Persons in Households with Only Children

| Characteristics | CH (Not Veterans) | CH Veterans | Veterans (Not CH) | Substance Use Disorders | HIV/AIDS | Mental Illness | Survivors | Physical Disability | Developmental Disability | Persons Not Represented by a Listed Subpopulation |
|-------------------------------------|-------------------|-------------|-------------------|-------------------------|----------|----------------|-----------|---------------------|--------------------------|---|
| Accompanied Children under age 18 | | | | | | | | | | |
| Unaccompanied Children under age 18 | | | | | | | | | | |
| Total Persons | 0 | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

6A. Funding Request

VAWA Budget

In FY2024, the Violence Against Women Act (VAWA) has clarified the use of CoC Program funds for VAWA eligible cost categories. These VAWA cost categories can be added to a new project application to create a CoC VAWA Budget Line Item (BLI) in e-snaps and eLOCCS. The BLI will be added to grant agreements and utilized the same as other CoC Program BLIs in e-snaps and eLOCCS. Eligible CoC VAWA costs can be identified in one or both of the following CoC VAWA categories. Examples of eligible costs in these cost categories are identified as follows:

- A. VAWA Emergency Transfer Facilitation. Examples of eligible costs include the costs of assessing, coordinating, approving, denying, and implementing a survivor's emergency transfer(s). Additional details of eligible costs include:
- Moving Costs. Assistance with reasonable moving costs to move survivors for an emergency transfer(s).
 - Travel Costs. Assistance with reasonable travel costs for survivors and their families to travel for an emergency transfer(s). This may include travel costs to locations outside of your CoC's geography.
 - Security Deposits. Grant funds can be used to pay for security deposits of the safe unit the survivor is transferring to via an emergency transfer(s).
 - Utilities. Grant funds can be used to pay for costs of establishing utility assistance in the safe unit the survivor is transferring to.
 - Housing Fees. Grant funds can be used to pay fees associated with getting survivors into a safe unit via emergency transfer(s), including but not limited to application fees, broker fees, holding fees, trash fees, pet fees where the person believes they need their pet to be safe, etc.
 - Case Management. Grant funds can be used to pay staff time necessary to assess, coordinate, and implement emergency transfer(s).
 - Housing Navigation. Grant funds can be used to pay staff time necessary to identify safe units and facilitate moves into housing for survivors through emergency transfer(s).
 - Technology to make an available unit safe. Grant funds can be used to pay for technology that the individual believes is needed to make the unit safe, including but not limited to doorbell cameras, security systems, phone, and internet service when necessary to support security systems for the unit, etc.
- B. VAWA Confidentiality Requirements. Examples of eligible costs for ensuring compliance with VAWA confidentiality requirements include:
- Monitoring and evaluating compliance.
 - Developing and implementing strategies for corrective actions and remedies to ensure compliance.
 - Program evaluation of confidentiality policies, practices, and procedures.
 - Training on compliance with VAWA confidentiality requirements.
 - Reporting to CoC Collaborative Applicant, HUD, and other interested parties on compliance with VAWA confidentiality requirements.
 - Costs for establishing methodology to protect survivor information.
 - Staff time associated with maintaining adherence to VAWA confidentiality requirements.

Enter the estimated amount(s) you are requesting for this project's Emergency Transfer Facilitation costs and VAWA Confidentiality Requirements costs for one or both of these eligible CoC VAWA cost categories. The CoC VAWA BLI Total amount can be expended for any eligible CoC VAWA cost identified above.

1. Will this project use funds from this grant to provide for emergency transfer facilitation, which includes the costs of assessing, coordinating, approving, denying and implementing a survivor's emergency transfer per Section III.B.4.a.(3) (a) of the NOFO? Yes

2. Will this project use funds from this grant to provide for VAWA confidentiality requirements, which includes the costs of ensuring compliance with the VAWA confidentiality requirements per Section III.B.4.a.(3) (b) of the NOFO? Yes

Rural Cost Budget

In FY2024, the CoC Program has added eligible rural cost budget categories to be added in a new CoC Rural Cost Budget Line Item (BLI). The BLI will be added to grant agreements and utilized the same as other CoC Program BLIs in e-snaps and eLOCCS. There are three CoC Program rural cost categories that can be requested for your CoC Rural Cost BLI.

- Short-term emergency lodging to include housing in motels or shelters, either by providing direct funding or through vouchers.
- Repairs to housing units in where individuals and families experiencing homelessness will be housed, including housing units.
- Staff Training to include professional development, skill development, and staff retention activities.

3. Will this project use funds from this grant to provide for short-terms emergency lodging, repairs to housing units and staff training per Section III.B.4.b.(3) (a) of the NOFO? Yes

4. 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:

| Cognizant Agency | Indirect Cost Rate | Direct Cost Base | Plan approved by cognizant agency or will use 15% de minimis rate |
|-------------------------|--------------------|------------------|---|
| Federal de minimis rate | 10% | \$415 | |

The applicant must complete the row in the indirect cost rate schedule.

5. Renewal Grant Term: This field is pre-populated with a one-year grant term and cannot be edited: 1 Year

6. Select the costs for which funding is requested:

| | |
|---------------------|-------------------------------------|
| Leased Units | <input checked="" type="checkbox"/> |
| Leased Structures | <input type="checkbox"/> |
| Rental Assistance | <input type="checkbox"/> |
| Supportive Services | <input checked="" type="checkbox"/> |
| Operating | <input checked="" type="checkbox"/> |
| HMIS | <input type="checkbox"/> |
| VAWA | <input checked="" type="checkbox"/> |
| Rural | <input type="checkbox"/> |

The VAWA BLI is permanently checked. This allows any project to shift funds up to a 10% shift from another BLI if VAWA emergency transfer costs are needed.

6B. Leased Units Budget

The following list summarizes the funds being requested for one or more units leased for operating the projects. To add information to the list, select the icon. To view or update information already listed, select the icon.

| | |
|------------------------------------|-----------|
| Total Annual Assistance Requested: | \$152,848 |
| Grant Term: | 1 Year |
| Total Request for Grant Term: | \$152,848 |
| Total Units: | 6 |

The number of beds for which funding has been requested in the Leased Units budget is 14.

| FMR Area | Total Units Requested | Total Annual Budget Requested | Total Budget Requested |
|----------------------|-----------------------|-------------------------------|------------------------|
| MA - Taunton-Mans... | 6 | \$152,848 | \$152,848 |

Leased Units Budget Detail

Enter the appropriate values in the "Number of Units" AND "Total Request" fields.

Metropolitan or non-metropolitan fair market rent area:



MA - Taunton-Mansfield-Norton, MA HUD Metro FMR Area (2500505280)

Leased Units Annual Budget

| Size of Units | # of Units (Applicant) | Total Request (Applicant) |
|---|------------------------|---------------------------|
| SRO | | |
| 0 Bedroom | | |
| 1 Bedroom | | |
| 2 Bedroom | 4 | |
| 3 Bedroom | 2 | |
| 4 Bedroom | | |
| 5 Bedroom | | |
| 6 Bedroom | | |
| 7 Bedroom | | |
| 8 Bedroom | | |
| 9 Bedroom | | |
| Total Units and Annual Assistance Requested | 6 | \$152,848 |
| Grant Term | | 1 Year |
| Total Request for Grant Term | | \$152,848 |

Click the 'Save' button to automatically calculate totals.

6D. Sources of Match

The following list summarizes the funds that will be used as Match for this project. To add a Match source to the list, select the  icon. To view or update a Match source already listed, select the  icon.

Summary for Match

| | |
|-------------------------------------|-------|
| Total Value of Cash Commitments: | \$109 |
| Total Value of In-Kind Commitments: | \$0 |
| Total Value of All Commitments: | \$109 |

1. Will this project generate program income described in 24 CFR 578.97 to use as Match for this project? No

| Type | Source | Contributor | Value of Commitments |
|------|---------|----------------------|----------------------|
| Cash | Private | Catholic Charitie... | \$109 |

Sources of Match Detail

1. Type of Match Commitment: Cash
2. Source: Private
3. Name of Source: Catholic Charities of the Diocese of Fall River
(Be as specific as possible and include the office or grant program as applicable) operations
4. Amount of Written Commitment: \$109

6E. Summary Budget

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2018 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2018, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

| Eligible Costs (Light gray fields are available for entry of the previous grant agreement, GIW, approved GIW Change Form, or reduced by reallocation) | Applicant CoC Program Costs Requested (1 Year Term) |
|--|--|
| 1a. Leased Units (Screen 6B) | \$152,848 |
| 1b. Leased Structures (Enter) | \$0 |
| 2. Rental Assistance (Screen 6C) | \$0 |
| 3. Supportive Services (Enter) | \$150 |
| 4. Operating (Enter) | \$171 |
| 5. HMIS (Enter) | \$0 |
| 6. VAWA (Enter) | \$0 |
| 7. Rural (Enter) (Only for HUD CoC Program approved rural areas) | \$0 |
| 8. Sub-total of CoC Program Costs Requested | \$153,169 |
| 9. Admin (Up to 10% of Sub-total in #8) | \$115 |
| 10. HUD funded Sub-total + Admin. Requested | \$153,284 |
| 11. Cash Match (From Screen 6D) | \$109 |
| 12. In-Kind Match (From Screen 6D) | \$0 |
| 13. Total Match (From Screen 6D) | \$109 |
| 14. Total Project Budget for this grant, including Match | \$153,393 |

7A. Attachment(s)

| Document Type | Required? | Document Description | Date Attached |
|---|-----------|----------------------|---------------|
| 1) Subrecipient Nonprofit Documentation | No | FY23 Updated 501c3 | 08/14/2023 |
| 2) Other Attachment | No | Official Catholic... | 08/14/2023 |
| 3) Other Attachment | No | | |

Attachment Details

Document Description: FY23 Updated 501c3

Attachment Details

Document Description: Official Catholic Directory Publication

Attachment Details

Document Description:

7B. Certification

**Applicant and Recipient Assurances and Certifications - form HUD-424B (Title)
U.S. Department of Housing and Urban Development OMB Approval No.
2501-0017
(expires 01/31/2026)**

As part of your application for HUD funding, you, as the official authorized to sign on behalf of your organization or as an individual must provide the following assurances and certifications. The Responsible Civil Rights Official has specified this form for use for purposes of general compliance with 24 CFR §§ 1.5, 3.115, 8.50, and 146.25, as applicable. The Responsible Civil Rights Official may require specific civil rights assurances to be furnished consistent with those authorities and will specify the form on which such assurances must be made. A failure to furnish or comply with the civil rights assurances contained in this form may result in the procedures to effect compliance at 24 CFR §§ 1.8, 3.115, 8.57, or 146.39. By submitting this form, you are stating that to the best of your knowledge and belief, all assertions are true and correct.

1. Has the legal authority to apply for Federal assistance, has the institutional, managerial and financial capability (including funds to pay the non-Federal share of program costs) to plan, manage and complete the program as described in the application and the governing body has duly authorized the submission of the application, including these assurances and certifications, and authorized me as the official representative of the application to act in connection with the application and to provide any additional information as may be required.

2. Will administer the grant in compliance with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and implementing regulations (24 CFR part 1), which provide that no person in the United States shall, on the grounds of race, color or national origin, be excluded from participation in, be denied the benefits of, or otherwise be subject to discrimination under any program or activity that receives Federal financial assistance OR if the applicant is a Federally recognized Indian tribe or its tribally designated housing entity, is subject to the Indian Civil Rights Act (25 U.S.C. 1301-1303).

3. Will administer the grant in compliance with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and implementing regulations at 24 CFR part 8, the American Disabilities Act (42 U.S.C. §§ 12101 et seq.), and implementing regulations at 28 CFR part 35 or 36, as applicable, and the Age Discrimination Act of 1975 (42 U.S.C. 6101-07) as amended, and implementing regulations at 24 CFR part 146 which together provide that no person in the United States shall, on the grounds of disability or age, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity that receives Federal financial assistance; except if the grant program authorizes or limits participation to designated populations, then the applicant will comply with the nondiscrimination requirements within the designated population.

4. Will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and the implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion sex (including gender identity and sexual orientation), disability, familial status, or national origin and will affirmatively further fair housing; except an applicant which is an Indian tribe or its instrumentality which is excluded by statute from coverage does not make this certification; and further except if the grant program authorizes or limits participation to designated populations, then the applicant will comply with the nondiscrimination requirements within the designated population.

5. Will comply with all applicable Federal nondiscrimination requirements, including those listed at 24 CFR §§ 5.105(a) and 5.106 as applicable.

6. Will comply with the acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended (42 U.S.C. 4601) and implementing regulations at 49 CFR part 24 and, as applicable, Section 104(d) of the Housing and Community Development Act of 1974 (42 U.S.C. 5304(d)) and implementing regulations at 24 CFR part 42, subpart A.

7. Will comply with the environmental requirements of the National Environmental Policy Act (42 U.S.C. 4321 et seq.) and related Federal authorities prior to the commitment or expenditure of funds for property.

8. That no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, and officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all subawards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly. Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage by the Byrd Amendment, but State-recognized Indian tribes and TDHs established under State law are not excluded from the statute's coverage.

Name of Authorized Certifying Official: Susan Mazzarella

Date: 10/18/2024

Title: Chief Executive Officer

Applicant Organization: Catholic Charities of the Diocese of Fall River

PHA Number (For PHA Applicants Only):

I/We, the undersigned, certify under penalty of perjury that the information provided above is true and correct. **WARNING:** Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§287, 1001, 1010, 1012, 1014; 31 U.S.C. §3729, 3802).

X

8B Submission Summary

| Page | | Last Updated |
|------------------------------------|--|-------------------|
| 1A. SF-424 Application Type | | 10/11/2024 |
| 1B. SF-424 Legal Applicant | | 10/11/2024 |
| 1C. SF-424 Application Details | | No Input Required |
| Renewal Project Application FY2024 | | Page 50 |
| | | 10/18/2024 |

| | |
|--|-------------------|
| 1D. SF-424 Congressional District(s) | 10/11/2024 |
| 1E. SF-424 Compliance | 10/11/2024 |
| 1F. SF-424 Declaration | 10/11/2024 |
| 1G. HUD 2880 | 10/11/2024 |
| 1H. HUD-50070 | 10/11/2024 |
| 1I. Cert. Lobbying | 10/11/2024 |
| 1J. SF-LLL | 10/11/2024 |
| IK. SF-424B | 10/11/2024 |
| Submission Without Changes | 10/11/2024 |
| Recipient Performance | 10/11/2024 |
| Renewal Grant Consolidation or Renewal Grant Expansion | 10/11/2024 |
| 2A. Subrecipients | No Input Required |
| 3A. Project Detail | 10/11/2024 |
| 3B. Description | 10/11/2024 |
| 3C. Dedicated Plus | 10/11/2024 |
| 4A. Services | 10/11/2024 |
| 4B. Housing Type | 10/11/2024 |
| 5A. Households | 10/11/2024 |
| 5B. Subpopulations | No Input Required |
| 6A. Funding Request | 10/11/2024 |
| 6B. Leased Units | 10/11/2024 |
| 6D. Match | 10/11/2024 |
| 6E. Summary Budget | No Input Required |
| 7A. Attachment(s) | 10/11/2024 |
| 7B. Certification | 10/11/2024 |

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

Department of the Treasury

Date: August 24, 2022

Person to Contact:

R. Meyer ID# 0110429

Toll Free Telephone Number:

877-829-5500

United States Conference of Catholic
Bishops
3211 4th Street, NE
Washington, DC 20017-1194

Group Exemption Number:

0928

Dear Sir/Madam:

This responds to your June 23, 2022, request for information regarding the status of your group tax exemption.

Our records indicate that you were issued a determination letter in March 1946, that you are currently exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code, and are not a private foundation within the meaning of section 509(a) of the Code because you are described in sections 509(a)(1) and 170(b)(1)(A)(i).

With your request, you provided a copy of the *Official Catholic Directory for 2022*, which includes the names and addresses of the agencies and instrumentalities and the educational, charitable, and religious institutions operated by the Roman Catholic Church in the United States, its territories, and possessions that are subordinate organizations under your group tax exemption. Your request indicated that each subordinate organization is a non-profit organization, that no part of the net earnings thereof inures to the benefit of any individual, and that no substantial part of their activities is for promotion of legislation. You have further represented that none of your subordinate organizations is a private foundation under section 509(a), although all subordinates do not all share the same sub-classification under section 509(a). Based on your representations, the subordinate organizations in the *Official Catholic Directory for 2022* are recognized as exempt under section 501(c)(3) of the Code under GEN 0928.

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

Subordinate organizations under a group exemption do not receive individual exemption letters. Subordinate organizations are not listed in Tax Exempt Organization Search (Pub 78 data), and many are not listed in the Exempt Organizations Business Master

File extract, or EO BMF. Donors may verify that a subordinate organization is included in your group exemption by consulting the *Official Catholic Directory*, the official subordinate listing approved by you, or by contacting you directly. IRS does not verify the inclusion of subordinate organizations under your group exemption. See IRS Publication 4573, *Group Exemption*, for additional information about group exemptions.

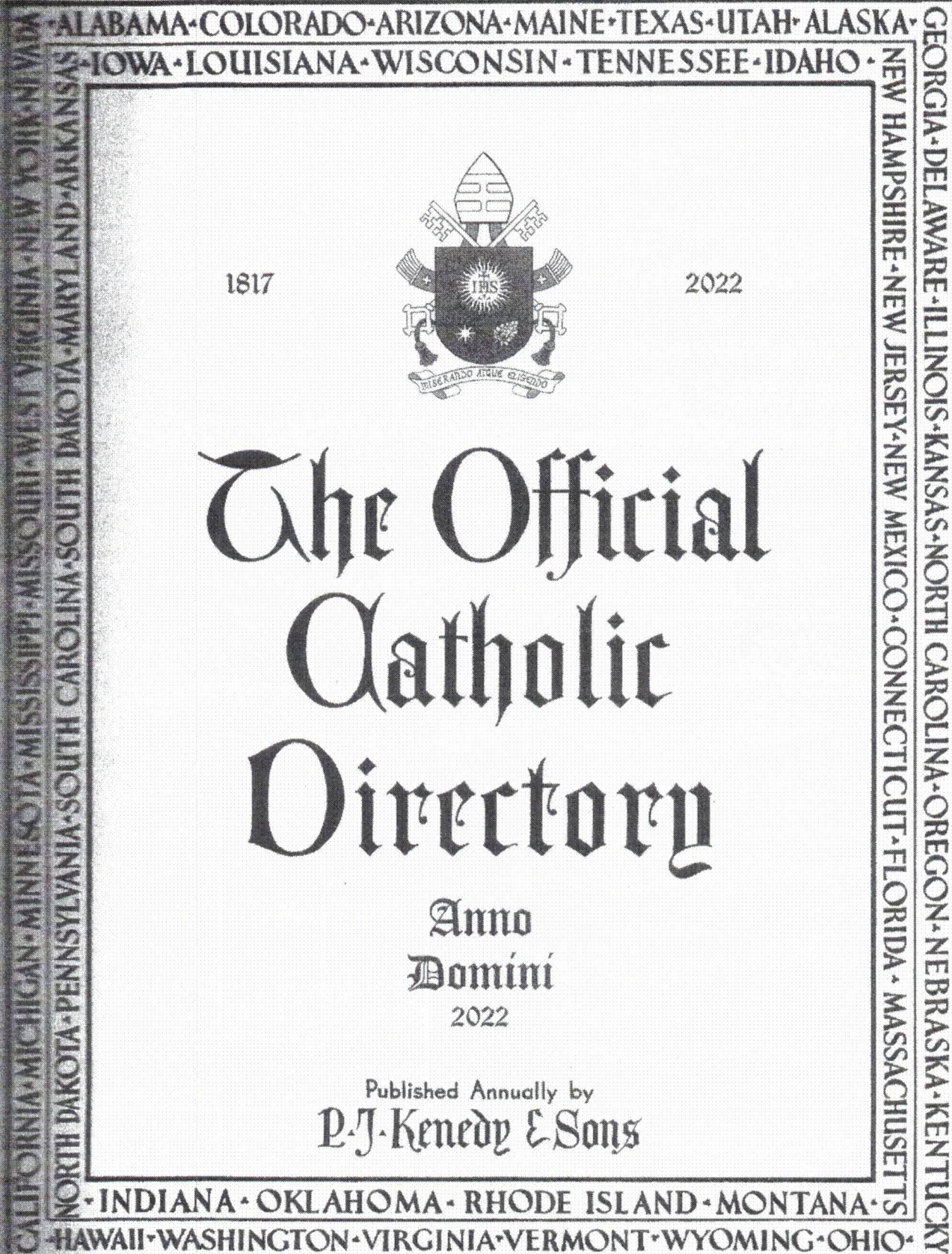
Each subordinate organization covered in a group exemption should have its own EIN. Each subordinate organization must use its own EIN, not the EIN of the central organization, in all filings with IRS.

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

Sincerely,

A handwritten signature in black ink that reads "Stephen A. Martin". The signature is written in a cursive style with a large, stylized initial 'S'.

Stephen A. Martin
Director, Exempt Organizations
Rulings and Agreements



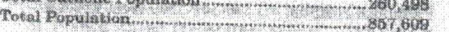
1817

2022

The Official Catholic Directory

Anno
Domini
2022

Published Annually by
P.J. Kennedy & Sons



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DRE; CRP Stds.: 120
Convent -
Chapel of Our Lady of the Holy Rosary - 80 Bay St.,
Taunton, MA 02780

St. Mary's - 14 St. Mary's Square, Taunton, MA 02780
t) 508-822-3048 (CRP); 508-824-3330
smoctaunton@gmail.com Rev. Freddie Babiczuk, Pst.;
CRP Stds.: 87
WAREHAM
St. Patrick's - 82 High St., Wareham, MA 02571-0271
t) 508-295-2411 info@stpatrickswareham.org
www.stpatrickswareham.org Rev. Antonio da Silva,
S.D.V., Pst.; Rev. Patrick Nwachukwu, Par. Vicar; Den.
David C. Murphy, DRE; CRP Stds.: 200
St. Anthony - Gault Rd., Wareham, MA 02571
WELFLEET
Our Lady of Lourdes - 2282 Rt. 6, P.O. Box 1414,
Welfleet, MA 02667-1414 t) 508-349-2222 (CRP);
508-487-0095 olo2282@comcast.net Rev. Philip N.
Hamel, Pst.; CRP Stds.: 6
Visitation Church - 930 Massasoit Rd., North
Eastham, MA 02651
WEST HARWICH
Holy Trinity - 246 Main St. (Route 28), West Harwich,
MA 02671; Mailing: P. O. Box 428, West Harwich, MA
02671 t) 508-432-4000; 508-432-2898 (CRP)
hthchurch@comcast.net; holytrinityreled@comcast.net
holytrinitycapecod.org Rev. Marc P. Tremblay, Pst.;
Dcn. Ralph F. Cox; Dcn. Christian Devos; Dcn. John
W. Foley; Barbara-Anne Foley, DRE; Mary Wall,
DRE; CRP Stds.: 58
WESTPORT
St. George's - 12 Highland Ave., Westport, MA 02790
t) 508-636-2941 (CRP); 774-319-5579
office@stgeorgecatholic.org www.stgeorgecatholic.org
Rev. Paul Bernier, Pst.; Joy Viveiros, DRE; CRP Stds.:
75
St. John the Baptist - 945 Main Rd., Box 3328,
Westport, MA 02790 t) 508-636-2251
stjb@sprintout.net www.stjohnthebaptistwestport.org
Rev. Paul Bernier, Pst.; Rev. Christopher M. Peschel,
Pst.; Paula Brown, DRE; CRP Stds.: 175
Our Lady of Grace - 569 Sanford Rd., Westport, MA
02790 t) 508-675-5857 (CRP); 508-674-6271
ologwestportma@aol.com ologwestport.com Rev. Msgr.
Christopher M. Peschel, Pst.; Jane Callahan, DRE; Dcn.
Timothy E. Flaherty; CRP Stds.: 127

SCHOOLS: PRESCHOOL THRU HIGH SCHOOL

HIGH SCHOOLS

COMMONWEALTH OF MASSACHUSETTS

ATTLEBORO

Bishop Feehan High School - (DIO) (Grades 9-12) 70
Holport Dr., Attleboro, MA 02703 t) 508-226-6223
webmaster@bfhs.dfrs.org; lcayer@bishopfehan.com
www.bishopfehan.com Sean Kane, Prin.; Timothy B.
Sullivan, Pres.; Stds.: 1,092; Scholastics: 102

FALL RIVER

Bishop Connolly High School - (DIO) 373 Elsbree St.,
Fall River, MA 02720 t) 508-676-1071

kstlaurent@bchs.dfrs.org www.bishopconnolly.com
Kathleen St. Laurent, Pres.; Stds.: 190; Lay Tchrs.: 15
HYANNIS
St. John Paul II School - (Grades 5-12) 120 Highland
Rd., Hyannis, MA 02601 t) 508-862-6336
ckeavy@JPIIHyannis.org;
mvalentino@JPIIHyannis.org www.JPIIHyannis.org
Elizabeth Kelley, Prin.; Mona Lisa Valentino, Prin.;
Christopher W. Keavy, Pres.; Stds.: 456; Lay Tchrs.: 40
NORTH DARTMOUTH
Bishop Stang High School - (DIO) 500 Slocum Rd.,
North Dartmouth, MA 02747-2999 t) 508-996-5602

office@bishopstang.org www.bishopstang.org Rev.
Richard M. Roy, Chap.; Michael P. O'Brien, Prin.;
Kathleen Ruginis, Prin.; Peter Shaughnessy, Pres.;
Nicole Dias, Dir.; Ann O'Leary, Librn.;
TAUNTON
Coyle and Cassidy High School & Middle School -
(DIO) 2 Hamilton St., Taunton, MA 02780
t) 508-823-6164 sfreitas@cc.dfrs.org
www.coylecassidy.com Rev. William M. Rodrigues,
Chap.; Kathleen St. Laurent, Prin.; Mary Patricia
Tranter, Pres.;

CAMPUS MINISTRY / NEWMAN CENTERS [CAM]

FALL RIVER

Bristol Community College Campus Ministry - 777
Elsbree St., Fall River, MA 02720-7395 t) 508-678-2811
x2810 father.frederici@bristolcc.edu
www.bccatholics.com Rev. David C. Frederici, Chap.;
Diocesan Education Center - 423 Highland Ave., Fall
River, MA 02720 t) 508-678-2828 sperla@catholicss.org
www.catholicsschoolsalliance.org Stephen A. Perla, Supt.;
Claire M. McManus, Dir.;

NORTH DARTMOUTH

UMass Dartmouth Campus Ministry - 285 Old
Westport Rd., North Dartmouth, MA 02747-2300
t) 508-999-8872 dfrederici@umassd.edu
www.umassdatholics.com Rev. David C. Frederici,

INSTITUTIONS LOCATED IN DIOCESE

Chap.; Dcn. Frank R. Lucca, Campus Min.;
Wheaton College Office for Campus Ministry - P.O. Box
70737, North Dartmouth, MA 02747 Rev. David C.
Frederici, Dir.;

POCASSET

Cape Cod Campus Ministry - P.O. Box 1558, Pocasset,
MA 02559 t) 774-202-3047 dfrederici@umass.edu
www.capecatholics.com/ Rev. David C. Frederici,
Chap.;

FALL RIVER

Campaign For Human Development Apostolate - 1600
Bay St., P.O. Box M, S. Sta., Fall River, MA 02724
t) 508-674-4681 SMazzarella@cssdioc.org;
DBerg@cssdioc.org Susan Mazzarella, CEO;
Catholic Social Services of Fall River - 1600 Bay St.,

Fall River, MA 02724 t) 508-674-4681

SMazzarella@cssdioc.org Pamela Benoit, Admin.;
Martha Reed, Admin.; Susan Mazzarella, CEO;
Happiness Nosike-Unaka, Vice. Pres.; Rui Rosa, Vice.
Pres.; Asstd. Annu.: 35,325; Staff: 119
Catholic Social Services of Cape Cod - 261 South St.,
Hyannis, MA 02601 t) 508-771-6771
Catholic Social Services of New Bedford - 238 Bonney
St., New Bedford, MA 02744 t) 508-997-7337
St. Dominic's Apartments, Inc. - 818 Middle St., Fall
River, MA 02721; Mailing: 72 Eighth St., New Bedford,
MA 02740 t) 508-916-2434 EAbdow@cafbb.org;
nlawson@cafbb.org Arlene A. McNamee, CEO;

CEMETERIES [CEM]

ATTLEBORO

St. John -

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.gov at https://www.hud.gov/program_offices/comm_planning/coc.
- Questions regarding the FY 2024 CoC Program Competition process must be submitted to CoCNOFO@hud.gov.
- Questions related to e-snaps functionality (e.g., password lockout, access to user's application account, updating Applicant Profile) must be submitted to e-snaps@hud.gov.
- Project applicants are required to have a Unique Entity Identifier (UEI) 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) 2024 Continuum of Care (CoC) Program Competition. For more information see FY 2024 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2024 CoC Program NOFO.
- Detailed instructions and e-snaps navigation guides can be found on the hud.gov website https://www.hud.gov/program_offices/comm_planning/coc/competition. The Detailed Instructions contain more comprehensive instructions and so should be used in tandem with the navigational guides.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2023 Project Application will be imported into the FY 2024 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- YHDP projects that are eligible for renewal under the CoC program may only use the YHDP Renewal or YHDP Replacement and Reallocation funding opportunities. Please review the NOFO for eligibility standards.
- Rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2024 CoC Program Competition NOFO.

1A. SF-424 Application Type

1. Type of Submission: Application

2. Type of Application: Renewal Project Application

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

If "Other", specify:

3. Date Received: 10/18/2024

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: MA0433

This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number

X

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

- a. Legal Name:** City of New Bedford
- b. Employer/Taxpayer Identification Number (EIN/TIN):** 04-6001402
- c. Unique Entity Identifier:** MUQVPRRNQM94

d. Address

Street 1: 608 Pleasant Street

Street 2:

City: New Bedford

County:

State: Massachusetts

Country: United States

Zip / Postal Code: 02740

e. Organizational Unit (optional)

Department Name: Office of Housing and Community Development

Division Name:

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

Prefix: Ms.

First Name: Jennifer

Middle Name:

Last Name: Clarke

Suffix:

Title: Deputy Director

Organizational Affiliation: City of New Bedford

Telephone Number: (508) 979-1500

Extension:

Fax Number: (508) 979-1575

Email: Jennifer.Clarke@newbedford-ma.gov

1C. SF-424 Application Details

9. Type of Applicant: C. City or Township 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-6800-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): Massachusetts
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: Portico

16. Congressional District(s):

a. Applicant: MA-004, MA-008, MA-009
(for multiple selections hold CTRL key)

b. Project: MA-004, MA-008, MA-009
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 09/01/2025

b. End Date: 08/31/2026

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: Jennifer

Middle Name:

Last Name: Clarke

Suffix:

Title: Deputy Director

Telephone Number: (508) 979-1500
(Format: 123-456-7890)

Fax Number: (508) 979-1575
(Format: 123-456-7890)

Email: Jennifer.Clarke@newbedford-ma.gov

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

Date Signed: 10/18/2024

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Number: 2501-0017 Expiration Date: 01/31/2026

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: City of New Bedford

Prefix: Ms.

First Name: Jennifer

Middle Name:

Last Name: Clarke

Suffix:

Title: Deputy Director

Organizational Affiliation: City of New Bedford

Telephone Number: (508) 979-1500

Extension:

Email: Jennifer.Clarke@newbedford-ma.gov

City: New Bedford

County:

State: Massachusetts

Country: United States

Zip/Postal Code: 02740

2. Employer ID Number (EIN): 04-6001402

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$687,718.00

(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 |
|--|--------------------|-----------------------------|----------------------------|
| N/A | N/A | \$0.00 | \$0.00 |
| | | | |
| | | | |
| | | | |
| | | | |

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

Part III Interested Parties

Do you need to disclose interested parties for this grant according to the criteria below? No

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 non-disclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I/We, the undersigned, certify under penalty of perjury that the information provided above is true, correct, and accurate. Warning: If you knowingly make a false statement on this form, you may be subject to criminal and/or civil 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.

☒

Name / Title of Authorized Official: Jennifer Clarke, Deputy Director

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

Date Signed: 10/18/2024

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: City of New Bedford

Program/Activity Receiving Federal Grant CoC Program
Funding:

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; | |

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 certify that the information provided on this form and in any accompanying documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

☒

WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 1001, 1010, 1012; 31 U.S.C. §3729, 3802)

Authorized Representative

Prefix: Ms.

First Name: Jennifer

Middle Name

Last Name: Clarke

Suffix:

Title: Deputy Director

Telephone Number: (508) 979-1500
(Format: 123-456-7890)

Fax Number: (508) 979-1575
(Format: 123-456-7890)

Email: Jennifer.Clarke@newbedford-ma.gov

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

Date Signed: 10/18/2024

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: City of New Bedford

Name / Title of Authorized Official: Jennifer Clarke, Deputy Director

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

Date Signed: 10/18/2024

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES

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

Approved by OMB: 4040-0013 (exp. 02/28/2025)

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: City of New Bedford

Street 1: 608 Pleasant Street

Street 2:

City: New Bedford

County:

State: Massachusetts

Country: United States

Zip / Postal Code: 02740

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: Jennifer

Middle Name:

Last Name: Clarke

Suffix:

Title: Deputy Director

Telephone Number: (508) 979-1500
(Format: 123-456-7890)

Fax Number: (508) 979-1575
(Format: 123-456-7890)

Email: Jennifer.Clarke@newbedford-ma.gov

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

Date Signed: 10/18/2024

IK. SF-424B

(SF-424B) ASSURANCES - NON-CONSTRUCTION PROGRAMS

OMB Number: 4040-0007
Expiration Date: 02/28/2025

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

- | | |
|----|---|
| 1. | Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application. |
| 2. | Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives. |
| 3. | Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain. |
| 4. | Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency. |
| 5. | Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F). |
| 6. | Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism, (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application. |
| 7. | Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases. |
| 8. | Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds. |

| | |
|-----|--|
| 9. | Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements. |
| 10. | Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more. |
| 11. | Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205). |
| 12. | Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system. |
| 13. | Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.). |
| 14. | Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance. |
| 15. | Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance. |
| 16. | Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures. |
| 17. | Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations." |
| 18. | Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program. |
| 19. | Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award. |

As the duly authorized representative of the applicant, I certify: ☒

Authorized Representative for: City of New Bedford

Prefix: Ms.

First Name: Jennifer

Middle Name:

Last Name: Clarke

Suffix:

Title: Deputy Director

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

Date Signed: 10/18/2024

Information About Submission without Changes

Follow the instructions below making note of the exceptions and limitations to the “Submit Without Changes” process.

In general, HUD expects a project’s proposed project application information will remain the same from year-to-year unless changes are directed by HUD or approved through the grant agreement amendment process. However, HUD expects applicants to carefully review their information to determine if submitting without changes accurately reflects the expiring grant requesting renewal.

The data from previously submitted new and renewal project applications can be imported into a FY 2024 renewal project application. The “Submit without Changes” process is not applicable for first time renewing project applications or for a project application that did not import FY 2023 information and e-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that select “Yes - Individual Application in a Renewal Grant Consolidation” on the Renewal Grant Consolidation or Renewal Grant Expansion Screen may not use the “Submit Without Changes” process and esnaps will automatically be set to “Make Changes”. In addition, esnaps will automatically be set to “Make Changes” if the project applicant indicates on the Renewal Grant Consolidation or Renewal Grant Expansion Screen, this project application is for a “Yes - Stand-Alone Renewal Application in a New Grant Expansion” project application.

The e-snaps screens that remain “open” for required annual updates and do not affect applicants’ ability to select “Submit without Changes” are:

- Recipient Performance Screen
- Consolidation and Expansion
- Screen 3A. Project Detail
- Screen 6A. Funding Request
- Screen 6D. Sources of Match
- Screen 6E. Summary Budget - All of Part 7: Attachments and Certification; and
- All of Part 8: Submission Summary.

All other screens in Part 2 through Part 6 begin in “Read-Only” format and should be reviewed for accuracy; including any updates that were made to the 2023 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select “Submit Without Changes” in Part 8. If project applicants imported data and do need to make updates to the information on one or more screens, they must navigate to Part 8: “Submission Without Changes” Screen, select “Make Changes”, and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click “Save” and those screens will be available for edit. Once a project applicant selects a checkbox and clicks “Save”, the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions and e-snaps navigation guides found on HUD.gov to find more in depth information about applying under the FY 2024 CoC Competition.

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award due to reallocation? No

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

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

| | |
|--|-------------------------------------|
| Part 2 - Subrecipient Information | |
| 2A. Subrecipients | <input checked="" type="checkbox"/> |
| Part 3 - Project Information | |
| 3A. Project Detail | <input checked="" type="checkbox"/> |
| 3B. Description | <input checked="" type="checkbox"/> |
| 3C. Dedicated Plus | <input type="checkbox"/> |
| Part 4 - Housing Services and HMIS | |
| 4A. Services | <input type="checkbox"/> |
| 4B. Housing Type | <input checked="" type="checkbox"/> |
| Part 5 - Participants and Outreach Information | |
| 5A. Households | <input checked="" type="checkbox"/> |
| 5B. Subpopulations | <input checked="" type="checkbox"/> |
| Part 6 - Budget Information | |
| 6A. Funding Request | <input checked="" type="checkbox"/> |
| 6B. Leased Units | <input checked="" type="checkbox"/> |
| 6D. Match | <input checked="" type="checkbox"/> |
| 6E. Summary Budget | <input checked="" type="checkbox"/> |
| Part 7 - Attachment(s) & Certification | |

| | |
|----------------------------------|-------------------------------------|
| 7A. Attachment(s) | <input checked="" type="checkbox"/> |
| 7A. In-Kind Match MOU Attachment | <input checked="" type="checkbox"/> |
| 7B. Certification | <input checked="" type="checkbox"/> |
| | |

You have selected "Make Changes" to question #2 above. Provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

2A- updated agency name to reflect as Catholic Charities of the Diocese of Fall River; updated expected sub-award amount.

3A- updated program description to include adult households without children.

5A- added demographics for households without a child

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

Recipient Performance

1. Did you submit your previous year's Annual Performance Report (APR) on time? Yes

2. Do you have any unresolved HUD Monitoring or OIG Audit finding(s) concerning any previous grant term related to this renewal project request? No

3. Do you draw funds quarterly for your current renewal project? Yes

4. Have any funds remained available for recapture by HUD for the most recently expired grant term related to this renewal project request? Yes

4a. If HUD recaptured funds provide an explanation.

FY21 Allocation Amount: \$725,211. HUD recaptured \$107,052: \$103,988 (Leasing); \$3,064 (SS).

The recaptured funds were due to unspent funds in both leasing and supportive services. Unspent leasing funds were due to the program having less units than budgeted, while having more bed utilization than necessary to meet contract requirements. Supportive Services unspent funds were because the department periodically experienced staffing challenges throughout the grant period.

Renewal Grant Consolidation or Renewal Grant Expansion

The CoC Competition will continue offering opportunities to expand or consolidate CoC projects.

1. Expansions and Consolidations will no longer be required to submit a combined version of the application.

a. Expansions will be required to ONLY submit a Stand-Alone Renewal and a Stand-Alone New application.

b. Consolidations will be required to ONLY submit a Survivor grant and a terminating grant. Up to 10 grants may be involved in a consolidation (Survivor + 9 Terminating grants)



2. Since no combined version will be submitted for either the Expansion or Consolidation, the combining of data will occur at Post-Award. HUD HQ will combine all units, beds and budgets prior to the Post-Award process. The field office and applicant will then be required to combine remaining project data at C1.9a (recipient step). HUD HQ will provide a data report with the data all combined. All that will be required for applicants to do is a simple copy and paste.

We hope this process will simplify and reduce any confusion when submitting expansions or consolidations. If you have any questions, please contact the AAQ.

**1. Is this renewal project application requesting to No
consolidate or expand?**

If "No" click on "Next" or "Save & Next" below to move to the next screen.

2A. Project Subrecipients

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

Total Expected Sub-Awards: \$687,718

| Organization | Type | Sub-Award Amount |
|---|------------------------------------|------------------|
| Catholic Charities of the Diocese of Fall River | M. Nonprofit with 501C3 IRS Status | \$687,718 |

2A. Project Subrecipients Detail

a. Organization Name: Catholic Charities of the Diocese of Fall River

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

c. Employer or Tax Identification Number: 04-2106394

d. Unique Entity Identifier: Y9C6WT71E6H3

e. Physical Address

Street 1: 1600 Bay Street

Street 2:

City: Fall River

State: Massachusetts

Zip Code: 02724

f. Congressional District(s): MA-004, MA-008, MA-009
(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: \$687,718

j. Contact Person

Prefix: Ms.

First Name: Susan

Middle Name:

Last Name: Mazzarella

Suffix:

Title: Chief Executive Officer

E-mail Address: SMazzarella@ccfrdioc.org

Confirm E-mail Address: SMazzarella@ccfrdioc.org

Phone Number: 508-674-4681

Extension:

Fax Number: 508-675-2224

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

3A. Project Detail

1. Expiring Grant Project Identification Number (PIN): MA0433

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

2. CoC Number and Name: MA-505 - New Bedford/Attleboro/Taunton/Bristol County

3. CoC Collaborative Applicant Name: City of New Bedford

4. Project Name: Portico

5. Project Status: Standard

6. Component Type: PH

6a. Select the type of PH project. PSH

7. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3? No

8. Does this project include Replacement Reserves as a CoC Operating Cost? No

(Attachment Requirement)

9. Is this project applying for Rural costs on screen 6A? No

3B. Project Description

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

The Portico program consists of thirty-one (31) housing units with eighty-three (83) beds located at scattered sites within MA-505. The program serves families and individuals experiencing homelessness in New Bedford. The goal of the program is to serve a total of 31 households or 83 persons over the course of the program year.

To qualify for this project, all participants must meet the HUD definition of homelessness and have a documented disability. Further, all participants are required to use, and the Portico project shall receive all its referrals from, the CoC's Coordinated Entry System. Portico will prioritize families meeting the HUD definition of chronically homeless. Further, this project shall also be available to families, the majority of whom will have substance use disorders, as well as families with serious mental health issues or co-occurring issues in addition to meeting the eligibility standards of homelessness and disability noted. Those eligible for this project meeting homelessness and disability standards may also be veterans, unaccompanied youth and/or have experienced or be fleeing from domestic violence, stalking, and other forms of predation as consistent with HUD's definition of homelessness.

Portico will use a Housing First Model of service delivery (i.e., low barrier /low threshold system) that focuses first on stabilizing families in housing. Once the family is stabilized and the basic need for shelter has been eliminated, they can choose to participate in receiving support, resources and/or case management.

CCFR case managers will work with each program family to develop an Individual Service Plan (ISP) to maximize housing stability, increase income/access to mainstream resources, and to help them achieve greater self-determination based on the unique needs and choice of each program family member. Case managers will provide referrals and options for mainstream resources that will help them maintain stability in their housing. In addition to mainstream resources, CCFR will offer assistance to all program participants interested in applying for subsidized housing such as Section 8/vouchers that would allow them to move on to more permanent housing.

Continuum of Care (CoC) funds will be used for the following eligible costs: Leasing, Supportive Services, Operations and Administration. See the Project Budget for additional details.

2. Check the appropriate box(s) if this project will have a specific subpopulation focus. (Select all that apply)

| | | | |
|---|-------------------------------------|-------------------------|-------------------------------------|
| N/A - Project Serves All Subpopulations | <input type="checkbox"/> | Survivors | <input type="checkbox"/> |
| Veterans | <input checked="" type="checkbox"/> | Substance Use Disorders | <input checked="" type="checkbox"/> |

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

3. Housing First

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

3b. Does the project enroll program participants who have the following barriers?
Select all that apply.

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

3c. Will the project prevent program participant termination for the following
reasons? Select all that apply.

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

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

3C. Dedicated Plus

100% Dedicated or DedicatedPLUS

A "100% Dedicated" project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and families.

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:

- (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 were dedicated to individuals and families experiencing chronic homelessness under the grant that is being renewed may either be reallocated as a DedicatedPLUS project or may continue as a renewal dedicating 100 percent of its beds to individuals and families experiencing chronic homelessness. If the project is reallocated as a DedicatedPLUS project, the project must adhere to all fair housing requirements at 24 CFR 578.93.

1. Is this project "100% Dedicated," DedicatedPLUS
"DedicatedPLUS," or "N/A"?

(Only select "N/A" if this project was originally awarded as a grant that did not have requirements to only serve persons experiencing chronic homelessness and meets the definition of "non-dedicated permanent supportive housing beds" in the NOFO Section III.B.2.r).

4A. Supportive Services for Program Participants

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. For all supportive services available to program 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 | As needed |
| Assistance with Moving Costs | | Partner | As needed |
| Case Management | | Subrecipient | Weekly |
| Child Care | | Partner | As needed |
| Education Services | | Partner | As needed |
| Employment Assistance and Job Training | | Partner | As needed |
| Food | | Subrecipient | As needed |
| Housing Search and Counseling Services | | Subrecipient | As needed |
| Legal Services | | Partner | As needed |
| Life Skills Training | | Subrecipient | As needed |
| Mental Health Services | | Partner | As needed |
| Outpatient Health Services | | Partner | As needed |
| Outreach Services | | Subrecipient | As needed |
| Substance Abuse Treatment Services | | Partner | As needed |
| Transportation | | Subrecipient | As needed |
| Utility Deposits | | Partner | As needed |

Identify whether the project includes the following activities:

2. Transportation assistance to program participants to attend mainstream benefit appointments, employee training, or jobs? Yes

3. Annual follow-up with program participants to ensure mainstream benefits are received and renewed? Yes

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

4a. 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: 31

Total Beds: 83

Total Dedicated CH Beds: 83

| Housing Type | Housing Type (JOINT) | Units | Beds |
|---------------------------------|----------------------|-------|------|
| Scattered-site apartments (...) | --- | 31 | 83 |

4B. Housing Type and Location Detail

Note: These fields should reflect full capacity on one night. For additional guidance, please refer to the Detailed Instructions.

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

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

a. Units: 31

b. Beds: 83

c. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 83

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

3. Address:

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

Street 1: 238 Bonney Street

Street 2:

City: New Bedford

State: Massachusetts

ZIP Code: 02744

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

251614 New Bedford

5A. Program Participants - Households

Note: These fields should reflect full capacity on one night. For additional guidance, please refer to the Detailed Instructions

| | Households with at Least One Adult and One Child | Adult Households without Children | Households with Only Children | Total |
|-------------------------------------|---|--|--|-------|
| Number of Households | 29 | 2 | 0 | 31 |
| | | | | |
| 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 |
| Persons over age 24 | 31 | 4 | | 35 |
| Persons ages 18-24 | 10 | 0 | | 10 |
| Accompanied Children under age 18 | 38 | | 0 | 38 |
| Unaccompanied Children under age 18 | | | 0 | 0 |
| Total Persons | 79 | 4 | 0 | 83 |

Click Save to automatically calculate totals

5B. Program Participants - Subpopulations

Note: These fields should reflect full capacity on one night. For additional guidance, please refer to the Detailed Instructions.

Persons in Households with at Least One Adult and One Child

| Characteristics | CH (Not Veterans) | CH Veterans | Veterans (Not CH) | Substance Use Disorders | HIV/AIDS | Mental Illness | Survivors | Physical Disability | Developmental Disability | Persons Not Represented by a Listed Subpopulation |
|-----------------------|-------------------|-------------|-------------------|-------------------------|----------|----------------|-----------|---------------------|--------------------------|---|
| Persons over age 24 | 31 | 0 | 0 | 17 | 0 | 31 | 2 | 0 | 2 | 0 |
| Persons ages 18-24 | 10 | 0 | 0 | 0 | 0 | 3 | 0 | 0 | 0 | 0 |
| Children under age 18 | 38 | | | 1 | 0 | 3 | 2 | 0 | 5 | 0 |
| Total Persons | 79 | 0 | 0 | 18 | 0 | 37 | 4 | 0 | 7 | 0 |

Click Save to automatically calculate totals

Persons in Households without Children

| Characteristics | CH (Not Veterans) | CH Veterans | Veterans (Not CH) | Substance Use Disorders | HIV/AIDS | Mental Illness | Survivors | Physical Disability | Developmental Disability | Persons Not Represented by a Listed Subpopulation |
|---------------------|-------------------|-------------|-------------------|-------------------------|----------|----------------|-----------|---------------------|--------------------------|---|
| Persons over age 24 | 4 | 0 | 0 | 3 | 0 | 4 | 0 | 0 | 0 | 0 |
| Persons ages 18-24 | | | | | | | | | | |
| Total Persons | 4 | 0 | 0 | 3 | 0 | 4 | 0 | 0 | 0 | 0 |

Click Save to automatically calculate totals

Persons in Households with Only Children

| Characteristics | CH (Not Veterans) | CH Veterans | Veterans (Not CH) | Substance Use Disorders | HIV/AIDS | Mental Illness | Survivors | Physical Disability | Developmental Disability | Persons Not Represented by a Listed Subpopulation |
|-------------------------------------|-------------------|-------------|-------------------|-------------------------|----------|----------------|-----------|---------------------|--------------------------|---|
| Accompanied Children under age 18 | | | | | | | | | | |
| Unaccompanied Children under age 18 | | | | | | | | | | |
| Total Persons | 0 | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

6A. Funding Request

VAWA Budget

In FY2024, the Violence Against Women Act (VAWA) has clarified the use of CoC Program funds for VAWA eligible cost categories. These VAWA cost categories can be added to a new project application to create a CoC VAWA Budget Line Item (BLI) in e-snaps and eLOCCS. The BLI will be added to grant agreements and utilized the same as other CoC Program BLIs in e-snaps and eLOCCS. Eligible CoC VAWA costs can be identified in one or both of the following CoC VAWA categories. Examples of eligible costs in these cost categories are identified as follows:

- A. VAWA Emergency Transfer Facilitation. Examples of eligible costs include the costs of assessing, coordinating, approving, denying, and implementing a survivor's emergency transfer(s). Additional details of eligible costs include:
- Moving Costs. Assistance with reasonable moving costs to move survivors for an emergency transfer(s).
 - Travel Costs. Assistance with reasonable travel costs for survivors and their families to travel for an emergency transfer(s). This may include travel costs to locations outside of your CoC's geography.
 - Security Deposits. Grant funds can be used to pay for security deposits of the safe unit the survivor is transferring to via an emergency transfer(s).
 - Utilities. Grant funds can be used to pay for costs of establishing utility assistance in the safe unit the survivor is transferring to.
 - Housing Fees. Grant funds can be used to pay fees associated with getting survivors into a safe unit via emergency transfer(s), including but not limited to application fees, broker fees, holding fees, trash fees, pet fees where the person believes they need their pet to be safe, etc.
 - Case Management. Grant funds can be used to pay staff time necessary to assess, coordinate, and implement emergency transfer(s).
 - Housing Navigation. Grant funds can be used to pay staff time necessary to identify safe units and facilitate moves into housing for survivors through emergency transfer(s).
 - Technology to make an available unit safe. Grant funds can be used to pay for technology that the individual believes is needed to make the unit safe, including but not limited to doorbell cameras, security systems, phone, and internet service when necessary to support security systems for the unit, etc.
- B. VAWA Confidentiality Requirements. Examples of eligible costs for ensuring compliance with VAWA confidentiality requirements include:
- Monitoring and evaluating compliance.
 - Developing and implementing strategies for corrective actions and remedies to ensure compliance.
 - Program evaluation of confidentiality policies, practices, and procedures.
 - Training on compliance with VAWA confidentiality requirements.
 - Reporting to CoC Collaborative Applicant, HUD, and other interested parties on compliance with VAWA confidentiality requirements.
 - Costs for establishing methodology to protect survivor information.
 - Staff time associated with maintaining adherence to VAWA confidentiality requirements.

Enter the estimated amount(s) you are requesting for this project's Emergency Transfer Facilitation costs and VAWA Confidentiality Requirements costs for one or both of these eligible CoC VAWA cost categories. The CoC VAWA BLI Total amount can be expended for any eligible CoC VAWA cost identified above.

1. Will this project use funds from this grant to provide for emergency transfer facilitation, which includes the costs of assessing, coordinating, approving, denying and implementing a survivor's emergency transfer per Section III.B.4.a.(3) (a) of the NOFO? Yes

2. Will this project use funds from this grant to provide for VAWA confidentiality requirements, which includes the costs of ensuring compliance with the VAWA confidentiality requirements per Section III.B.4.a.(3) (b) of the NOFO? No

Rural Cost Budget

In FY2024, the CoC Program has added eligible rural cost budget categories to be added in a new CoC Rural Cost Budget Line Item (BLI). The BLI will be added to grant agreements and utilized the same as other CoC Program BLIs in e-snaps and eLOCCS. There are three CoC Program rural cost categories that can be requested for your CoC Rural Cost BLI.

- Short-term emergency lodging to include housing in motels or shelters, either by providing direct funding or through vouchers.
- Repairs to housing units in where individuals and families experiencing homelessness will be housed, including housing units.
- Staff Training to include professional development, skill development, and staff retention activities.

3. Will this project use funds from this grant to provide for short-terms emergency lodging, repairs to housing units and staff training per Section III.B.4.b.(3) (a) of the NOFO? No

4. 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:

| Cognizant Agency | Indirect Cost Rate | Direct Cost Base | Plan approved by cognizant agency or will use 15% de minimis rate |
|-------------------------|--------------------|------------------|---|
| Federal de minimis rate | 10% | \$167,325 | Approved Rate |

5. Renewal Grant Term: This field is pre-populated with a one-year grant term and cannot be edited: 1 Year

6. Select the costs for which funding is requested:

| | |
|---------------------|-------------------------------------|
| Leased Units | <input checked="" type="checkbox"/> |
| Leased Structures | <input type="checkbox"/> |
| Rental Assistance | <input type="checkbox"/> |
| Supportive Services | <input checked="" type="checkbox"/> |
| Operating | <input checked="" type="checkbox"/> |
| HMIS | <input type="checkbox"/> |
| VAWA | <input checked="" type="checkbox"/> |
| Rural | <input type="checkbox"/> |

The VAWA BLI is permanently checked. This allows any project to shift funds up to a 10% shift from another BLI if VAWA emergency transfer costs are needed.

6B. Leased Units Budget

The following list summarizes the funds being requested for one or more units leased for operating the projects. To add information to the list, select the icon. To view or update information already listed, select the icon.

| | |
|------------------------------------|-----------|
| Total Annual Assistance Requested: | \$513,429 |
| Grant Term: | 1 Year |
| Total Request for Grant Term: | \$513,429 |
| Total Units: | 31 |

The number of beds for which funding has been requested in the Leased Units budget is 83.

| FMR Area | Total Units Requested | Total Annual Budget Requested | Total Budget Requested |
|----------------------|-----------------------|-------------------------------|------------------------|
| MA - New Bedford,... | 31 | \$513,429 | \$513,429 |

Leased Units Budget Detail

Enter the appropriate values in the "Number of Units" AND "Total Request" fields.



Metropolitan or non-metropolitan MA - New Bedford, MA HUD Metro FMR Area
fair market rent area: (2500500520)

Leased Units Annual Budget

| Size of Units | # of Units (Applicant) | Total Request (Applicant) |
|--|---------------------------|---------------------------------|
| SRO | | |
| 0 Bedroom | | |
| 1 Bedroom | | |
| 2 Bedroom | 10 | |
| 3 Bedroom | 21 | |
| 4 Bedroom | | |
| 5 Bedroom | | |
| 6 Bedroom | | |
| 7 Bedroom | | |
| 8 Bedroom | | |
| 9 Bedroom | | |
| Total Units and Annual Assistance Requested | 31 | \$513,429 |
| Grant Term | | 1 Year |
| Total Request for Grant Term | | \$513,429 |

Click the 'Save' button to automatically calculate totals.

6D. Sources of Match

The following list summarizes the funds that will be used as Match for this project. To add a Match source to the list, select the  icon. To view or update a Match source already listed, select the  icon.

Summary for Match

| | |
|-------------------------------------|----------|
| Total Value of Cash Commitments: | \$35,757 |
| Total Value of In-Kind Commitments: | \$7,815 |
| Total Value of All Commitments: | \$43,572 |

1. Will this project generate program income described in 24 CFR 578.97 to use as Match for this project? 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.

| Type | Source | Contributor | Value of Commitments |
|---------|------------|----------------------|----------------------|
| Cash | Private | Catholic Charitie... | \$35,757 |
| In-Kind | Government | City of New Bedford | \$7,815 |

Sources of Match Detail

1. Type of Match Commitment: Cash
2. Source: Private
3. Name of Source: Catholic Charities of the Diocese of Fall River
(Be as specific as possible and include the office or grant program as applicable)
4. Amount of Written Commitment: \$35,757

Sources of Match Detail

1. Type of Match Commitment: In-Kind
2. Source: Government
3. Name of Source: City of New Bedford
(Be as specific as possible and include the office or grant program as applicable)
4. Amount of Written Commitment: \$7,815

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.

6E. Summary Budget

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2018 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2018, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

| Eligible Costs (Light gray fields are available for entry of the previous grant agreement, GIW, approved GIW Change Form, or reduced by reallocation) | Applicant CoC Program Costs Requested (1 Year Term) |
|--|--|
| 1a. Leased Units (Screen 6B) | \$513,429 |
| 1b. Leased Structures (Enter) | \$0 |
| 2. Rental Assistance (Screen 6C) | \$0 |
| 3. Supportive Services (Enter) | \$86,886 |
| 4. Operating (Enter) | \$33,120 |
| 5. HMIS (Enter) | \$0 |
| 6. VAWA (Enter) | \$2,644 |
| 7. Rural (Enter) (Only for HUD CoC Program approved rural areas) | \$0 |
| 8. Sub-total of CoC Program Costs Requested | \$636,079 |
| 9. Admin (Up to 10% of Sub-total in #8) | \$51,639 |
| 10. HUD funded Sub-total + Admin. Requested | \$687,718 |
| 11. Cash Match (From Screen 6D) | \$35,757 |
| 12. In-Kind Match (From Screen 6D) | \$7,815 |
| 13. Total Match (From Screen 6D) | \$43,572 |
| 14. Total Project Budget for this grant, including Match | \$731,290 |

7A. Attachment(s)

| Document Type | Required? | Document Description | Date Attached |
|---|-----------|----------------------|---------------|
| 1) Subrecipient Nonprofit Documentation | No | FY23 Nonprofit Do... | 08/30/2023 |
| 2) Other Attachment | No | | |
| 3) Other Attachment | No | | |

Attachment Details

Document Description: FY23 Nonprofit Documentation Letter

Attachment Details

Document Description:

Attachment Details

Document Description:

7A. In-Kind Match MOU Attachment

| Document Type | Required? | Document Description | Date Attached |
|-------------------|-----------|----------------------|---------------|
| In-Kind Match MOU | No | | |

Attachment Details

Document Description:

7B. Certification

**Applicant and Recipient Assurances and Certifications - form HUD-424B (Title)
U.S. Department of Housing and Urban Development OMB Approval No.
2501-0017
(expires 01/31/2026)**

As part of your application for HUD funding, you, as the official authorized to sign on behalf of your organization or as an individual must provide the following assurances and certifications. The Responsible Civil Rights Official has specified this form for use for purposes of general compliance with 24 CFR §§ 1.5, 3.115, 8.50, and 146.25, as applicable. The Responsible Civil Rights Official may require specific civil rights assurances to be furnished consistent with those authorities and will specify the form on which such assurances must be made. A failure to furnish or comply with the civil rights assurances contained in this form may result in the procedures to effect compliance at 24 CFR §§ 1.8, 3.115, 8.57, or 146.39. By submitting this form, you are stating that to the best of your knowledge and belief, all assertions are true and correct.

1. Has the legal authority to apply for Federal assistance, has the institutional, managerial and financial capability (including funds to pay the non-Federal share of program costs) to plan, manage and complete the program as described in the application and the governing body has duly authorized the submission of the application, including these assurances and certifications, and authorized me as the official representative of the application to act in connection with the application and to provide any additional information as may be required.

2. Will administer the grant in compliance with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and implementing regulations (24 CFR part 1), which provide that no person in the United States shall, on the grounds of race, color or national origin, be excluded from participation in, be denied the benefits of, or otherwise be subject to discrimination under any program or activity that receives Federal financial assistance OR if the applicant is a Federally recognized Indian tribe or its tribally designated housing entity, is subject to the Indian Civil Rights Act (25 U.S.C. 1301-1303).

3. Will administer the grant in compliance with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and implementing regulations at 24 CFR part 8, the American Disabilities Act (42 U.S.C. §§ 12101 et seq.), and implementing regulations at 28 CFR part 35 or 36, as applicable, and the Age Discrimination Act of 1975 (42 U.S.C. 6101-07) as amended, and implementing regulations at 24 CFR part 146 which together provide that no person in the United States shall, on the grounds of disability or age, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity that receives Federal financial assistance; except if the grant program authorizes or limits participation to designated populations, then the applicant will comply with the nondiscrimination requirements within the designated population.

4. Will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and the implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion sex (including gender identity and sexual orientation), disability, familial status, or national origin and will affirmatively further fair housing; except an applicant which is an Indian tribe or its instrumentality which is excluded by statute from coverage does not make this certification; and further except if the grant program authorizes or limits participation to designated populations, then the applicant will comply with the nondiscrimination requirements within the designated population.

5. Will comply with all applicable Federal nondiscrimination requirements, including those listed at 24 CFR §§ 5.105(a) and 5.106 as applicable.

6. Will comply with the acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended (42 U.S.C. 4601) and implementing regulations at 49 CFR part 24 and, as applicable, Section 104(d) of the Housing and Community Development Act of 1974 (42 U.S.C. 5304(d)) and implementing regulations at 24 CFR part 42, subpart A.

7. Will comply with the environmental requirements of the National Environmental Policy Act (42 U.S.C. 4321 et seq.) and related Federal authorities prior to the commitment or expenditure of funds for property.

8. That no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, and officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all subawards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly. Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage by the Byrd Amendment, but State-recognized Indian tribes and TDHs established under State law are not excluded from the statute's coverage.

Name of Authorized Certifying Official: Jennifer Clarke

Date: 10/18/2024

Title: Deputy Director

Applicant Organization: City of New Bedford

PHA Number (For PHA Applicants Only):

I/We, the undersigned, certify under penalty of perjury that the information provided above is true and correct. **WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties.** (18 U.S.C. §§287, 1001, 1010, 1012, 1014; 31 U.S.C. §3729, 3802).

X

8B Submission Summary

| Page | | Last Updated |
|------------------------------------|--|--------------|
| 1A. SF-424 Application Type | | 09/23/2024 |
| 1B. SF-424 Legal Applicant | | 09/20/2024 |
| Renewal Project Application FY2024 | | Page 54 |
| | | 10/18/2024 |

| | |
|---|-------------------|
| 1C. SF-424 Application Details | No Input Required |
| 1D. SF-424 Congressional District(s) | 09/23/2024 |
| 1E. SF-424 Compliance | 09/20/2024 |
| 1F. SF-424 Declaration | 09/23/2024 |
| 1G. HUD 2880 | 09/23/2024 |
| 1H. HUD-50070 | 09/23/2024 |
| 1I. Cert. Lobbying | 09/23/2024 |
| 1J. SF-LLL | 09/23/2024 |
| IK. SF-424B | 09/23/2024 |
| Submission Without Changes | 09/26/2024 |
| Recipient Performance | 10/07/2024 |
| Renewal Grant Consolidation or Renewal Grant Expansion | 09/23/2024 |
| 2A. Subrecipients | 10/18/2024 |
| 3A. Project Detail | 09/23/2024 |
| 3B. Description | 10/18/2024 |
| 3C. Dedicated Plus | 09/20/2024 |
| 4A. Services | 09/20/2024 |
| 4B. Housing Type | 09/26/2024 |
| 5A. Households | 10/18/2024 |
| 5B. Subpopulations | No Input Required |
| 6A. Funding Request | 10/18/2024 |
| 6B. Leased Units | 09/20/2024 |
| 6D. Match | 09/26/2024 |
| 6E. Summary Budget | No Input Required |
| 7A. Attachment(s) | 09/20/2024 |
| 7A. In-Kind Match MOU Attachment | No Input Required |
| 7B. Certification | 10/18/2024 |

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

Department of the Treasury

Date: August 24, 2022

Person to Contact:

R. Meyer ID# 0110429

Toll Free Telephone Number:

877-829-5500

United States Conference of Catholic
Bishops
3211 4th Street, NE
Washington, DC 20017-1194

Group Exemption Number:

0928

Dear Sir/Madam:

This responds to your June 23, 2022, request for information regarding the status of your group tax exemption.

Our records indicate that you were issued a determination letter in March 1946, that you are currently exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code, and are not a private foundation within the meaning of section 509(a) of the Code because you are described in sections 509(a)(1) and 170(b)(1)(A)(i).

With your request, you provided a copy of the *Official Catholic Directory for 2022*, which includes the names and addresses of the agencies and instrumentalities and the educational, charitable, and religious institutions operated by the Roman Catholic Church in the United States, its territories, and possessions that are subordinate organizations under your group tax exemption. Your request indicated that each subordinate organization is a non-profit organization, that no part of the net earnings thereof inures to the benefit of any individual, and that no substantial part of their activities is for promotion of legislation. You have further represented that none of your subordinate organizations is a private foundation under section 509(a), although all subordinates do not all share the same sub-classification under section 509(a). Based on your representations, the subordinate organizations in the *Official Catholic Directory for 2022* are recognized as exempt under section 501(c)(3) of the Code under GEN 0928.

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

Subordinate organizations under a group exemption do not receive individual exemption letters. Subordinate organizations are not listed in Tax Exempt Organization Search (Pub 78 data), and many are not listed in the Exempt Organizations Business Master

File extract, or EO BMF. Donors may verify that a subordinate organization is included in your group exemption by consulting the *Official Catholic Directory*, the official subordinate listing approved by you, or by contacting you directly. IRS does not verify the inclusion of subordinate organizations under your group exemption. See IRS Publication 4573, *Group Exemption*, for additional information about group exemptions.

Each subordinate organization covered in a group exemption should have its own EIN. Each subordinate organization must use its own EIN, not the EIN of the central organization, in all filings with IRS.

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

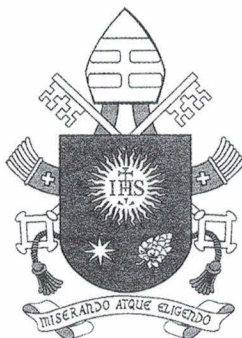
Sincerely,

A handwritten signature in cursive script that reads "Stephen A. Martin".

Stephen A. Martin
Director, Exempt Organizations
Rulings and Agreements

ALABAMA • COLORADO • ARIZONA • MAINE • TEXAS • UTAH • ALASKA •
 IOWA • LOUISIANA • WISCONSIN • TENNESSEE • IDAHO •
 CALIFORNIA • MICHIGAN • MINNESOTA • MISSISSIPPI • MISSOURI • WEST VIRGINIA • NEW YORK • NEVADA •
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 NEW HAMPSHIRE • NEW JERSEY • NEW MEXICO • CONNECTICUT • FLORIDA • MASSACHUSETTS •

1817



2022

The Official Catholic Directory

Anno
Domini
2022

Published Annually by
P.J. Kennedy & Sons



MOST REVEREND EDGAR MOREIRA DA CUNHA, S.D.V., D.D.

Bishop of Fall River; ordained March 27, 1982; appointed Titular Bishop of Ucles and Auxiliary Bishop of Newark June 27, 2003; Episcopal ordination September 3, 2003; appointed Bishop of Fall River July 3, 2014; installed September 24, 2014.

Office of Most Rev. Edgar Moreira da Cunha, S.D.V., D.D., Bishop of Fall River:
47 Underwood St., Fall River, MA 02720-5427. T: 508-675-1311; F: 508-679-9220.

The Chancery: 450 Highland Ave., Fall River, MA 02720-3701. T: 508-675-1311; F: 508-730-2447.

bishopoffice@dioc-fr.org
chancery@dioc-fr.org
www.fallriverdiocese.org

ESTABLISHED MARCH 12, 1904.

Square Miles 1,194.

Comprises Bristol, Barnstable, Dukes and Nantucket Counties, and the Towns of Marion, Mattapoisett and Wareham in Plymouth County, Massachusetts.

For legal titles of parishes and diocesan institutions, consult the Chancery Office.

STATISTICAL OVERVIEW

| | |
|---|--------|
| sonnel | |
| op | 1 |
| red Bishops | 1 |
| sts: Diocesan Active in Diocese | 57 |
| sts: Diocesan Active Outside Diocese | 7 |
| sts: Retired, Sick or Absent | 51 |
| ber of Diocesan Priests | 115 |
| gious Priests in Diocese | 65 |
| Priests in your Diocese | 180 |
| m Priests in Diocese | 6 |
| nations: | |
| cesan Priests | 1 |
| igious Priests | 1 |
| nsitional Deacons | 5 |
| ment Deacons in Diocese | 76 |
| Brothers | 9 |
| Sisters | 85 |
| hes | |
| hes | 74 |
| Resident Pastor: | |
| dent Diocesan Priests | 48 |
| dent Religious Priests | 8 |
| ut Resident Pastor: | |
| ministered by Priests | 18 |
| arishes Created | 2 |
| Closed Parishes | 6 |
| Professional Ministry Personnel: | |
| Brothers | 6 |
| Sisters | 17 |
| Lay Ministers | 32 |
| Welfare | |
| Homes for the Aged | 5 |
| Total Assisted | 962 |
| Residential Care of Children | 3 |
| Total Assisted | 1,100 |
| Day Care Centers | 1 |
| Total Assisted | 32 |
| Special Centers for Social Services | 16 |
| Total Assisted | 35,325 |
| Educational | |
| Diocesan Students in Other Seminaries | 11 |
| Total Seminarians | 11 |
| Colleges and Universities | 1 |
| Total Students | 2,479 |
| High Schools, Diocesan and Parish | 3 |
| Total Students | 1,178 |
| High Schools, Private | 1,085 |
| Total Students | 15 |
| Elementary Schools, Diocesan and Parish | 3,138 |

Catechesis/Religious Education:

| | |
|---|--------|
| High School Students | 2,069 |
| Elementary Students | 9,288 |
| Total Students under Catholic Instruction | 19,248 |
| Teachers in Diocese: | |
| Priests | 5 |
| Brothers | 1 |
| Sisters | 4 |
| Lay Teachers | 536 |

Vital Statistics

Receptions into the Church:

| | |
|------------------------------|-------|
| Infant Baptism Totals | 1,675 |
| Minor Baptism Totals | 86 |
| Adult Baptism Totals | 28 |
| Received into Full Communion | 89 |
| First Communions | 1,708 |
| Confirmations | 1,933 |

Marriages:

| | |
|---------------------------|---------|
| Catholic | 452 |
| Interfaith | 58 |
| Total Marriages | 510 |
| Deaths | 3,055 |
| Total Catholic Population | 260,498 |
| Total Population | 857,609 |

02726 t) 508-678-5513 office@sjogsomerset.org
www.sjogsomerset.org Rev. Jason Brilhante, Admin.;
John Lema, Music Min.; Tobias Monte, Music Min.;
John Travers, Music Min.; Carlos Tavares, DRE; Debra
Vieira, DRE; CRP Stds.: 173
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Mailing: 386 Luther Avenue, Somerset, MA 02726
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sldfo@comcast.net stpatricksomerset.org Rev. David A.
Costa, Pst.; Dcn. Robert M. Craig; Sr. Kathleen
Corrigan, S.U.S.C., Pst. Assoc.; Anne Cabral, DRE;
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Assoc.; Anne Cabral, DRE; CRP Stds.: 265
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St. Mary's - 789 Dartmouth St., South Dartmouth, MA
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www.stmarysdartmouth.org Rev. David C. Frederici,
Pst.; Dcn. Frank R. Lucca; Beni Costa-Reedy, DRE;
Patricia Charros, Bus. Mgr.; Bea Furtado, Retreat
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t) 508-238-2235 info@holycrosseaston.org
www.holycrosseaston.org Rev. Bradley J. Metz, C.S.C.,
Pst.; John M. Santone, CSC, Assoc. Pst.; Dcn. Gary
Donahue; Christopher Iannitelli, Music Min.; CRP
Stds.: 388
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St. Pius Tenth - DBA: St. Pius X 5 Barbara St., South
Yarmouth, MA 02664 t) 508-394-0709 (CRP);
508-398-2248 stpiusxreled@comcast.net;
stpiusxoffice@comcast.net stpiusxxy.com Rev. John
Kelleher, Pst.; Dcn. David Akin; Dcn. Thomas Bailey;
Dcn. William Gallerizzo; Dcn. C. Michael Hickey; Dcn.
Anthony R. Surozenski; Dcn. Richard C. Zeich; CRP
Stds.: 145
Our Lady of the Highway - Rte. 28, South Yarmouth,
MA 02664
St. Pius Tenth School - (Grades PreK-8) 321 Wood
Rd., South Yarmouth, MA 02664 t) 508-398-6112

info@spxschool.org www.spxschool.org Anne Dailey,
Prin.;
SWANSEA
St. Dominic's - 1277 Grand Army Hwy., P.O. Box 205,
Swansea, MA 02777 t) 508-675-7206
saintdominicparish@comcast.net
www.stdominicswansea.org Rev. Thomas E. Costa, Pst.;
Dcn. Gary M. John; Barbara Dominique, DRE;
Saint Francis of Assisi - 270 Ocean Grove Ave.,
Swansea, MA 02777 t) 508-674-0024 (CRP);
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religiouseducation@stfrancisswansea.com
www.stfrancisswansea.com Rev. Thomas Edward Costa
Jr., Pst.; Debra Fontaine, DRE; CRP Stds.: 199
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stlouisdefrance.net Rev. David A. Costa, Pst.; Dcn.
Robert M. Craig; Sr. Kathleen Corrigan, S.U.S.C., Pst.
Assoc.; Anne Cabral, DRE;
TAUNTON
Saint Andrew the Apostle Parish - 19 Kilmer Ave.,
Taunton, MA 02780 t) 508-824-5577
standrewtaunton@comcast.net Rev. Edward A.
Murphy, Pst.; Sally Medeiros, DRE; Joseph Sollecito,
DRE; CRP Stds.: 115
Annunciation of the Lord - 31 First Street, Taunton,
MA 02780; Mailing: 282 Somerset Ave, Taunton, MA
02780 t) 508-823-2521 aoltaunton@gmail.com
www.annunciationtaunton.com Rev. Daniel Nunes, Par.
Vicar; Rev. David C. Deston Jr., Admin.; CRP Stds.:
218
St. Anthony's - 126 School St., Taunton, MA 02780
t) 508-824-6241 (CRP); 508-824-3330
office@sataunton.org entaunton.org Dcn. Jose H.
Medina; Rev. Fred Babiczuk, Pst.; CRP Stds.: 150
St. Jude the Apostle - St. Jude the Apostle Parish 249
Whittenton St., Taunton, MA 02780 t) 508-824-3333;
508-824-4545 (CRP) office@entaunton.org
entaunton.com Dcn. Philip E. Bedard; Dcn. Joseph P.
Medeiros; Rev. Fred Babiczuk, Pst.; Elizabeth Hoye,
DRE; CRP Stds.: 120
Convent -
Chapel of Our Lady of the Holy Rosary - 80 Bay St.,
Taunton, MA 02780

St. Mary's - 14 St. Mary's Square, Taunton, MA 02780
t) 508-822-3048 (CRP); 508-824-3330
smcctaunton@gmail.com Rev. Freddie Babiczuk, Pst.;
CRP Stds.: 87
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St. Patrick's - 82 High St., Wareham, MA 02571-0271
t) 508-295-2411 info@stpatrickswareham.org
www.stpatrickswareham.org Rev. Antonio da Silva,
S.D.V., Pst.; Rev. Patrick Nwachukwu, Par. Vicar; Dcn.
David C. Murphy, DRE; CRP Stds.: 200
St. Anthony - Gault Rd., Wareham, MA 02571
WELLFLEET
Our Lady of Lourdes - 2282 Rt. 6, P.O. Box 1414,
Wellfleet, MA 02667-1414 t) 508-349-2222 (CRP);
508-487-0095 olo2282@comcast.net Rev. Philip N.
Hamel, Pst.; CRP Stds.: 6
Visitation Church - 930 Massasoit Rd., North
Eastham, MA 02651
WEST HARWICH
Holy Trinity - 246 Main St. (Route 28), West Harwich,
MA 02671; Mailing: P. O. Box 428, West Harwich, MA
02671 t) 508-432-4000; 508-432-2898 (CRP)
htchurch@comcast.net; holytrinityreled@comcast.net
holytrinitycapecod.org Rev. Marc P. Tremblay, Pst.;
Dcn. Ralph F. Cox; Dcn. Christian Devos; Dcn. John
W. Foley; Barbara-Anne Foley, DRE; Mary Wall,
DRE; CRP Stds.: 58
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St. George's - 12 Highland Ave., Westport, MA 02790
t) 508-636-2941 (CRP); 774-319-5579
office@stgeorgecatholics.org www.stgeorgecatholics.org
Rev. Paul Bernier, Pst.; Joy Viveiros, DRE; CRP Stds.:
75
St. John the Baptist - 945 Main Rd., Box 3328,
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stjb@sprintout.net www.stjohnthebaptistwestport.org
Rev. Paul Bernier, Pst.; Rev. Christopher M. Peschel,
Pst.; Paula Brown, DRE; CRP Stds.: 175
Our Lady of Grace - 569 Sanford Rd., Westport, MA
02790 t) 508-675-5857 (CRP); 508-674-6271
ologwestportma@aol.com ologwestport.com Rev. Msgr.
Christopher M. Peschel, Pst.; Jane Callahan, DRE; Dcn.
Timothy E. Flaherty; CRP Stds.: 127

SCHOOLS: PRESCHOOL THRU HIGH SCHOOL

HIGH SCHOOLS

COMMONWEALTH OF MASSACHUSETTS

ATTLEBORO

Bishop Feehan High School - (DIO) (Grades 9-12) 70
Holcott Dr., Attleboro, MA 02703 t) 508-226-6223
webmaster@bfhs.dfrs.org; lcayer@bishopfehan.com
www.bishopfehan.com Sean Kane, Prin.; Timothy B.
Sullivan, Pres.; Stds.: 1,092; Scholastics: 102

FALL RIVER

Bishop Connolly High School - (DIO) 373 Elsbree St.,
Fall River, MA 02720 t) 508-676-1071

kstlaurent@bchs.dfrs.org www.bishopconnolly.com
Kathleen St. Laurent, Pres.; Stds.: 190; Lay Tchrs.: 15
HYANNIS

St. John Paul II School - (Grades 5-12) 120 High School
Rd., Hyannis, MA 02601 t) 508-862-6336
ckeavy@JPIIHyannis.org;
mvalentino@JPIIHyannis.org www.JPIIHyannis.org
Elizabeth Kelley, Prin.; Mona Lisa Valentino, Prin.;
Christopher W. Keavy, Pres.; Stds.: 456; Lay Tchrs.: 40

NORTH DARTMOUTH
Bishop Stang High School - (DIO) 500 Slocum Rd.,
North Dartmouth, MA 02747-2999 t) 508-996-5602

office@bishopstang.org www.bishopstang.org Rev.
Richard M. Roy, Chap.; Michael P. O'Brien, Prin.;
Kathleen Ruginis, Prin.; Peter Shaughnessy, Pres.;
Nicole Dias, Dir.; Ann O'Leary, Librn.;

TAUNTON

Coyle and Cassidy High School & Middle School -
(DIO) 2 Hamilton St., Taunton, MA 02780
t) 508-823-6164 sfreitas@cc.dfrs.org
www.coylecassidy.com Rev. William M. Rodrigues,
Chap.; Kathleen St. Laurent, Prin.; Mary Patricia
Tranter, Pres.;

INSTITUTIONS LOCATED IN DIOCESE

Chap.; Dcn. Frank R. Lucca, Campus Min.;
Wheaton College Office for Campus Ministry - P.O. Box
70737, North Dartmouth, MA 02747 Rev. David C.
Frederici, Dir.;

POCASSET

Cape Cod Campus Ministry - P.O. Box 1558, Pocasset,
MA 02559 t) 774-202-3047 dfrederici@umass.edu
www.capecatholic.com/ Rev. David C. Frederici,
Chap.;

CATHOLIC CHARITIES [CCH]

FALL RIVER

Campaign for Human Development Apostolate - 1600
Bay St., P.O. Box M, S. Sta., Fall River, MA 02724
t) 508-674-4681 SMazzarella@cssdioc.org;
DBerg@cssdioc.org Susan Mazzarella, CEO;
Catholic Social Services of Fall River - 1600 Bay St.,

Fall River, MA 02724 t) 508-674-4681

SMazzarella@cssdioc.org Pamela Benoit, Admin.;
Martha Reed, Admin.; Susan Mazzarella, CEO;
Happiness Nosike-Unaka, Vice. Pres.; Rui Rosa, Vice.
Pres.; Asstd. Annu.: 35,325; Staff: 119

Catholic Social Services of Cape Cod - 261 South St.,
Hyannis, MA 02601 t) 508-771-6771
Catholic Social Services of New Bedford - 238 Bonney
St., New Bedford, MA 02744 t) 508-997-7337
St. Dominic's Apartments, Inc. - 818 Middle St., Fall
River, MA 02721; Mailing: 72 Eighth St., New Bedford,
MA 02740 t) 508-916-2434 EAbdow@cafhh.org;
nlawson@cafhh.org Arlene A. McNamee, CEO;

CEMETERIES [CEM]

ATTLEBORO

St. John -

CAMPUS MINISTRY / NEWMAN CENTERS [CAM]

FALL RIVER

Bristol Community College Campus Ministry - 777
Elsbree St., Fall River, MA 02720-7395 t) 508-678-2811
x2810 father.frederici@bristolcc.edu
www.bcccatholics.com Rev. David C. Frederici, Chap.;
Diocesan Education Center - 423 Highland Ave., Fall
River, MA 02720 t) 508-678-2828 sperla@catholicsa.org
www.catholicschoolsalliance.org Stephen A Perla, Supt.;

NORTH DARTMOUTH

Umass Dartmouth Campus Ministry - 285 Old
Westport Rd., North Dartmouth, MA 02747-2300
t) 508-999-8872 dfrederici@umassd.edu
www.umassdatholics.com Rev. David C. Frederici,

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.gov at https://www.hud.gov/program_offices/comm_planning/coc.
- Questions regarding the FY 2024 CoC Program Competition process must be submitted to CoCNOFO@hud.gov.
- Questions related to e-snaps functionality (e.g., password lockout, access to user's application account, updating Applicant Profile) must be submitted to e-snaps@hud.gov.
- Project applicants are required to have a Unique Entity Identifier (UEI) 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) 2024 Continuum of Care (CoC) Program Competition. For more information see FY 2024 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2024 CoC Program NOFO.
- Detailed instructions and e-snaps navigation guides can be found on the hud.gov website https://www.hud.gov/program_offices/comm_planning/coc/competition. The Detailed Instructions contain more comprehensive instructions and so should be used in tandem with the navigational guides.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2023 Project Application will be imported into the FY 2024 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- YHDP projects that are eligible for renewal under the CoC program may only use the YHDP Renewal or YHDP Replacement and Reallocation funding opportunities. Please review the NOFO for eligibility standards.
- Rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2024 CoC Program Competition NOFO.

1A. SF-424 Application Type

1. Type of Submission: Application

2. Type of Application: Renewal Project Application

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

If "Other", specify:

3. Date Received: 10/18/2024

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: MA0118

This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number

X

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: City of New Bedford
b. Employer/Taxpayer Identification Number (EIN/TIN): 04-6001402
c. Unique Entity Identifier: MUQVPRRNQM94

d. Address

Street 1: 608 Pleasant Street
Street 2:
City: New Bedford
County:
State: Massachusetts
Country: United States
Zip / Postal Code: 02740

e. Organizational Unit (optional)

Department Name: Office of Housing and Community Development
Division Name:

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

Prefix: Ms.
First Name: Jennifer
Middle Name:
Last Name: Clarke
Suffix:
Title: Deputy Director
Organizational Affiliation: City of New Bedford
Telephone Number: (508) 979-1500
Extension:

Fax Number: (508) 979-1575

Email: Jennifer.Clarke@newbedford-ma.gov

1C. SF-424 Application Details

9. Type of Applicant: C. City or Township 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-6800-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): Massachusetts
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: Step Up

16. Congressional District(s):

a. Applicant: MA-004, MA-008, MA-009
(for multiple selections hold CTRL key)

b. Project: MA-004, MA-008, MA-009
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 10/01/2025

b. End Date: 09/30/2026

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: Jennifer

Middle Name:

Last Name: Clarke

Suffix:

Title: Deputy Director

Telephone Number: (508) 979-1500
(Format: 123-456-7890)

Fax Number: (508) 979-1575
(Format: 123-456-7890)

Email: Jennifer.Clarke@newbedford-ma.gov

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

Date Signed: 10/18/2024

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Number: 2501-0017 Expiration Date: 01/31/2026

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: City of New Bedford

Prefix: Ms.

First Name: Jennifer

Middle Name:

Last Name: Clarke

Suffix:

Title: Deputy Director

Organizational Affiliation: City of New Bedford

Telephone Number: (508) 979-1500

Extension:

Email: Jennifer.Clarke@newbedford-ma.gov

City: New Bedford

County:

State: Massachusetts

Country: United States

Zip/Postal Code: 02740

2. Employer ID Number (EIN): 04-6001402

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$342,068.00

(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 |
|--|--------------------|-----------------------------|----------------------------|
| N/A | N/A | \$0.00 | \$0.00 |
| | | | |
| | | | |
| | | | |
| | | | |

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

Part III Interested Parties

Do you need to disclose interested parties for this grant according to the criteria below? No

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 non-disclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I/We, the undersigned, certify under penalty of perjury that the information provided above is true, correct, and accurate. Warning: If you knowingly make a false statement on this form, you may be subject to criminal and/or civil 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.

X

Name / Title of Authorized Official: Jennifer Clarke, Deputy Director

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

Date Signed: 10/18/2024

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: City of New Bedford

Program/Activity Receiving Federal Grant CoC Program
Funding:

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; | |

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 certify that the information provided on this form and in any accompanying documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

☒

WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 1001, 1010, 1012; 31 U.S.C. §3729, 3802)

Authorized Representative

Prefix: Ms.

First Name: Jennifer

Middle Name

Last Name: Clarke

Suffix:

Title: Deputy Director

Telephone Number: (508) 979-1500
(Format: 123-456-7890)

Fax Number: (508) 979-1575
(Format: 123-456-7890)

Email: Jennifer.Clarke@newbedford-ma.gov

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

Date Signed: 10/18/2024

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: City of New Bedford

Name / Title of Authorized Official: Jennifer Clarke, Deputy Director

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

Date Signed: 10/18/2024

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB: 4040-0013 (exp. 02/28/2025)

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: City of New Bedford

Street 1: 608 Pleasant Street

Street 2:

City: New Bedford

County:

State: Massachusetts

Country: United States

Zip / Postal Code: 02740

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: Jennifer

Middle Name:

Last Name: Clarke

Suffix:

Title: Deputy Director

Telephone Number: (508) 979-1500
(Format: 123-456-7890)

Fax Number: (508) 979-1575
(Format: 123-456-7890)

Email: Jennifer.Clarke@newbedford-ma.gov

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

Date Signed: 10/18/2024

IK. SF-424B

(SF-424B) ASSURANCES - NON-CONSTRUCTION PROGRAMS

OMB Number: 4040-0007
Expiration Date: 02/28/2025

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

- | | |
|----|---|
| 1. | Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application. |
| 2. | Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives. |
| 3. | Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain. |
| 4. | Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency. |
| 5. | Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F). |
| 6. | Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism, (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application. |
| 7. | Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases. |
| 8. | Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds. |

| | |
|-----|--|
| 9. | Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327~333), regarding labor standards for federally-assisted construction subagreements. |
| 10. | Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more. |
| 11. | Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205). |
| 12. | Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system. |
| 13. | Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.). |
| 14. | Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance. |
| 15. | Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance. |
| 16. | Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures. |
| 17. | Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations." |
| 18. | Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program. |
| 19. | Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award. |

As the duly authorized representative of the applicant, I certify: ☒

Authorized Representative for: City of New Bedford

Prefix: Ms.

First Name: Jennifer

Middle Name:

Last Name: Clarke

Suffix:

Title: Deputy Director

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

Date Signed: 10/18/2024

Information About Submission without Changes

Follow the instructions below making note of the exceptions and limitations to the “Submit Without Changes” process.

In general, HUD expects a project’s proposed project application information will remain the same from year-to-year unless changes are directed by HUD or approved through the grant agreement amendment process. However, HUD expects applicants to carefully review their information to determine if submitting without changes accurately reflects the expiring grant requesting renewal.

The data from previously submitted new and renewal project applications can be imported into a FY 2024 renewal project application. The “Submit without Changes” process is not applicable for first time renewing project applications or for a project application that did not import FY 2023 information and e-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that select “Yes - Individual Application in a Renewal Grant Consolidation” on the Renewal Grant Consolidation or Renewal Grant Expansion Screen may not use the “Submit Without Changes” process and esnaps will automatically be set to “Make Changes”. In addition, esnaps will automatically be set to “Make Changes” if the project applicant indicates on the Renewal Grant Consolidation or Renewal Grant Expansion Screen, this project application is for a “Yes - Stand-Alone Renewal Application in a New Grant Expansion” project application.

The e-snaps screens that remain “open” for required annual updates and do not affect applicants’ ability to select “Submit without Changes” are:

- Recipient Performance Screen
- Consolidation and Expansion
- Screen 3A. Project Detail
- Screen 6A. Funding Request
- Screen 6D. Sources of Match
- Screen 6E. Summary Budget - All of Part 7: Attachments and Certification; and
- All of Part 8: Submission Summary.

All other screens in Part 2 through Part 6 begin in “Read-Only” format and should be reviewed for accuracy; including any updates that were made to the 2023 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select “Submit Without Changes” in Part 8. If project applicants imported data and do need to make updates to the information on one or more screens, they must navigate to Part 8: “Submission Without Changes” Screen, select “Make Changes”, and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click “Save” and those screens will be available for edit. Once a project applicant selects a checkbox and clicks “Save”, the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions and e-snaps navigation guides found on HUD.gov to find more in depth information about applying under the FY 2024 CoC Competition.

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award due to reallocation? No

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

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

| | |
|--|-------------------------------------|
| Part 2 - Subrecipient Information | |
| 2A. Subrecipients | <input checked="" type="checkbox"/> |
| Part 3 - Project Information | |
| 3A. Project Detail | <input checked="" type="checkbox"/> |
| 3B. Description | <input checked="" type="checkbox"/> |
| 3C. Dedicated Plus | <input type="checkbox"/> |
| Part 4 - Housing Services and HMIS | |
| 4A. Services | <input type="checkbox"/> |
| 4B. Housing Type | <input type="checkbox"/> |
| Part 5 - Participants and Outreach Information | |
| 5A. Households | <input checked="" type="checkbox"/> |
| 5B. Subpopulations | <input checked="" type="checkbox"/> |
| Part 6 - Budget Information | |
| 6A. Funding Request | <input checked="" type="checkbox"/> |
| 6B. Leased Units | <input type="checkbox"/> |
| 6D. Match | <input checked="" type="checkbox"/> |
| 6E. Summary Budget | <input checked="" type="checkbox"/> |
| Part 7 - Attachment(s) & Certification | |

| | |
|-------------------|-------------------------------------|
| 7A. Attachment(s) | <input checked="" type="checkbox"/> |
| 7B. Certification | <input checked="" type="checkbox"/> |
| | |

You have selected "Make Changes" to question #2 above. Provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

- * Project Requesting Expansion which will affect
- * CoC was merged with other Congressional Districts

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

Recipient Performance

1. Did you submit your previous year's Annual Performance Report (APR) on time? Yes
2. Do you have any unresolved HUD Monitoring or OIG Audit finding(s) concerning any previous grant term related to this renewal project request? No
3. Do you draw funds quarterly for your current renewal project? Yes
4. Have any funds remained available for recapture by HUD for the most recently expired grant term related to this renewal project request? Yes

4a. If HUD recaptured funds provide an explanation.

FY21 Allocation Amount: \$316,917. HUD recaptured \$26,763 (Leasing). Four units that PAACA had previously leased were sold by the landlord/owner. PAACA received a verbal commitment from the new owner to be the tenant for the four units. As such PAACA reserved funds for those units when they came on-line. After numerous delays due to permitting and other issues over the course of the contract year the new owner/landlord reneged on its promise to PAACA. This left PAACA with unspent leasing funds.

Renewal Grant Consolidation or Renewal Grant Expansion

The CoC Competition will continue offering opportunities to expand or consolidate CoC projects.

1. Expansions and Consolidations will no longer be required to submit a combined version of the application.

a. Expansions will be required to ONLY submit a Stand-Alone Renewal and a Stand-Alone New application.

b. Consolidations will be required to ONLY submit a Survivor grant and a terminating grant. Up to 10 grants may be involved in a consolidation (Survivor + 9 Terminating grants)

2. Since no combined version will be submitted for either the Expansion or Consolidation, the combining of data will occur at Post-Award. HUD HQ will combine all units, beds and budgets prior to the Post-Award process. The field office and applicant will then be required to combine remaining project data at C1.9a (recipient step). HUD HQ will provide a data report with the data all combined. All that will be required for applicants to do is a simple copy and paste.

We hope this process will simplify and reduce any confusion when submitting expansions or consolidations. If you have any questions, please contact the AAQ.

1. Is this renewal project application requesting to consolidate or expand? Yes - Stand-Alone Renewal Application in a New Grant Expansion

If "No" click on "Next" or "Save & Next" below to move to the next screen.

As part of the FY 2024 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Expansion. This process can combine up to 1 renewal project application and 2 new expansion project applications. Renewal projects that are part of an expansion must expire in Calendar Year (CY) 2025, as confirmed on the FY 2024 GIW or eLOCCS, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

2. In the fields below, enter the Project Name, PIN and Total Amount Requested of the Stand-Alone Renewal project application and the Project Name and Total Amount requested for the Stand-Alone New project application as entered in e-snaps for the FY 2024 CoC Competition. There is no PIN for the Stand-Alone New, which is why the field will automatically fill as "NA". The Total Requested Amount for the Stand-Alone Renewal will automatically pull from the summary budget.

Renewal Grant Expansion Table

| Stand-Alone Renewal or Stand-Alone New | Project Name | PIN Number |
|--|-------------------|------------|
| Stand-Alone Renewal | Step Up | MA0118 |
| Stand-Alone New | Step Up Expansion | NA |
| Stand-Alone New | | NA |

Renewal Expansion Summary

| | |
|---|---|
| Total Number of Grants in the Expansion | 2 |
|---|---|

I acknowledge that I have informed my Collaborative Applicant of this expansion request to be included in the CoCs Project Listing and listed on a special attachment identifying this expansion request.



☒

I acknowledge that I have reviewed the accuracy and submitted all new expansion project applications related to this expansion request into esnaps.
NOTE: DO NOT SUMBIT A FULLY COMBINED NEW OR RENEWAL PROJECT APPLICATION IN E-SNAPS AS PART OF THE FY 2024 COC COMPETITION.

☒

Click on "Save & Next" to continue completing the remainder of this stand-alone renewal project application

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: \$342,068

| Organization | Type | Sub-Award Amount |
|--|------------------------------------|------------------|
| PAACA - Positive Action Against Chemical Addict... | M. Nonprofit with 501C3 IRS Status | \$342,068 |

2A. Project Subrecipients Detail

a. Organization Name: PAACA - Positive Action Against Chemical Addiction, Inc.

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

c. Employer or Tax Identification Number: 04-2791362

d. Unique Entity Identifier: VS45N4FMZ4X5

e. Physical Address

Street 1: 360 Coggeshall Street

Street 2:

City: New Bedford

State: Massachusetts

Zip Code: 02740

f. Congressional District(s): MA-005, MA-008, MA-009
(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: \$342,068

j. Contact Person

Prefix: Mr.

First Name: Albie

Middle Name:

Last Name: Cullen

Suffix: Esq.

Title: Director, Adult Services

E-mail Address: acullen@paaca.org

Confirm E-mail Address: acullen@paaca.org

Phone Number: 508-997-9051

Extension:

Fax Number: 508-991-6233

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

3A. Project Detail

1. Expiring Grant Project Identification Number (PIN): MA0118

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

2. CoC Number and Name: MA-505 - New Bedford/Attleboro/Taunton/Bristol County

3. CoC Collaborative Applicant Name: City of New Bedford

4. Project Name: Step Up

5. Project Status: Standard

6. Component Type: PH

6a. Select the type of PH project. PSH

7. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3? No

8. Does this project include Replacement Reserves as a CoC Operating Cost? No
(Attachment Requirement)

9. Is this project applying for Rural costs on screen 6A? No

3B. Project Description

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

The Step Up program consists of fifteen (15) housing units with thirty-five (35) beds located at scattered sites within the MA-505 CoC. The program serves individuals experiencing homelessness in New Bedford. Participants share scattered site units as unrelated persons in a shared housing model. The goal of the program is to serve a total of 24 households or 36 persons over the course of the program year.

To qualify for this project, all participants must meet the HUD definition of homelessness and have a documented disability. Further, all participants are required to use, and the Step-Up project shall receive all its referrals from, the CoC's Coordinated Entry System. Step-Up will prioritize those individuals meeting the HUD definition of chronically homeless. Further, this project shall also be available to individuals/families with substance use disorders, serious mental health issues or co-occurring issues in addition to meeting the eligibility standards of homelessness and disability noted. Those eligible for this project meeting homelessness and disability standards may also be veterans, unaccompanied youth and/or have experienced or be fleeing from domestic violence, stalking, and other forms of predation as consistent with HUD's definition of homelessness.

Step-Up will use a Housing First Model of service delivery (i.e. low barrier /low threshold system) that focuses first on stabilizing individuals and families in housing. Once participants are stabilized and their basic needs for shelter have been eliminated, program participants may choose to participate in receiving support, resources and/or case management.

PAACA case managers will work with each program participant/family to develop an Individual Service Plan (ISP) to maximize housing stability, increase income/access to mainstream resources, and to help them achieve greater self-determination based on the unique needs and choice of each program participant or family member. Case managers will provide referrals and options for mainstream resources that will help them maintain stability in their housing. In addition to mainstream resources, PAACA will offer assistance to all program participants interested in applying for subsidized housing such as Section 8/vouchers that would allow them to move on to more permanent housing.

Continuum of Care (CoC) funds will be used for the following eligible costs: Leasing, Supportive Services, Operations and Administration. See the Project Budget for additional details.

2. Check the appropriate box(s) if this project will have a specific subpopulation focus. (Select all that apply)

| | | | |
|---|-------------------------------------|-------------------------------|-------------------------------------|
| N/A - Project Serves All Subpopulations | <input type="checkbox"/> | Survivors | <input type="checkbox"/> |
| Veterans | <input type="checkbox"/> | Substance Use Disorders | <input checked="" type="checkbox"/> |
| Youth (under 25) | <input type="checkbox"/> | Mental Illness | <input checked="" type="checkbox"/> |
| Families with Children | <input checked="" type="checkbox"/> | HIV/AIDS | <input type="checkbox"/> |
| | | Chronic Homeless | <input checked="" type="checkbox"/> |
| | | Other(Click 'Save' to update) | <input type="checkbox"/> |

3. Housing First

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

3b. Does the project enroll program participants who have the following barriers?
Select all that apply.

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

3c. Will the project prevent program participant termination for the following
reasons? Select all that apply.

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

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

3C. Dedicated Plus

100% Dedicated or DedicatedPLUS

A “100% Dedicated” project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and families.

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:

- (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 were dedicated to individuals and families experiencing chronic homelessness under the grant that is being renewed may either be reallocated as a DedicatedPLUS project or may continue as a renewal dedicating 100 percent of its beds to individuals and families experiencing chronic homelessness. If the project is reallocated as a DedicatedPLUS project, the project must adhere to all fair housing requirements at 24 CFR 578.93.

1. Is this project “100% Dedicated,” “DedicatedPLUS,” or “N/A”? DedicatedPLUS
(Only select “N/A” if this project was originally awarded as a grant that did not have requirements to only serve persons experiencing chronic homelessness and meets the definition of “non-dedicated permanent supportive housing beds” in the NOFO Section III.B.2.r).

4A. Supportive Services for Program Participants

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. For all supportive services available to program 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 | Weekly |
| Assistance with Moving Costs | | Subrecipient | As needed |
| Case Management | | Subrecipient | Weekly |
| Child Care | | Subrecipient | As needed |
| Education Services | | Subrecipient | As needed |
| Employment Assistance and Job Training | | Subrecipient | As needed |
| Food | | Subrecipient | As needed |
| Housing Search and Counseling Services | | Subrecipient | As needed |
| Legal Services | | Partner | As needed |
| Life Skills Training | | Subrecipient | As needed |
| Mental Health Services | | Partner | As needed |
| Outpatient Health Services | | Partner | As needed |
| Outreach Services | | Subrecipient | Weekly |
| Substance Abuse Treatment Services | | Subrecipient | As needed |
| Transportation | | Subrecipient | As needed |
| Utility Deposits | | Applicant | As needed |

Identify whether the project includes the following activities:

2. Transportation assistance to program participants to attend mainstream benefit appointments, employee training, or jobs? Yes

3. Annual follow-up with program participants to ensure mainstream benefits are received and renewed? Yes

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

4a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months? No

4B. Housing Type and Location

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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: 35

Total Dedicated CH Beds: 35

| Housing Type | Housing Type (JOINT) | Units | Beds |
|---------------------------------|----------------------|-------|------|
| Scattered-site apartments (...) | --- | 15 | 35 |

4B. Housing Type and Location Detail

Note: These fields should reflect full capacity on one night. For additional guidance, please refer to the Detailed Instructions.

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

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

a. Units: 15

b. Beds: 35

c. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 35

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

3. Address:

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

Street 1: 360 Coggeshall Street

Street 2:

City: New Bedford

State: Massachusetts

ZIP Code: 02746

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

251614 New Bedford

5A. Program Participants - Households

Note: These fields should reflect full capacity on one night. For additional guidance, please refer to the Detailed Instructions

| | Households with at Least One Adult and One Child | Adult Households without Children | Households with Only Children | Total |
|-------------------------------------|---|--|--|-------|
| Number of Households | 6 | 18 | 0 | 24 |
| | | | | |
| 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 |
| Persons over age 24 | 6 | 16 | | 22 |
| Persons ages 18-24 | | 2 | | 2 |
| Accompanied Children under age 18 | 11 | | 0 | 11 |
| Unaccompanied Children under age 18 | | | 0 | 0 |
| Total Persons | 17 | 18 | 0 | 35 |

Click Save to automatically calculate totals

5B. Program Participants - Subpopulations

Note: These fields should reflect full capacity on one night. For additional guidance, please refer to the Detailed Instructions.

Persons in Households with at Least One Adult and One Child

| Characteristics | CH (Not Veterans) | CH Veterans | Veterans (Not CH) | Substance Use Disorders | HIV/AIDS | Mental Illness | Survivors | Physical Disability | Developmental Disability | Persons Not Represented by a Listed Subpopulation |
|-----------------------|-------------------|-------------|-------------------|-------------------------|----------|----------------|-----------|---------------------|--------------------------|---|
| Persons over age 24 | 6 | | 0 | 5 | 0 | 1 | 0 | | 0 | 0 |
| Persons ages 18-24 | | 0 | | | | | | | 0 | 0 |
| Children under age 18 | 11 | | | | | | | | | |
| Total Persons | 17 | 0 | 0 | 5 | 0 | 1 | 0 | 0 | 0 | 0 |

Click Save to automatically calculate totals

Persons in Households without Children

| Characteristics | CH (Not Veterans) | CH Veterans | Veterans (Not CH) | Substance Use Disorders | HIV/AIDS | Mental Illness | Survivors | Physical Disability | Developmental Disability | Persons Not Represented by a Listed Subpopulation |
|---------------------|-------------------|-------------|-------------------|-------------------------|----------|----------------|-----------|---------------------|--------------------------|---|
| Persons over age 24 | 16 | | 0 | 14 | 0 | 5 | 1 | 0 | 0 | 0 |
| Persons ages 18-24 | 2 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total Persons | 18 | 0 | 0 | 15 | 0 | 5 | 1 | 0 | 0 | 0 |

Click Save to automatically calculate totals

Persons in Households with Only Children

| Characteristics | CH (Not Veterans) | CH Veterans | Veterans (Not CH) | Substance Use Disorders | HIV/AIDS | Mental Illness | Survivors | Physical Disability | Developmental Disability | Persons Not Represented by a Listed Subpopulation |
|-------------------------------------|-------------------|-------------|-------------------|-------------------------|----------|----------------|-----------|---------------------|--------------------------|---|
| Accompanied Children under age 18 | | | | | | | | | | |
| Unaccompanied Children under age 18 | | | | | | | | | | |
| Total Persons | 0 | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

6A. Funding Request

VAWA Budget

In FY2024, the Violence Against Women Act (VAWA) has clarified the use of CoC Program funds for VAWA eligible cost categories. These VAWA cost categories can be added to a new project application to create a CoC VAWA Budget Line Item (BLI) in e-snaps and eLOCCS. The BLI will be added to grant agreements and utilized the same as other CoC Program BLIs in e-snaps and eLOCCS. Eligible CoC VAWA costs can be identified in one or both of the following CoC VAWA categories. Examples of eligible costs in these cost categories are identified as follows:

- A. VAWA Emergency Transfer Facilitation. Examples of eligible costs include the costs of assessing, coordinating, approving, denying, and implementing a survivor's emergency transfer(s). Additional details of eligible costs include:
- Moving Costs. Assistance with reasonable moving costs to move survivors for an emergency transfer(s).
 - Travel Costs. Assistance with reasonable travel costs for survivors and their families to travel for an emergency transfer(s). This may include travel costs to locations outside of your CoC's geography.
 - Security Deposits. Grant funds can be used to pay for security deposits of the safe unit the survivor is transferring to via an emergency transfer(s).
 - Utilities. Grant funds can be used to pay for costs of establishing utility assistance in the safe unit the survivor is transferring to.
 - Housing Fees. Grant funds can be used to pay fees associated with getting survivors into a safe unit via emergency transfer(s), including but not limited to application fees, broker fees, holding fees, trash fees, pet fees where the person believes they need their pet to be safe, etc.
 - Case Management. Grant funds can be used to pay staff time necessary to assess, coordinate, and implement emergency transfer(s).
 - Housing Navigation. Grant funds can be used to pay staff time necessary to identify safe units and facilitate moves into housing for survivors through emergency transfer(s).
 - Technology to make an available unit safe. Grant funds can be used to pay for technology that the individual believes is needed to make the unit safe, including but not limited to doorbell cameras, security systems, phone, and internet service when necessary to support security systems for the unit, etc.
- B. VAWA Confidentiality Requirements. Examples of eligible costs for ensuring compliance with VAWA confidentiality requirements include:
- Monitoring and evaluating compliance.
 - Developing and implementing strategies for corrective actions and remedies to ensure compliance.
 - Program evaluation of confidentiality policies, practices, and procedures.
 - Training on compliance with VAWA confidentiality requirements.
 - Reporting to CoC Collaborative Applicant, HUD, and other interested parties on compliance with VAWA confidentiality requirements.
 - Costs for establishing methodology to protect survivor information.
 - Staff time associated with maintaining adherence to VAWA confidentiality requirements.

Enter the estimated amount(s) you are requesting for this project's Emergency Transfer Facilitation costs and VAWA Confidentiality Requirements costs for one or both of these eligible CoC VAWA cost categories. The CoC VAWA BLI Total amount can be expended for any eligible CoC VAWA cost identified above.

1. Will this project use funds from this grant to provide for emergency transfer facilitation, which includes the costs of assessing, coordinating, approving, denying and implementing a survivor's emergency transfer per Section III.B.4.a.(3) (a) of the NOFO? No

2. Will this project use funds from this grant to provide for VAWA confidentiality requirements, which includes the costs of ensuring compliance with the VAWA confidentiality requirements per Section III.B.4.a.(3) (b) of the NOFO? No

Rural Cost Budget

In FY2024, the CoC Program has added eligible rural cost budget categories to be added in a new CoC Rural Cost Budget Line Item (BLI). The BLI will be added to grant agreements and utilized the same as other CoC Program BLIs in e-snaps and eLOCCS. There are three CoC Program rural cost categories that can be requested for your CoC Rural Cost BLI.

- Short-term emergency lodging to include housing in motels or shelters, either by providing direct funding or through vouchers.
- Repairs to housing units in where individuals and families experiencing homelessness will be housed, including housing units.
- Staff Training to include professional development, skill development, and staff retention activities.

3. Will this project use funds from this grant to provide for short-terms emergency lodging, repairs to housing units and staff training per Section III.B.4.b.(3) (a) of the NOFO? No

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

5. Renewal Grant Term: This field is pre-populated with a one-year grant term and cannot be edited: 1 Year

6. Select the costs for which funding is requested:

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

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

The VAWA BLI is permanently checked. This allows any project to shift funds up to a 10% shift from another BLI if VAWA emergency transfer costs are needed.

6B. Leased Units Budget

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

The following list summarizes the funds being requested for one or more units leased for operating the projects. To add information to the list, select the  icon. To view or update information already listed, select the  icon.

| | |
|------------------------------------|-----------|
| Total Annual Assistance Requested: | \$189,813 |
| Grant Term: | 1 Year |
| Total Request for Grant Term: | \$189,813 |
| Total Units: | 15 |

The number of beds for which funding has been requested in the Leased Units budget is 35.

| FMR Area | Total Units Requested | Total Annual Budget Requested | Total Budget Requested |
|----------------------|-----------------------|-------------------------------|------------------------|
| MA - New Bedford,... | 15 | \$189,813 | \$189,813 |

Leased Units Budget Detail

Enter the appropriate values in the "Number of Units" AND "Total Request" fields.



Metropolitan or non-metropolitan MA - New Bedford, MA HUD Metro FMR Area
fair market rent area: (2500500520)

Leased Units Annual Budget

| Size of Units | # of Units (Applicant) | Total Request (Applicant) |
|--|---------------------------|---------------------------------|
| SRO | 0 | |
| 0 Bedroom | 0 | |
| 1 Bedroom | 0 | |
| 2 Bedroom | 10 | |
| 3 Bedroom | 5 | |
| 4 Bedroom | 0 | |
| 5 Bedroom | 0 | |
| 6 Bedroom | 0 | |
| 7 Bedroom | 0 | |
| 8 Bedroom | 0 | |
| 9 Bedroom | 0 | |
| Total Units and Annual Assistance Requested | 15 | \$189,813 |
| Grant Term | | 1 Year |
| Total Request for Grant Term | | \$189,813 |

Click the 'Save' button to automatically calculate totals.

6D. Sources of Match

The following list summarizes the funds that will be used as Match for this project. To add a Match source to the list, select the  icon. To view or update a Match source already listed, select the  icon.

Summary for Match

| | |
|-------------------------------------|----------|
| Total Value of Cash Commitments: | \$38,896 |
| Total Value of In-Kind Commitments: | \$0 |
| Total Value of All Commitments: | \$38,896 |

1. Will this project generate program income described in 24 CFR 578.97 to use as Match for this project? No

| Type | Source | Contributor | Value of Commitments |
|------|---------|-------------|----------------------|
| Cash | Private | PAACA | \$38,896 |

Sources of Match Detail

1. Type of Match Commitment: Cash
2. Source: Private
3. Name of Source: PAACA
(Be as specific as possible and include the
office or grant program as applicable)
4. Amount of Written Commitment: \$38,896

6E. Summary Budget

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2018 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2018, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

| Eligible Costs (Light gray fields are available for entry of the previous grant agreement, GIW, approved GIW Change Form, or reduced by reallocation) | Applicant CoC Program Costs Requested (1 Year Term) |
|--|--|
| 1a. Leased Units (Screen 6B) | \$189,813 |
| 1b. Leased Structures (Enter) | \$0 |
| 2. Rental Assistance (Screen 6C) | \$0 |
| 3. Supportive Services (Enter) | \$124,046 |
| 4. Operating (Enter) | \$3,015 |
| 5. HMIS (Enter) | \$0 |
| 6. VAWA (Enter) | \$0 |
| 7. Rural (Enter) (Only for HUD CoC Program approved rural areas) | \$0 |
| 8. Sub-total of CoC Program Costs Requested | \$316,874 |
| 9. Admin (Up to 10% of Sub-total in #8) | \$25,194 |
| 10. HUD funded Sub-total + Admin. Requested | \$342,068 |
| 11. Cash Match (From Screen 6D) | \$38,896 |
| 12. In-Kind Match (From Screen 6D) | \$0 |
| 13. Total Match (From Screen 6D) | \$38,896 |
| 14. Total Project Budget for this grant, including Match | \$380,964 |

7A. Attachment(s)

| Document Type | Required? | Document Description | Date Attached |
|---|-----------|----------------------|---------------|
| 1) Subrecipient Nonprofit Documentation | No | Orig 501(c)3 | 11/17/2015 |
| 2) Other Attachment | No | | |
| 3) Other Attachment | No | | |

Attachment Details

Document Description: Orig 501(c)3

Attachment Details

Document Description:

Attachment Details

Document Description:

7B. Certification

**Applicant and Recipient Assurances and Certifications - form HUD-424B (Title)
U.S. Department of Housing and Urban Development OMB Approval No.
2501-0017
(expires 01/31/2026)**

As part of your application for HUD funding, you, as the official authorized to sign on behalf of your organization or as an individual must provide the following assurances and certifications. The Responsible Civil Rights Official has specified this form for use for purposes of general compliance with 24 CFR §§ 1.5, 3.115, 8.50, and 146.25, as applicable. The Responsible Civil Rights Official may require specific civil rights assurances to be furnished consistent with those authorities and will specify the form on which such assurances must be made. A failure to furnish or comply with the civil rights assurances contained in this form may result in the procedures to effect compliance at 24 CFR §§ 1.8, 3.115, 8.57, or 146.39. By submitting this form, you are stating that to the best of your knowledge and belief, all assertions are true and correct.

1. Has the legal authority to apply for Federal assistance, has the institutional, managerial and financial capability (including funds to pay the non-Federal share of program costs) to plan, manage and complete the program as described in the application and the governing body has duly authorized the submission of the application, including these assurances and certifications, and authorized me as the official representative of the application to act in connection with the application and to provide any additional information as may be required.

2. Will administer the grant in compliance with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and implementing regulations (24 CFR part 1), which provide that no person in the United States shall, on the grounds of race, color or national origin, be excluded from participation in, be denied the benefits of, or otherwise be subject to discrimination under any program or activity that receives Federal financial assistance OR if the applicant is a Federally recognized Indian tribe or its tribally designated housing entity, is subject to the Indian Civil Rights Act (25 U.S.C. 1301-1303).

3. Will administer the grant in compliance with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and implementing regulations at 24 CFR part 8, the American Disabilities Act (42 U.S.C. §§ 12101 et seq.), and implementing regulations at 28 CFR part 35 or 36, as applicable, and the Age Discrimination Act of 1975 (42 U.S.C. 6101-07) as amended, and implementing regulations at 24 CFR part 146 which together provide that no person in the United States shall, on the grounds of disability or age, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity that receives Federal financial assistance; except if the grant program authorizes or limits participation to designated populations, then the applicant will comply with the nondiscrimination requirements within the designated population.

4. Will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and the implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion sex (including gender identity and sexual orientation), disability, familial status, or national origin and will affirmatively further fair housing; except an applicant which is an Indian tribe or its instrumentality which is excluded by statute from coverage does not make this certification; and further except if the grant program authorizes or limits participation to designated populations, then the applicant will comply with the nondiscrimination requirements within the designated population.

5. Will comply with all applicable Federal nondiscrimination requirements, including those listed at 24 CFR §§ 5.105(a) and 5.106 as applicable.

6. Will comply with the acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended (42 U.S.C. 4601) and implementing regulations at 49 CFR part 24 and, as applicable, Section 104(d) of the Housing and Community Development Act of 1974 (42 U.S.C. 5304(d)) and implementing regulations at 24 CFR part 42, subpart A.

7. Will comply with the environmental requirements of the National Environmental Policy Act (42 U.S.C. 4321 et seq.) and related Federal authorities prior to the commitment or expenditure of funds for property.

8. That no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, and officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all subawards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly. Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage by the Byrd Amendment, but State-recognized Indian tribes and TDHs established under State law are not excluded from the statute's coverage.

Name of Authorized Certifying Official: Jennifer Clarke

Date: 10/18/2024

Title: Deputy Director

Applicant Organization: City of New Bedford

PHA Number (For PHA Applicants Only):

I/We, the undersigned, certify under penalty of perjury that the information provided above is true and correct. **WARNING:** Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§287, 1001, 1010, 1012, 1014; 31 U.S.C. §3729, 3802).

X

8B Submission Summary

| Page | | Last Updated |
|------------------------------------|--|-------------------|
| 1A. SF-424 Application Type | | 09/20/2024 |
| 1B. SF-424 Legal Applicant | | 09/20/2024 |
| 1C. SF-424 Application Details | | No Input Required |
| Renewal Project Application FY2024 | | Page 53 |
| | | 10/18/2024 |

| | |
|--|-------------------|
| 1D. SF-424 Congressional District(s) | 10/10/2024 |
| 1E. SF-424 Compliance | 09/20/2024 |
| 1F. SF-424 Declaration | 09/20/2024 |
| 1G. HUD 2880 | 09/20/2024 |
| 1H. HUD-50070 | 09/20/2024 |
| 1I. Cert. Lobbying | 09/20/2024 |
| 1J. SF-LLL | 09/20/2024 |
| IK. SF-424B | 09/20/2024 |
| Submission Without Changes | 10/07/2024 |
| Recipient Performance | 10/07/2024 |
| Renewal Grant Consolidation or Renewal Grant Expansion | 10/07/2024 |
| 2A. Subrecipients | 10/07/2024 |
| 3A. Project Detail | 09/23/2024 |
| 3B. Description | 10/18/2024 |
| 3C. Dedicated Plus | 09/20/2024 |
| 4A. Services | 09/20/2024 |
| 4B. Housing Type | 09/20/2024 |
| 5A. Households | 10/10/2024 |
| 5B. Subpopulations | No Input Required |
| 6A. Funding Request | 09/23/2024 |
| 6B. Leased Units | 09/20/2024 |
| 6D. Match | 09/20/2024 |
| 6E. Summary Budget | No Input Required |
| 7A. Attachment(s) | 09/20/2024 |
| 7B. Certification | 10/07/2024 |

Internal Revenue Service

District
Director

Department of the Treasury

35 Tillary St., Brooklyn, NY 11201

Date: JAN 26 1990

Positive Action Against Chemical
Addiction, Inc.
Chestnut Place 127 Chestnut St.
New Bedford, MA 02770

Person to Contact
Clifton G. Belnavis
Contact Telephone Number:
718) 780-4501
Re: 04-2791362

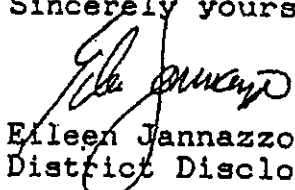
Dear Sir or Madam:

Reference is made to your request for verification of the tax exempt status of Positive Action Against Chemical Addiction, Inc.

A determination or ruling letter issued to an organization granting exemption under the Internal Revenue Code of 1954 or under a prior or subsequent Revenue Act remains in effect until exempt status has been terminated, revoked or modified.

Our records indicate that exemption was granted as shown below.

Sincerely yours,


Eileen Jannazzo
District Disclosure Officer

Name of Organization: Positive Action Against Chemical
Addiction, Inc.

Date of Exemption Letter: August, 1983

Exemption granted pursuant to 1954 Code section 501(c)(3) or
its predecessor Code section.

Foundation Classification (if applicable): Not a private
foundation as you are an organization described in sections
509(a)(1) & 170(b)(1)(A)(vi) of the Internal Revenue Code.

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.gov at https://www.hud.gov/program_offices/comm_planning/coc.
- Questions regarding the FY 2024 CoC Program Competition process must be submitted to CoCNOFO@hud.gov.
- Questions related to e-snaps functionality (e.g., password lockout, access to user's application account, updating Applicant Profile) must be submitted to e-snaps@hud.gov.
- Project applicants are required to have a Unique Entity Identifier (UEI) 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) 2024 Continuum of Care (CoC) Program Competition. For more information see FY 2024 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2024 CoC Program NOFO and the FY 2024 General Section NOFO.
- Detailed instructions and e-snaps navigation guides can be found on the hud.gov website https://www.hud.gov/program_offices/comm_planning/coc/competition. The Detailed Instructions contain more comprehensive instructions and so should be used in tandem with the navigational guides.
- New projects may only be submitted as either Reallocated, Bonus Projects, Reallocated + Bonus, DV Bonus or DV Reallocation. 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. Please review the NOFO for eligibility standards.
- YHDP projects that are eligible for renewal under the CoC program may only use the YHDP Renewal or YHDP Replacement and Reallocation funding opportunities. Please review the NOFO for eligibility standards.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- 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 2024 CoC Program Competition NOFO.

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: 10/17/2024

4. Applicant Identifier:

a. Federal Entity Identifier:

5. Federal Award Identifier:

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Community Counseling of Bristol County, Inc.

b. Employer/Taxpayer Identification Number (EIN/TIN): 04-3035697

c. Unique Entity Identifier: SFK3BEGX2W89

d. Address

Street 1: One Washington Street

Street 2:

City: Taunton

County:

State: Massachusetts

Country: United States

Zip / Postal Code: 02780

e. Organizational Unit (optional)

Department Name:

Division Name:

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

Prefix: Ms.

First Name: Angela

Middle Name:

Last Name: Ferreira

Suffix:

Title: Contracts Manager

Organizational Affiliation: Community Counseling of Bristol County, Inc.

Telephone Number: (508) 977-8002

Extension:

Applicant: Community Counseling of Bristol County, Inc.

781972716

Project: Homes With Heart Expansion

224677

Fax Number: (508) 824-6604

Email: aferreira@comcounseling.org

1C. SF-424 Application Details

9. Type of Applicant: M. Nonprofit with 501C3 IRS Status

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-6800-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): Massachusetts
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: Homes With Heart Expansion

16. Congressional District(s):

16a. Applicant: MA-004, MA-008, MA-009

16b. Project: MA-004, MA-008, MA-009
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 07/01/2025

b. End Date: 06/30/2026

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: Mr.

First Name: Andrew

Middle Name:

Last Name: Dawley

Suffix:

Title: President & CEO

Telephone Number: (508) 977-8100
(Format: 123-456-7890)

Fax Number: (508) 824-6604
(Format: 123-456-7890)

Email: adawley@comcounseling.org

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

Date Signed: 10/17/2024

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Number: 2501-0017 Expiration Date: 01/31/2026

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: Community Counseling of Bristol County, Inc.

Prefix: Mr.

First Name: Andrew

Middle Name:

Last Name: Dawley

Suffix:

Title: President & CEO

Organizational Affiliation: Community Counseling of Bristol County, Inc.

Telephone Number: (508) 977-8100

Extension:

Email: adawley@comcounseling.org

City: Taunton

County:

State: Massachusetts

Country: United States

Zip/Postal Code: 02780

2. Employer ID Number (EIN): 04-3035697

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$290,138.00

(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 |
|---|--------------------|-----------------------------|----------------------------|
| United Way of Mass Bay and Merrimack Valley | grant | \$50,000.00 | program support |
| NA | NA | \$0.00 | NA |
| NA | NA | \$0.00 | NA |
| NA | NA | \$0.00 | NA |
| NA | NA | \$0.00 | NA |

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

Part III Interested Parties

Do you need to disclose interested parties for this grant according to the criteria below? No

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 non-disclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I/We, the undersigned, certify under penalty of perjury that the information provided above is true, correct, and accurate. Warning: If you knowingly make a false statement on this form, you may be subject to criminal and/or civil 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.

X

Name / Title of Authorized Official: Andrew Dawley, President & CEO

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

Date Signed: 10/17/2024

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Community Counseling of Bristol County, Inc.
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 certify that the information provided on this form and in any accompanying documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

X

WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 1001, 1010, 1012; 31 U.S.C. §3729, 3802)

Authorized Representative

Prefix: Mr.

First Name: Andrew

Middle Name

Last Name: Dawley

Suffix:

Title: President & CEO

Telephone Number: (508) 977-8100
(Format: 123-456-7890)

Fax Number: (508) 824-6604
(Format: 123-456-7890)

Email: adawley@comcounseling.org

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

Date Signed: 10/17/2024

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: Community Counseling of Bristol County, Inc.

Name / Title of Authorized Official: Andrew Dawley, President & CEO

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

Date Signed: 10/17/2024

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352 Approved by OMB: 4040-0013 (exp. 02/28/2025)

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: Community Counseling of Bristol County, Inc.

Street 1: One Washington Street

Street 2:

City: Taunton

County:

State: Massachusetts

Country: United States

Zip / Postal Code: 02780

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: Mr.

First Name: Andrew

Middle Name:

Last Name: Dawley

Suffix:

Title: President & CEO

Telephone Number: (508) 977-8100
(Format: 123-456-7890)

Fax Number: (508) 824-6604
(Format: 123-456-7890)

Email: adawley@comcounseling.org

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

Date Signed: 10/17/2024

IK. SF-424B

(SF-424B) ASSURANCES - NON-CONSTRUCTION PROGRAMS

OMB Number: 4040-0007
Expiration Date: 02/28/2025

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

- | | |
|----|---|
| 1. | Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application. |
| 2. | Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives. |
| 3. | Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain. |
| 4. | Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency. |
| 5. | Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F). |
| 6. | Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism, (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application. |
| 7. | Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases. |
| 8. | Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds. |

| | |
|-----|--|
| 9. | Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327~333), regarding labor standards for federally-assisted construction subagreements. |
| 10. | Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more. |
| 11. | Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205). |
| 12. | Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system. |
| 13. | Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.). |
| 14. | Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance. |
| 15. | Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance. |
| 16. | Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures. |
| 17. | Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations." |
| 18. | Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program. |
| 19. | Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award. |

As the duly authorized representative of the applicant, I certify: ☒

Authorized Representative for: Community Counseling of Bristol County, Inc.

Prefix: Mr.

First Name: Andrew

Middle Name:

Last Name: Dawley

Suffix:

Title: President & CEO

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

Date Signed: 10/17/2024

1L. SF-424D

Are you requesting CoC Program funds for construction costs in this application? No

No SF-424D is required. Select "Save and Next" to move to the next screen.

2A. Project Subrecipients

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

Total Expected Sub-Awards:

| Organization | Type | Sub-Award Amount |
|-----------------------------|------|------------------|
| This list contains no items | | |

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

1. Describe your organization's (and subrecipient(s) if applicable) experience in effectively utilizing Federal funds and performing the activities proposed in the application.

Community Counseling of Bristol County, Inc. (CCBC) has been providing supportive services and housing for homeless persons for more than 25 years. CCBC was the Collaborative Applicant (CA) for the Attleboro/Taunton/Bristol County Continuum of Care where our Vice President oversaw the coordination of the CoC, prior to the recent successful merger with the New Bedford CoC. CCBC has been the recipient for the current Homes With Heart McKinney-Vento project serving 42 individuals who had been homeless at any one time in Permanent Supportive Housing. Lack of affordable housing and homelessness continues to be a critical issue faced by individuals and families in the Greater Bristol County/Attleboro/Taunton/New Bedford area. Mental illness and substance use issues contribute substantially to the inability of individuals to gain and maintain employment that can provide the economic foundation for sustaining housing opportunities. CCBC has been an integral part of the areas response to this issue. As an active member of the CoC,

CCBC has been at the forefront of both assessing and addressing these issues by working collaboratively with federal, state, and municipal authorities in conjunction with advocacy and provider organizations to provide a targeted and coordinated response to ending chronic homelessness. CCBC works in collaboration with many partners including The United Way Mass Bay who has provided financial

support to a number of the agencies involved in this effort and has been a major partner in the effort to provide advocacy and community planning efforts to address homelessness and the creation of affordable housing. In addition to the Homes With Heart project, CCBC oversees a housing network of PH family units and individual units, and 16 transitional housing beds for men and women in early recovery. CCBC also has developed housing supports for the past three years using flexible funds through MassHealth to help individuals and families obtain or maintain housing. CCBC also operates two Co-occurring enhanced residential rehabilitation treatment programs to support 28 individuals with both mental health and substance use disorders who are also homeless upon entry. CCBC has helped an additional 37 individuals obtain Emergency Housing Vouchers. CCBC has also been developing new properties for homeless individuals using funds awarded by the United Way and the Taunton Office of Economic and Community Development to rehabilitate efficiency apartment for homeless individuals. Most recently, CCBC was awarded a grant by the Mass Housing and shelter Alliance (MHSA) through the Home and Healthy for Good program to develop 10 units for older adults who are homeless in a newly renovated building in the former Dighton Nursing Home.

2. Describe your organization's (and subrecipient(s) if applicable) experience in leveraging Federal, State, local and private sector funds.

CCBC has been highly successful in creating opportunities for people in the program to access other subsidized housing options (Section 8, Project based vouchers, other MRVP's, increased income for market rents) which allows for a Move On plan and room for new referrals on a continuous basis. All of these activities seek to address these critical problems for our communities in a comprehensive continuum of care. CCBC has been successful in leveraging Federal, State, local and private sector funds from a number of sources over the 52 years it has been providing services to support the programs we operate. This includes multiple streams of support to develop the continuum of programs and supportive services described in this application. The United Way of Mass Bay helped to provide funding to support increased financial literacy for clients we serve. CCBC currently has one HUD PSH grant totaling \$726,924 annually for leasing costs, operating expenses, case management services and administrative costs. CCBC has a contract with the Commonwealth of MA, Department of Public Health Bureau of Substance Addiction Services which provides funding for Co-occurring Enhanced Residential Rehabilitation Services at the Dr. Robert Smith and Bridge House totaling more than \$2 million. CCBC strong relationships with the MA Department of Mental Health where we provide Program for Assertive Community Treatment (PACT) and Adult Community Clinical Services (ACCS) to over 800 clients totaling over \$5,000,000. CCBC secured Federal Home loan grants for our School Street Family Transitional Program and Church Street apartments to secure below market rate mortgages and rehabilitation costs. The Taunton Mayor's Office of Community Development provided \$250,000 towards the purchase and renovation of our Bay Street affordable housing program which has allowed the agency to expand into the affordable housing market. Additionally, a \$25,000 CDBG Rehabilitation grant was awarded to the Dr. Robert Smith house for renovations. CCBC also has many other funding streams including Medicaid, Medicare and private insurance for our outpatient, Emergency Services and community support case management programs, and also has received many foundation grants to support specialized needs of our programs. CCBC was also awarded three grants by the Substance Abuse and Mental Health Services Administration (SAMHSA) to increase access to behavioral health services through the Certified Community Behavioral Health Clinic Expansion project totaling \$12 million.

3. Describe your organization's (and subrecipient(s) if applicable) financial management structure.

CCBC is a 501(c)3 not-for profit that employs over 700 staff and serves over 15,000 clients a year. The agency is governed by a Board of Directors, a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, and 3 Vice Presidents who oversee the components of the agency. The CFO oversees the financial accounting system and the annual audit of the agency in compliance with all federal and state regulations.

4. Are there any unresolved HUD monitoring or No
OIG audit findings for any HUD grants (including
ESG) under your organization?

3A. Project Detail

1. CoC Number and Name: MA-505 - New Bedford/Attleboro/Taunton/Bristol County

2. CoC Collaborative Applicant Name: City of New Bedford

3. Project Name: Homes With Heart Expansion

4. Project Status: Standard

5. Component Type: PH

5a. Select the type of PH project: PSH

6. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3? No

7. Is this new project application requesting to transition from eligible renewal project(s) that was awarded to the same recipient and fully eliminated through reallocation in this CoC Program Competition? (Attachment Requirement) No

8. Will funds requested in this new project application replace state or local government funds (24 CFR 578.87(a))? No

9. Will this project include replacement reserves in the Operating budget? No

10. Is this project applying for Rural costs on screen 6A? No

3B. Project Description

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

The Homes With Heart PSH project currently serves 42 individuals and is proposing to increase that number to serve 16 additional individuals throughout the Bristol County Continuum of Care with the Homes With Heart Expansion project. CCBC oversees the Coordinated Entry for the CoC and is well aware of the numbers of unhoused individuals based on the by-number list, the most recent Point-in time Count, and those who are stagnating in shelter due to a lack of affordable and appropriate housing. The proposed expansion of the Homes with Heart project will allow for 16 additional individuals who are established as chronically homeless to enter into supportive housing units, housing those with the most severe needs in the community, and focusing on the communities and individuals that are currently underserved and underrepresented. The Homes for Heart Expansion project will serve 16 chronically homeless individuals, using a housing first approach and will also provide specialized, supportive services designed to address the concerns that chronically homeless individuals are facing including: increased mental health issues, substance use, co-occurring disorders, physical disabilities, trauma, lack of employment, and for many lack of family support. The program will also focus on money management to support the goal of helping these individuals become more capable of maintaining permanent housing and living a healthy lifestyle in the community. The program will employ case managers experienced in issues of the chronic homeless, who will work as a part of the overall housing programs serving the homeless. The program will also provide a rental subsidy within a supportive environment that enables individuals to achieve stability and empowers them to renew their pursuit of individual life goals. Typical goals include: Retaining permanent housing; increasing vocational and social skills; increasing income; achieving greater self-determination. Support services are individualized and detailed in a plan developed jointly by the participant and program staff. A critical area of need for individuals with a history of chronic homelessness in the Homes with Heart Expansion project will be learning how to sustain their housing once they attain it. Staff works with individuals on the development of recovery and rehabilitation plans, and the provision of concrete support to residents to maintain their tenancy as self sustaining individuals in their communities in order to begin to break the chronic cycle of a return to homelessness so often seen when issues related to successful tenancy are not addressed. The unemployment rate of individuals who have a mental illness and substance use issues runs between 60 to 75% depending on the stage of recovery the individuals are at. A component of the program focuses on supporting these individuals to develop long-term career plans. Staff will work with individuals to focus on assessment of skills, resume development, development of steady employment, and money management. The program thus becomes the major pathway to maintain the recovery process and to help these individuals move forward in a productive way that enables them to economically sustain a recovery lifestyle while living in the program or if they choose to move on from the Homes With Heart Expansion project.

2. For each primary project location, or structure, enter the number of days from the execution of the grant agreement that each of the following milestones will occur if this project is selected for conditional award.

| 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 |
| Begin hiring staff or expending funds | 30 | | | |
| Begin program participant enrollment | 60 | | | |
| Program participants occupy leased or rental assistance units or structure(s), or supportive services begin | 90 | | | |
| Leased or rental assistance units or structure, and supportive services near 100% capacity | 120 | | | |
| Closing on purchase of land, structure(s), or execution of structure lease | | | | |
| Start rehabilitation | | | | |
| Complete rehabilitation | | | | |
| Start new construction | | | | |
| Complete new construction | | | | |

2a. If requesting capital costs (i.e., acquisition, rehabilitation, or new construction), describe the proposed development activities with responsibilities of the applicant, and subrecipients if included, to develop and maintain the property using CoC Program funds.

3. Check the appropriate box(s) if this project will have a specific subpopulation focus.

(Select ALL that apply)

| | | | |
|---|-------------------------------------|-----------------------------------|-------------------------------------|
| N/A - Project Serves All Subpopulations | <input type="checkbox"/> | Survivors | <input checked="" type="checkbox"/> |
| Veterans | <input checked="" type="checkbox"/> | Substance Use Disorders | <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"/> |
| | | Chronic Homeless | <input checked="" type="checkbox"/> |
| | | Other (Click 'Save' to update) | <input type="checkbox"/> |

4. Will your project participate in the CoC's Coordinated Entry (CE) process or recipient organization is a victim service provider, as defined in 24 CFR 578.3 and uses an alternate CE process that meets HUD's minimum requirements?

Yes

5. Housing First

5a. Will the project quickly move participants into permanent housing? Yes

5b. Will the project enroll program participants who have the following barriers?
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"/> |

5c. Will the project prevent program participant termination 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"/> |

5d. Will the project follow a "Housing First" approach? Yes
(Click 'Save' to update)

6 Will program participants be required to live in a specific structure, unit, or locality at any time while in the program? No

7. Will more than 16 persons live in a single structure? No

100% Dedicated or DedicatedPLUS

A “100% Dedicated” project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and families.

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:

- (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 were dedicated to individuals and families experiencing chronic homelessness under the grant that is being renewed may either be reallocated as a DedicatedPLUS project or may continue as a renewal dedicating 100 percent of its beds to individuals and families experiencing chronic homelessness. If the project is reallocated as a DedicatedPLUS project, the project must adhere to all fair housing requirements at 24 CFR 578.93.

**8. Is this project 100% Dedicated or DedicatedPLUS
DedicatedPLUS?**

3C. Project Expansion Information

1. Is this a "Project Expansion" of an eligible renewal project? Yes

Enter the PIN (first 6 characters of the grant number) and Project Name for the CoC funded grant that is applying for renewal in FY 2024 upon which this project proposes to expand.

1a. Eligible Renewal Grant PIN: MA0291

1b. Eligible Renewal Grant Project Name: Homes With Heart

2. Will this expansion project increase the number of program participants? Yes

| | | |
|-----|---|----|
| 2a. | Currently Approved Renewal Numbers (from "Stand-alone Renewal" project application) | |
| | Number of persons (From renewal application Screen 5A) | 42 |
| | Number of units (From renewal application Screen 4B) | 42 |
| | Number of beds (From renewal application Screen 4B) | 42 |
| 2b. | New Requested Numbers to Add (from this "Stand-alone New" project application) | |
| | Number of additional persons (From this new application Screen 5A) | 16 |
| | Number of additional units (From this new application Screen 4B) | 16 |
| | Number of additional beds (From this new application Screen 4B) | 16 |

3. Will this expansion project provide additional supportive services to program participants? Yes

3a. Indicate how the project will provide additional supportive services to program participants.
(Check one or both boxes)

| | |
|---|--------------------------|
| Increase number of or expand supportive services provided | <input type="checkbox"/> |
| Increase frequency or intensity of supportive services | <input type="checkbox"/> |

4. Will this expansion project bring existing facilities up to government health or safety standards? No

4A. Supportive Services for Participants

1. Describe how program participants will be assisted to obtain and remain in permanent housing.

Note: If applying for DV Bonus or DV Reallocation, you must describe how the project will include trauma-informed, victim-centered approaches in their strategies to assist participants to obtain or remain in permanent housing.

The individuals served will be supported by a skilled case manager who works to secure safe, affordable housing for chronically homeless individuals. The case manager will be an employee of the subrecipient and will have the support of the expanded housing team of CCBC. The subrecipient, in developing housing, and together with our Coordinated Entry process for the CoC will develop a streamlined process to move individuals from homelessness to permanent housing. We have long-standing relationships with local landlords who call our agency on a regular basis to offer housing opportunities knowing we will be there to support the clients with the resources they will need to sustain their housing successfully. CCBC has excellent relationships with local housing authorities who offer vouchers and section 8 to subsidize their housing once they qualify. CCBC will also work with participants to help them understand good tenancy and how to manage a household successfully including money management.

2. Describe the specific plan to coordinate and integrate with other mainstream health, social services, and employment programs for which program participants may be eligible.

The Homes with Heart Expansion project would conduct a needs assessment with each individual and determine what mainstream benefits would best support their ability to live successfully in the community. This will include financial, health, behavioral health, employment, and educational benefits. Some of these mainstream benefits will be offered by the state and local resources or the VA if a veteran or SSA if disabled. A major goal of the project would be to increase the income of the individuals receiving services in the Homes with heart Expansion project in order to help them sustain their housing and decrease their tendency to become chronically homeless. Many of these individuals have lost everything prior to working with our agencies, their homes, their jobs and many times their family support. The program supports become their main pathway to maintain their recovery process and in particular a connection to behavioral health supports to address any trauma experienced while in the military to help them to move forward in a productive way that enables them to economically sustain themselves in the community. We hope to connect individuals with Massachusetts Rehabilitation Commission services that will help to assess and support them to return to gainful employment. Work is the most powerful way to reintegrate into our society because it gives an individual purpose and meaning to his or her life. However, the barriers to returning to work may discourage an individual from being able to follow this path to re-integration, and therefore the project will work side by side with these individuals to address whatever those issues may be. The program thus becomes the major pathway to maintain the recovery process and to support individuals to move forward in a productive way that enables them to economically sustain a healthy lifestyle once they move on from the Homes with Heart Expansion project.

3. For all supportive services available to program 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 | | Applicant | As needed |
| Assistance with Moving Costs | | Applicant | As needed |
| Case Management | | Applicant | As needed |
| Child Care | | Non-Partner | As needed |
| Education Services | | Partner | As needed |
| Employment Assistance and Job Training | | Applicant | Monthly |
| Food | | Partner | Weekly |
| Housing Search and Counseling Services | | Applicant | As needed |
| Legal Services | | Partner | As needed |
| Life Skills Training | | Applicant | Weekly |
| Mental Health Services | | Applicant | Monthly |
| Outpatient Health Services | | Partner | Annually |
| Outreach Services | | Applicant | Weekly |
| Substance Abuse Treatment Services | | Applicant | Monthly |
| Transportation | | Applicant | As needed |
| Utility Deposits | | Partner | Annually |

Identify whether the project will include the following activities:

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

5. Annual follow-ups with program participants to ensure mainstream benefits are received and renewed? Yes

6. Will program participants have access to SSI/SSDI technical assistance provided by the project applicant, 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: 16

Total Beds: 16

Total Dedicated CH Beds: 16

| Housing Type | Housing Type (JOINT) | Units | Beds | Dedicated CH Beds |
|---------------------------------|----------------------|-------|------|-------------------|
| Scattered-site apartments (...) | --- | 16 | 16 | 16 |

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 program participants at the selected housing site.

a. Units: 16

b. Beds: 16

c. How many beds in "2b. Beds" are dedicated to persons experiencing chronic homelessness? 16

This includes both the "dedicated" and "prioritized" beds.

3. Address:

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

Street 1: 63 Winthrop Street

Street 2:

City: Taunton

State: Massachusetts

ZIP Code: 02780

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

251614 New Bedford, 250126 Attleboro, 252418
Taunton, 259005 Bristol County

5A. Project Participants - Households

Note: These fields should reflect full capacity on one night. For additional guidance, please refer to the Detailed Instructions.

Households Table

| | Households with at Least One Adult and One Child | Adult Households without Children | Households with Only Children | Total |
|-------------------------------------|---|--|--|-------|
| Number of Households | 0 | 16 | 0 | 16 |
| | | | | |
| 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 |
| Persons over age 24 | 0 | 16 | | 16 |
| Persons ages 18-24 | 0 | 0 | | 0 |
| Accompanied Children under age 18 | 0 | | 0 | 0 |
| Unaccompanied Children under age 18 | | | 0 | 0 |
| Total Persons | 0 | 16 | 0 | 16 |

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

Note: These fields should reflect full capacity on one night. For additional guidance, please refer to the Detailed Instructions.

Persons in Households with at Least One Adult and One Child

| Characteristics | CH (Not Veterans) | CH Veterans | Veterans (Not CH) | Substance Use Disorders | HIV/A IDS | Mental Illness | Surviv ors | Physical Disability | Developm ental Disability | Persons Not Represent ed by a Listed Subpopula tion |
|-----------------------|-------------------------|----------------|----------------------|-------------------------------|--------------|-------------------|---------------|------------------------|---------------------------------|---|
| Persons over age 24 | | | | | | | | | | |
| Persons 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 | CH (Not Veterans) | CH Veterans | Veterans- (Not CH) | Substance Use Disorders | HIV/A IDS | Mental Illness | Surviv ors | Physical Disability | Developm ental Disability | Persons Not Represent ed by a Listed Subpopula tion |
|---------------------|-------------------------|----------------|-----------------------|-------------------------------|--------------|-------------------|---------------|------------------------|---------------------------------|---|
| Persons over age 24 | 12 | 4 | 0 | 8 | 2 | 10 | 4 | 6 | 0 | 0 |
| Persons ages 18-24 | | | | | | | | | | |
| Total Persons | 12 | 4 | 0 | 8 | 2 | 10 | 4 | 6 | 0 | 0 |

Click Save to automatically calculate totals

Persons in Households with Only Children

| Characteristics | CH (Not Veterans) | CH Veterans | Veterans (Not CH) | Substance Use Disorders | HIV/A IDS | Mental Illness | Surviv ors | Physical Disability | Developm ental Disability | Persons Not Represent ed by a Listed Subpopula tion |
|-------------------------------------|-------------------------|----------------|----------------------|-------------------------------|--------------|-------------------|---------------|------------------------|---------------------------------|---|
| Accompanied Children under age 18 | | | | | | | | | | |
| Unaccompanied Children under age 18 | | | | | | | | | | |
| Total Persons | 0 | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Data on this screen should be based on Maximum Occupancy at a single point in time. It should not be based on the estimated amount of participants that will be served throughout the grant term.

6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 15, 2026? Yes

2. What type of CoC funding is this project applying for in this CoC Program Competition? CoC Bonus

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 requested:

| | |
|---------------------|-------------------------------------|
| Leased Units | <input checked="" type="checkbox"/> |
| Leased Structures | <input type="checkbox"/> |
| Rental Assistance | <input type="checkbox"/> |
| Supportive Services | <input checked="" type="checkbox"/> |
| Operating | <input checked="" type="checkbox"/> |
| HMIS | <input type="checkbox"/> |
| VAWA | <input checked="" type="checkbox"/> |
| Rural | <input type="checkbox"/> |

The VAWA BLI is permanently checked. This allows any project to shift funds up to a 10% shift from another BLI if VAWA emergency transfer costs are needed.

6. If conditionally awarded, is this project requesting an initial grant term greater than 12 months? No
(13 to 18 months)

6C. Leased Units

The following list summarizes the funds being requested for one or more units leased for operating the projects. To add information to the list, select the icon. To view or update information already listed, select the icon.

| | |
|------------------------------------|-----------|
| Total Annual Assistance Requested: | \$179,520 |
| Grant Term: | 1 Year |
| Total Request for Grant Term: | \$179,520 |
| Total Units: | 16 |

The number of beds for which funding has been requested in the Leased Units budget is 16.

| FMR Area | Total Units Requested | Total Annual Assistance Requested | Total Budget Requested |
|----------------------|-----------------------|-----------------------------------|------------------------|
| MA - Taunton-Mans... | 4 | \$44,880 | \$44,880 |
| MA - Providence-F... | 4 | \$44,880 | \$44,880 |
| MA - New Bedford,... | 8 | \$89,760 | \$89,760 |

Leased Units Budget Detail

Instructions:

Metropolitan or non-metropolitan fair market rent area: This is a required field. Select the FY 2023 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 rent for each unit in the FMR Area column in the chart below. The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>.

Size of Units: 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 2023 FMRs based on the FMR area selected by the applicant. They serve as a reference and upper limit for the amounts entered in the HUD Paid Rents column.

HUD Paid Rents: This is a required field. For each unit size, enter the rent to be paid by the CoC program grant. This rent can be equal to or below the FMR amount in the previous column. Once funds are awarded recipients must document compliance with the rent reasonable requirement in 24 CFR 578.49.

12 Months: These fields are populated with the value 12 to calculate the annual rent request. The total request for this budget will calculate based on the grant term selected on Screen "6A. Funding Request."

Total Request: This column populates with the total calculated amount from each row.

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 with the grant term selected on the "Funding Request" screen and will be read only.

Total Request for Grant Term: This field is 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>

In the chart below, enter the appropriate values in the "Number of units" and "HUD Paid Rent" fields.

Metropolitan or non-metropolitan fair market rent area: MA - Taunton-Mansfield-Norton, MA HUD Metro FMR Area (2500505280)

Leased Units Annual Budget

| Size of Units | Number of units (Applicant) | | FMR (Applicant) | HUD Paid Rent (Applicant) | | 12 months | | Total request (Applicant) |
|--|--------------------------------|---|--------------------|------------------------------|---|-----------|---|------------------------------|
| SRO | | x | \$812 | | x | 12 | = | \$0 |
| 0 Bedroom | | x | \$1,083 | | x | 12 | = | \$0 |
| 1 Bedroom | 4 | x | \$1,233 | \$935 | x | 12 | = | \$44,880 |
| 2 Bedroom | | x | \$1,619 | | x | 12 | = | \$0 |
| 3 Bedroom | | x | \$2,038 | | x | 12 | = | \$0 |
| 4 Bedroom | | x | \$2,229 | | x | 12 | = | \$0 |
| 5 Bedroom | | x | \$2,563 | | x | 12 | = | \$0 |
| 6 Bedroom | | x | \$2,898 | | x | 12 | = | \$0 |
| 7 Bedroom | | x | \$3,232 | | x | 12 | = | \$0 |
| 8 Bedroom | | x | \$3,566 | | x | 12 | = | \$0 |
| 9 Bedroom | | x | \$3,901 | | x | 12 | = | \$0 |
| Total units and annual assistance requested: | 4 | | | | | | | \$44,880 |
| Grant term: | | | | | | | | 1 Year |
| Total request for grant term: | | | | | | | | \$44,880 |

Click the 'Save' button to automatically calculate totals.

Leased Units Budget Detail

Instructions:

Metropolitan or non-metropolitan fair market rent area: This is a required field. Select the FY 2023 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 rent for each unit in the FMR Area column in the chart below. The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>.

Size of Units: 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 2023 FMRs based on the FMR area selected by the applicant. They serve as a reference and upper limit for the amounts entered in the HUD Paid Rents column.

HUD Paid Rents: This is a required field. For each unit size, enter the rent to be paid by the CoC program grant. This rent can be equal to or below the FMR amount in the previous column. Once funds are awarded recipients must document compliance with the rent reasonable requirement in 24 CFR 578.49.

12 Months: These fields are populated with the value 12 to calculate the annual rent request. The total request for this budget will calculate based on the grant term selected on Screen "6A. Funding Request."

Total Request: This column populates with the total calculated amount from each row.

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 with the grant term selected on the "Funding Request" screen and will be read only.

Total Request for Grant Term: This field is 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>

In the chart below, enter the appropriate values in the "Number of units" and "HUD Paid Rent" fields.

Metropolitan or non-metropolitan MA - Providence-Fall River, RI-MA HUD Metro
fair market rent area: FMR Area (2500502690)

Leased Units Annual Budget

| Size of Units | Number of units (Applicant) | | FMR (Applicant) | HUD Paid Rent (Applicant) | | 12 months | | Total request (Applicant) |
|---------------|--------------------------------|---|--------------------|------------------------------|---|-----------|---|------------------------------|
| SRO | | x | \$800 | | x | 12 | = | \$0 |
| 0 Bedroom | | x | \$1,066 | | x | 12 | = | \$0 |
| 1 Bedroom | 4 | x | \$1,171 | \$935 | x | 12 | = | \$44,880 |
| 2 Bedroom | | x | \$1,409 | | x | 12 | = | \$0 |

Applicant: Community Counseling of Bristol County, Inc.

781972716

Project: Homes With Heart Expansion

224677

| | | | | | | | | |
|--|---|---|---------|--|---|----|---|----------|
| 3 Bedroom | | x | \$1,715 | | x | 12 | = | \$0 |
| 4 Bedroom | | x | \$2,118 | | x | 12 | = | \$0 |
| 5 Bedroom | | x | \$2,436 | | x | 12 | = | \$0 |
| 6 Bedroom | | x | \$2,753 | | x | 12 | = | \$0 |
| 7 Bedroom | | x | \$3,071 | | x | 12 | = | \$0 |
| 8 Bedroom | | x | \$3,389 | | x | 12 | = | \$0 |
| 9 Bedroom | | x | \$3,707 | | x | 12 | = | \$0 |
| Total units and annual assistance requested: | 4 | | | | | | | \$44,880 |
| Grant term: | | | | | | | | 1 Year |
| Total request for grant term: | | | | | | | | \$44,880 |

Click the 'Save' button to automatically calculate totals.

Leased Units Budget Detail

Instructions:

Metropolitan or non-metropolitan fair market rent area: This is a required field. Select the FY 2023 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 rent for each unit in the FMR Area column in the chart below. The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>.

Size of Units: 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 2023 FMRs based on the FMR area selected by the applicant. They serve as a reference and upper limit for the amounts entered in the HUD Paid Rents column.

HUD Paid Rents: This is a required field. For each unit size, enter the rent to be paid by the CoC program grant. This rent can be equal to or below the FMR amount in the previous column. Once funds are awarded recipients must document compliance with the rent reasonable requirement in 24 CFR 578.49.

12 Months: These fields are populated with the value 12 to calculate the annual rent request. The total request for this budget will calculate based on the grant term selected on Screen "6A. Funding Request."

Total Request: This column populates with the total calculated amount from each row.

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 with the grant term selected on the "Funding Request" screen and will be read only.

Total Request for Grant Term: This field is 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>

In the chart below, enter the appropriate values in the "Number of units" and "HUD Paid Rent" fields.

Metropolitan or non-metropolitan MA - New Bedford, MA HUD Metro FMR Area
fair market rent area: (2500500520)

Leased Units Annual Budget

| Size of Units | Number of units (Applicant) | | FMR (Applicant) | HUD Paid Rent (Applicant) | | 12 months | | Total request (Applicant) |
|---------------|-----------------------------|---|-----------------|---------------------------|---|-----------|---|---------------------------|
| SRO | | x | \$668 | | x | 12 | = | \$0 |
| 0 Bedroom | | x | \$890 | | x | 12 | = | \$0 |
| 1 Bedroom | 8 | x | \$1,051 | \$935 | x | 12 | = | \$89,760 |
| 2 Bedroom | | x | \$1,282 | | x | 12 | = | \$0 |

Applicant: Community Counseling of Bristol County, Inc.

781972716

Project: Homes With Heart Expansion

224677

| | | | | | | | | |
|--|---|---|---------|--|---|----|---|----------|
| 3 Bedroom | | x | \$1,560 | | x | 12 | = | \$0 |
| 4 Bedroom | | x | \$1,722 | | x | 12 | = | \$0 |
| 5 Bedroom | | x | \$1,980 | | x | 12 | = | \$0 |
| 6 Bedroom | | x | \$2,239 | | x | 12 | = | \$0 |
| 7 Bedroom | | x | \$2,497 | | x | 12 | = | \$0 |
| 8 Bedroom | | x | \$2,755 | | x | 12 | = | \$0 |
| 9 Bedroom | | x | \$3,014 | | x | 12 | = | \$0 |
| Total units and annual assistance requested: | 8 | | | | | | | \$89,760 |
| Grant term: | | | | | | | | 1 Year |
| Total request for grant term: | | | | | | | | \$89,760 |

Click the 'Save' button to automatically calculate totals.

6F. Supportive Services Budget

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 | 1.20 Case Manager salary and fringe | \$65,180 |
| 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 | | \$65,180 |
| Grant Term | | 1 Year |
| Total Request for Grant Term | | \$65,180 |

Click the 'Save' button to automatically calculate totals.

6G. Operating

Instructions:

Enter the quantity and total budget request for each operating cost. The request entered should be equivalent to the cost of one year of the relevant operations activity.

Eligible Costs: The system populates a list of eligible operating costs for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.55.

Quantity AND Detail: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity in detail (e.g. .75 FTE hours and benefits for staff, utility types, monthly allowance for supplies) for each operating cost for which funding is being requested. Please note that simply stating "1FTE" is NOT providing "Quantity AND Detail" and restricts understanding of what is being requested. Failure to enter adequate "Quantity AND Detail" may result in conditions being placed on the 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 operating the housing or supportive services facility.

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. Maintenance/Repair | | |
| 2. Property Taxes and Insurance | | |
| 3. Replacement Reserve | | |
| 4. Building Security | | |
| 5. Electricity, Gas, and Water | | |
| 6. Furniture | furniture for 16 apartments | \$19,062 |
| 7. Equipment (lease, buy) | | |
| Total Annual Assistance Requested | | \$19,062 |
| Grant Term | | 1 Year |
| Total Request for Grant Term | | \$19,062 |

Click the 'Save' button to automatically calculate totals.

VAWA Budget

VAWA Budget

In FY2024, the Violence Against Women Act (VAWA) has clarified the use of CoC Program funds for VAWA eligible cost categories. These VAWA cost categories can be added to a new project application to create a CoC VAWA Budget Line Item (BLI) in e-snaps and eLOCCS. The BLI will be added to grant agreements and utilized the same as other CoC Program BLIs in e-snaps and eLOCCS. Eligible CoC VAWA costs can be identified in one or both of the following CoC VAWA categories. Examples of eligible costs in these cost categories are identified as follows:

A. VAWA Emergency Transfer Facilitation. Examples of eligible costs include the costs of assessing, coordinating, approving, denying, and implementing a survivor's emergency transfer(s). Additional details of eligible costs include:

- Moving Costs. Assistance with reasonable moving costs to move survivors for an emergency transfer(s).
- Travel Costs. Assistance with reasonable travel costs for survivors and their families to travel for an emergency transfer(s). This may include travel costs to locations outside of your CoC's geography.
- Security Deposits. Grant funds can be used to pay for security deposits of the safe unit the survivor is transferring to via an emergency transfer(s).
- Utilities. Grant funds can be used to pay for costs of establishing utility assistance in the safe unit the survivor is transferring to.
- Housing Fees. Grant funds can be used to pay fees associated with getting survivors into a safe unit via emergency transfer(s), including but not limited to application fees, broker fees, holding fees, trash fees, pet fees where the person believes they need their pet to be safe, etc.
- Case Management. Grant funds can be used to pay staff time necessary to assess, coordinate, and implement emergency transfer(s).
- Housing Navigation. Grant funds can be used to pay staff time necessary to identify safe units and facilitate moves into housing for survivors through emergency transfer(s).
- Technology to make an available unit safe. Grant funds can be used to pay for technology that the individual believes is needed to make the unit safe, including but not limited to doorbell cameras, security systems, phone, and internet service when necessary to support security systems for the unit, etc.

B. VAWA Confidentiality Requirements. Examples of eligible costs for ensuring compliance with VAWA confidentiality requirements include:

- Monitoring and evaluating compliance.
- Developing and implementing strategies for corrective actions and remedies to ensure compliance.
- Program evaluation of confidentiality policies, practices, and procedures.
- Training on compliance with VAWA confidentiality requirements.
- Reporting to CoC Collaborative Applicant, HUD, and other interested parties on compliance with VAWA confidentiality requirements.
- Costs for establishing methodology to protect survivor information.
- Staff time associated with maintaining adherence to VAWA confidentiality requirements.

Enter the estimated amount(s) you are requesting for this project's Emergency Transfer Facilitation costs and VAWA Confidentiality Requirements costs for one or both of these eligible CoC VAWA cost categories. The CoC VAWA BLI Total amount can be expended for any eligible CoC VAWA cost identified above.

| Eligible Costs | Annual Assistance Requested |
|---|-----------------------------|
| Estimated budget amount for VAWA Emergency Transfer Facilitation: | |
| Estimated budget amount for VAWA Confidentiality Requirements: | |
| New Project Application FY2024 | Page 52 |
| | 10/17/2024 |

Applicant: Community Counseling of Bristol County, Inc.

781972716



Project: Homes With Heart Expansion

224677

| | |
|------------------------------|--------|
| CoC VAWA BLI Total: | \$0 |
| Grant Term | 1 Year |
| Total Request for Grant Term | \$0 |

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 this project. To add a Match source to the list, select the  icon. To view or update a Match source already listed, select the  icon.

Summary for Match

| | |
|--------------------------------------|----------|
| Total Amount of Cash Commitments: | \$27,655 |
| Total Amount of In-Kind Commitments: | \$0 |
| Total Amount of All Commitments: | \$27,655 |

1. Will this project generate program income described in 24 CFR 578.97 to use as Match for this project? Yes

1a. Briefly describe the source of the program income:
(limit 1000 characters)

The program income comes from the individuals who pay rent to CCBC directly calculated as a portion of their income based on HUD regulations. CCBC pays the landlords the full rent for the leased apartments.

1b. Estimate the amount of program income that will be used as Match for this project: \$27,655

| Type | Source | Name of Source | Amount of Commitments |
|------|---------|----------------------|-----------------------|
| Cash | Private | Community Counsel... | \$27,655 |

Sources of Match Detail

1. Type of Match commitment: Cash

2. Source: Private

3. Name of Source: Community Counseling of Bristol County
(Be as specific as possible and include the office
or grant program as applicable)

4. Amount of Written Commitment: \$27,655

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 (Light gray fields are available for entry of the previous grant agreement, GIW, approved GIW Change Form, or reduced by reallocation) | Annual Assistance Requested (Applicant) | Grant Term (Applicant) | Applicant CoC Program Costs Requested |
|--|---|---------------------------|---|
| 1a. Acquisition (Screen 6B) | | | \$0 |
| 1b. Rehabilitation (Screen 6B) | | | \$0 |
| 1c. New Construction (Screen 6B) | | | \$0 |
| 2a. Leased Units (Screen 6C) | \$179,520 | 1 Year | \$179,520 |
| 2b. Leased Structures (Screen 6D) | \$0 | 1 Year | \$0 |
| 3. Rental Assistance (Screen 6E) | \$0 | 1 Year | \$0 |
| 4. Supportive Services (Screen 6F) | \$65,180 | 1 Year | \$65,180 |
| 5. Operating (Screen 6G) | \$19,062 | 1 Year | \$19,062 |
| 6. HMIS (Screen 6H) | \$0 | 1 Year | \$0 |
| 7. VAWA | \$0 | 1 Year | \$0 |
| 8. Rural (Only for HUD CoC Program approved rural areas) | \$0 | 1 Year | \$0 |
| 9. Sub-total of CoC Program Costs Requested | | | \$263,762 |
| 10. Admin (Up to 10% of Sub-total in #9) | | | \$26,376 |
| 11. HUD funded Sub-total + Admin. Requested | | | \$290,138 |
| 12. Cash Match (From Screen 6I) | | | \$27,655 |
| 13. In-Kind Match (From Screen 6I) | | | \$0 |
| 14. Total Match (From Screen 6I) | | | \$27,655 |
| 15. Total Project Budget for this grant, including Match | | | \$317,793 |

Click the 'Save' button to automatically calculate totals.

7A. Attachment(s)

| Document Type | Required? | Document Description | Date Attached |
|---|-----------|----------------------|---------------|
| 1) Subrecipient Nonprofit Documentation | No | | |
| 2) Other Attachment(s) | No | | |
| 3) Other Attachment(s) | No | | |

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

7D. Certification

**Applicant and Recipient Assurances and Certifications - form HUD-424B (Title)
U.S. Department of Housing and Urban Development OMB Approval No.
2501-0017
(expires 01/31/2026)**

As part of your application for HUD funding, you, as the official authorized to sign on behalf of your organization or as an individual must provide the following assurances and certifications. The Responsible Civil Rights Official has specified this form for use for purposes of general compliance with 24 CFR §§ 1.5, 3.115, 8.50, and 146.25, as applicable. The Responsible Civil Rights Official may require specific civil rights assurances to be furnished consistent with those authorities and will specify the form on which such assurances must be made. A failure to furnish or comply with the civil rights assurances contained in this form may result in the procedures to effect compliance at 24 CFR §§ 1.8, 3.115, 8.57, or 146.39. By submitting this form, you are stating that to the best of your knowledge and belief, all assertions are true and correct.

1. Has the legal authority to apply for Federal assistance, has the institutional, managerial and financial capability (including funds to pay the non-Federal share of program costs) to plan, manage and complete the program as described in the application and the governing body has duly authorized the submission of the application, including these assurances and certifications, and authorized me as the official representative of the application to act in connection with the application and to provide any additional information as may be required.

2. Will administer the grant in compliance with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and implementing regulations (24 CFR part 1), which provide that no person in the United States shall, on the grounds of race, color or national origin, be excluded from participation in, be denied the benefits of, or otherwise be subject to discrimination under any program or activity that receives Federal financial assistance OR if the applicant is a Federally recognized Indian tribe or its tribally designated housing entity, is subject to the Indian Civil Rights Act (25 U.S.C. 1301-1303).

3. Will administer the grant in compliance with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and implementing regulations at 24 CFR part 8, the American Disabilities Act (42 U.S.C. §§ 12101 et seq.), and implementing regulations at 28 CFR part 35 or 36, as applicable, and the Age Discrimination Act of 1975 (42 U.S.C. 6101-07) as amended, and implementing regulations at 24 CFR part 146 which together provide that no person in the United States shall, on the grounds of disability or age, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity that receives Federal financial assistance; except if the grant program authorizes or limits participation to designated populations, then the applicant will comply with the nondiscrimination requirements within the designated population.

4. Will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and the implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion sex (including gender identity and sexual orientation), disability, familial status, or national origin and will affirmatively further fair housing; except an applicant which is an Indian tribe or its instrumentality which is excluded by statute from coverage does not make this certification; and further except if the grant program authorizes or limits participation to designated populations, then the applicant will comply with the nondiscrimination requirements within the designated population.

5. Will comply with all applicable Federal nondiscrimination requirements, including those listed at 24 CFR §§ 5.105(a) and 5.106 as applicable.

6. Will comply with the acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended (42 U.S.C. 4601) and implementing regulations at 49 CFR part 24 and, as applicable, Section 104(d) of the Housing and Community Development Act of 1974 (42 U.S.C. 5304(d)) and implementing regulations at 24 CFR part 42, subpart A.

7. Will comply with the environmental requirements of the National Environmental Policy Act (42 U.S.C. 4321 et seq.) and related Federal authorities prior to the commitment or expenditure of funds for property.

8. That no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, and officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all subawards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly. Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage by the Byrd Amendment, but State-recognized Indian tribes and TDHs established under State law are not excluded from the statute's coverage.

Name of Authorized Certifying Official: Andrew Dawley

Date: 10/17/2024

Title: President & CEO

Applicant Organization: Community Counseling of Bristol County, Inc.

PHA Number (For PHA Applicants Only):

I/We, the undersigned, certify under penalty of perjury that the information provided above is true and correct. **WARNING:** Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§287, 1001, 1010, 1012, 1014; 31 U.S.C. §3729, 3802).

X

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 |
| 1B. SF-424 Legal Applicant | 10/17/2024 |
| 1C. SF-424 Application Details | No Input Required |
| 1D. SF-424 Congressional District(s) | 10/17/2024 |
| 1E. SF-424 Compliance | 10/17/2024 |
| 1F. SF-424 Declaration | 10/17/2024 |
| 1G. HUD 2880 | 10/17/2024 |
| 1H. HUD 50070 | 10/17/2024 |
| 1I. Cert. Lobbying | 10/17/2024 |
| 1J. SF-LLL | 10/17/2024 |
| 1K. SF-424B | 10/17/2024 |
| 1L. SF-424D | 10/17/2024 |
| 2A. Subrecipients | No Input Required |
| 2B. Experience | 10/17/2024 |
| 3A. Project Detail | 10/17/2024 |
| 3B. Description | 10/17/2024 |
| 3C. Expansion | 10/17/2024 |
| 4A. Services | 10/17/2024 |
| 4B. Housing Type | 10/17/2024 |
| 5A. Households | 10/17/2024 |
| 5B. Subpopulations | No Input Required |
| 6A. Funding Request | 10/17/2024 |
| 6C. Leased Units | 10/17/2024 |
| 6F. Supp Srvcs Budget | 10/17/2024 |
| 6G. Operating | 10/17/2024 |
| VAWA Budget | No Input Required |
| 6I. Match | 10/17/2024 |
| 6J. Summary Budget | No Input Required |

7A. Attachment(s)

No Input Required

7D. Certification

10/17/2024

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.gov at https://www.hud.gov/program_offices/comm_planning/coc.
- Questions regarding the FY 2024 CoC Program Competition process must be submitted to CoCNOFO@hud.gov.
- Questions related to e-snaps functionality (e.g., password lockout, access to user's application account, updating Applicant Profile) must be submitted to e-snaps@hud.gov.
- Project applicants are required to have a Unique Entity Identifier (UEI) 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) 2024 Continuum of Care (CoC) Program Competition. For more information see FY 2024 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2024 CoC Program NOFO and the FY 2024 General Section NOFO.
- Detailed instructions and e-snaps navigation guides can be found on the hud.gov website https://www.hud.gov/program_offices/comm_planning/coc/competition. The Detailed Instructions contain more comprehensive instructions and so should be used in tandem with the navigational guides.
- New projects may only be submitted as either Reallocated, Bonus Projects, Reallocated + Bonus, DV Bonus or DV Reallocation. 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. Please review the NOFO for eligibility standards.
- YHDP projects that are eligible for renewal under the CoC program may only use the YHDP Renewal or YHDP Replacement and Reallocation funding opportunities. Please review the NOFO for eligibility standards.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- 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 2024 CoC Program Competition NOFO.

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: 10/18/2024

4. Applicant Identifier:

a. Federal Entity Identifier:

5. Federal Award Identifier:

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

- a. Legal Name:** City of New Bedford
- b. Employer/Taxpayer Identification Number (EIN/TIN):** 04-6001402
- c. Unique Entity Identifier:** MUQVPRRNQM94

d. Address

Street 1: 608 Pleasant Street

Street 2:

City: New Bedford

County:

State: Massachusetts

Country: United States

Zip / Postal Code: 02740

e. Organizational Unit (optional)

Department Name: Office of Housing and Community Development

Division Name:

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

Prefix: Ms.

First Name: Jennifer

Middle Name:

Last Name: Clarke

Suffix:

Title: Deputy Director

Organizational Affiliation: City of New Bedford

Telephone Number: (508) 979-1500

Extension:

Applicant: City of New Bedford HMIS Project

075719187

Project: Step Up Expansion

222852

Fax Number: (508) 979-1575

Email: Jennifer.Clarke@newbedford-ma.gov

1C. SF-424 Application Details

9. Type of Applicant: C. City or Township 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-6800-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): Massachusetts
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: Step Up Expansion

16. Congressional District(s):

16a. Applicant: MA-004, MA-008, MA-009

16b. Project: MA-004, MA-008, MA-009
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 10/01/2025

b. End Date: 09/30/2026

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: Jennifer

Middle Name:

Last Name: Clarke

Suffix:

Title: Deputy Director

Telephone Number: (508) 979-1500
(Format: 123-456-7890)

Fax Number: (508) 979-1575
(Format: 123-456-7890)

Email: Jennifer.Clarke@newbedford-ma.gov

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

Date Signed: 10/18/2024

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Number: 2501-0017 Expiration Date: 01/31/2026

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: City of New Bedford

Prefix: Ms.

First Name: Jennifer

Middle Name:

Last Name: Clarke

Suffix:

Title: Deputy Director

Organizational Affiliation: City of New Bedford

Telephone Number: (508) 979-1500

Extension:

Email: Jennifer.Clarke@newbedford-ma.gov

City: New Bedford

County:

State: Massachusetts

Country: United States

Zip/Postal Code: 02740

2. Employer ID Number (EIN): 04-6001402

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$77,970.00

(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 |
|--|--------------------|-----------------------------|----------------------------|
| N/A | N/A | \$0.00 | \$0.00 |
| | | | |
| | | | |
| | | | |
| | | | |

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

Part III Interested Parties

Do you need to disclose interested parties for this grant according to the criteria below? No

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 non-disclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I/We, the undersigned, certify under penalty of perjury that the information provided above is true, correct, and accurate. Warning: If you knowingly make a false statement on this form, you may be subject to criminal and/or civil 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.

X

Name / Title of Authorized Official: Jennifer Clarke, Deputy Director

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

Date Signed: 10/18/2024

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: City of New Bedford
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 certify that the information provided on this form and in any accompanying documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

☒

WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 1001, 1010, 1012; 31 U.S.C. §3729, 3802)

Authorized Representative

Prefix: Ms.

First Name: Jennifer

Middle Name

Last Name: Clarke

Suffix:

Title: Deputy Director

Telephone Number: (508) 979-1500
(Format: 123-456-7890)

Fax Number: (508) 979-1575
(Format: 123-456-7890)

Email: Jennifer.Clarke@newbedford-ma.gov

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

Date Signed: 10/18/2024

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: City of New Bedford

Name / Title of Authorized Official: Jennifer Clarke, Deputy Director

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

Date Signed: 10/18/2024

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES Complete this form to disclose
lobbying activities pursuant to 31 U.S.C. 1352
Approved by OMB: 4040-0013 (exp. 02/28/2025)

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: City of New Bedford

Street 1: 608 Pleasant Street

Street 2:

City: New Bedford

County:

State: Massachusetts

Country: United States

Zip / Postal Code: 02740

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: Jennifer

Middle Name:

Last Name: Clarke

Suffix:

Title: Deputy Director

Telephone Number: (508) 979-1500
(Format: 123-456-7890)

Fax Number: (508) 979-1575
(Format: 123-456-7890)

Email: Jennifer.Clarke@newbedford-ma.gov

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

Date Signed: 10/18/2024

IK. SF-424B

(SF-424B) ASSURANCES - NON-CONSTRUCTION PROGRAMS

OMB Number: 4040-0007
Expiration Date: 02/28/2025

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

- | | |
|----|---|
| 1. | Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application. |
| 2. | Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives. |
| 3. | Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain. |
| 4. | Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency. |
| 5. | Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F). |
| 6. | Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism, (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application. |
| 7. | Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases. |
| 8. | Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds. |

| | |
|-----|--|
| 9. | Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327~333), regarding labor standards for federally-assisted construction subagreements. |
| 10. | Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more. |
| 11. | Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205). |
| 12. | Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system. |
| 13. | Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.). |
| 14. | Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance. |
| 15. | Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance. |
| 16. | Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures. |
| 17. | Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations." |
| 18. | Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program. |
| 19. | Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award. |

As the duly authorized representative of the applicant, I certify: ☒

Authorized Representative for: City of New Bedford

Prefix: Ms.

First Name: Jennifer

Middle Name:

Last Name: Clarke

Suffix:

Title: Deputy Director

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

Date Signed: 10/18/2024

1L. SF-424D

Are you requesting CoC Program funds for No
construction costs in this application?

No SF-424D is required. Select "Save and Next" to move to the next screen.

2A. Project Subrecipients

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

Total Expected Sub-Awards: \$77,970

| Organization | Type | Sub-Award Amount |
|--|------------------------------------|------------------|
| PAACA - Positive Action Against Chemical Addict... | M. Nonprofit with 501C3 IRS Status | \$77,970 |

2A. Project Subrecipients Detail

a. Organization Name: PAACA - Positive Action Against Chemical Addiction, Inc.

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

c. Employer or Tax Identification Number: 04-2791362

d. Unique Entity Identifier: VS45N4FMZ4X5

e. Physical Address

Street 1: 360 Coggeshall Street

Street 2:

City: New Bedford

State: Massachusetts

Zip Code: 02740

f. Congressional District(s): MA-005, MA-008, MA-009
(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: \$77,970

j. Contact Person

Prefix: Mr.

First Name: Albie
Middle Name:
Last Name: Cullen
Suffix: Esq.
Title: Director, Adult Services
E-mail Address: acullen@paaca.org
Confirm E-mail Address: acullen@paaca.org
Phone Number: 508-997-9051
Extension:
Fax Number: 508-991-6233

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

1. Describe your organization's (and subrecipient(s) if applicable) experience in effectively utilizing Federal funds and performing the activities proposed in the application.

Positive Action Against Chemical Addiction, Incorporated (P.A.A.C.A.) is a non-profit community center providing quality services to Greater New Bedford residents since 1983. The agency offers people (and their families) struggling with Substance Use Disorder, and mental and physical disabilities a broad range of counseling, education, intervention, prevention, advocacy, outreach and referral services, supportive services, and meeting sites for our clients and the community's social and psychological needs. Services are available to individuals from all ethnic and religious backgrounds and provided without regard to income. As such many of these services have been supported through the use of federal funds.

As a result of the above challenges, the majority of PAACA clients are in need of safe, affordable housing. As the city's "MASH" unit in the war on drugs, PAACA serves as the entry point or triage center for many people entering the housing Continuum of Care. Since 1999 PAACA has successfully utilized HUD funds in the operation of its PSH Step-Up housing program to serve chronically homeless individuals and families with disabilities. The current Step Up Permanent Supportive Housing program has a total of fifteen (15) housing units with thirty-five (35) beds located at scattered sites within the New Bedford CoC. PAACA also assists clients with obtaining housing through state programs such as RAFT and the New Bedford Office of Housing and Community Developments Section 8 and Rapid Re-Housing Programs.

2. Describe your organization's (and subrecipient(s) if applicable) experience in leveraging Federal, State, local and private sector funds.

In serving the community for over forty years, PAACA has built relationships with dozens of federal, state, local, and private sector partners who provide in-kind and financial support. PAACA has long held Federal, State, Local, and Private grants for 25+ years. Some of the fund sources include: Housing and Urban Development, the Department of Justice, the Department of Labor, Health and Human Services, the State Executive Office of Public Safety, the Bureau of Substance Addiction, and the Cities of New Bedford and Fall River.

3. Describe your organization's (and subrecipient(s) if applicable) financial management structure.

PAACA operates based on a formal budget which is presented to the Board of Directors during the June Meeting and adopted for the following fiscal year (1 July – 30 June).

Annual Audits are performed in conformity with United States generally accepted accounting principles as well as with OMB Circular A-133. The board has a Treasurer who has extensive experience with the PAACA operation and audit process. An internal CPA assists and provides oversight to the fiscal management team with daily tasks (A/R, A/P, Banking, Insurance, and other financial matters.) There are two staff who provide day-to-day duties under the supervision of the Internal CPA and Executive Director. PAACA contracts with an external CPA firm to perform an outside audit.

4. Are there any unresolved HUD monitoring or No
OIG audit findings for any HUD grants (including
ESG) under your organization?

3A. Project Detail

1. CoC Number and Name: MA-505 - New Bedford/Attleboro/Taunton/Bristol County

2. CoC Collaborative Applicant Name: City of New Bedford

3. Project Name: Step Up Expansion

4. Project Status: Standard

5. Component Type: PH

5a. Select the type of PH project: PSH

6. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3? No

7. Is this new project application requesting to transition from eligible renewal project(s) that was awarded to the same recipient and fully eliminated through reallocation in this CoC Program Competition? (Attachment Requirement) No

8. Will funds requested in this new project application replace state or local government funds (24 CFR 578.87(a))? No

10. Is this project applying for Rural costs on screen 6A? No

3B. Project Description

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

The Step Up expansion program consists of four (4) housing units with four (4) beds located at scattered sites within the MA-505 CoC. The program serves individuals experiencing homelessness in New Bedford. Participants will have individual scattered site units. Between both programs, the goal of the is to serve a total of 28 households or 39 persons over the course of the program year.

To qualify for this project, all participants must meet the HUD definition of homelessness and have a documented disability. Further, all participants are required to use, and the Step-Up project shall receive all its referrals from, the CoC's Coordinated Entry System. Step-Up will prioritize those individuals meeting the HUD definition of chronically homeless. Further, this project shall also be available to individuals/families with substance use disorders, serious mental health issues or co-occurring issues in addition to meeting the eligibility standards of homelessness and disability noted. Those eligible for this project meeting homelessness and disability standards may also be veterans, unaccompanied youth and/or have experienced or be fleeing from domestic violence, stalking, and other forms of predation as consistent with HUD's definition of homelessness.

Step-Up will use a Housing First Model of service delivery (i.e. low barrier /low threshold system) that focuses first on stabilizing individuals and families in housing. Once participants are stabilized and their basic needs for shelter have been eliminated, program participants may choose to participate in receiving support, resources and/or case management.

PAACA case managers will work with each program participant/family to develop an Individual Service Plan (ISP) to maximize housing stability, increase income/access to mainstream resources, and to help them achieve greater self-determination based on the unique needs and choice of each program participant or family member. Case managers will provide referrals and options for mainstream resources that will help them maintain stability in their housing. In addition to mainstream resources, PAACA will offer assistance to all program participants interested in applying for subsidized housing such as Section 8/vouchers that would allow them to move on to more permanent housing.

Continuum of Care (CoC) funds will be used for the following eligible costs: Leasing, Supportive Services, Operations and Administration. See the Project Budget for additional details.

2. For each primary project location, or structure, enter the number of days from the execution of the grant agreement that each of the following milestones will occur if this project is selected for conditional award.

| 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 |
| Begin hiring staff or expending funds | 30 | | | |
| Begin program participant enrollment | 60 | | | |
| Program participants occupy leased or rental assistance units or structure(s), or supportive services begin | 60 | | | |
| Leased or rental assistance units or structure, and supportive services near 100% capacity | 120 | | | |
| Closing on purchase of land, structure(s), or execution of structure lease | | | | |
| Start rehabilitation | | | | |
| Complete rehabilitation | | | | |
| Start new construction | | | | |
| Complete new construction | | | | |

2a. If requesting capital costs (i.e., acquisition, rehabilitation, or new construction), describe the proposed development activities with responsibilities of the applicant, and subrecipients if included, to develop and maintain the property using CoC Program funds.

N/A

3. Check the appropriate box(s) if this project will have a specific subpopulation focus.

(Select ALL that apply)

| | | | |
|---|--------------------------|-----------------------------------|-------------------------------------|
| N/A - Project Serves All Subpopulations | <input type="checkbox"/> | Survivors | <input type="checkbox"/> |
| Veterans | <input type="checkbox"/> | Substance Use Disorders | <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"/> |
| | | Chronic Homeless | <input checked="" type="checkbox"/> |
| | | Other (Click 'Save' to update) | <input type="checkbox"/> |

4. Will your project participate in the CoC's Coordinated Entry (CE) process or recipient organization is a victim service provider, as defined in 24 CFR 578.3 and uses an alternate CE process that meets HUD's minimum requirements? Yes

5. Housing First

5a. Will the project quickly move participants into permanent housing? Yes

5b. Will the project enroll program participants who have the following barriers? 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"/> |

5c. Will the project prevent program participant termination 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"/> |

5d. Will the project follow a "Housing First" approach? Yes
(Click 'Save' to update)

6 Will program participants be required to live in a specific structure, unit, or locality at any time while in the program? No

7. Will more than 16 persons live in a single structure? No

100% Dedicated or DedicatedPLUS

A “100% Dedicated” project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and families.

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:

- (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 were dedicated to individuals and families experiencing chronic homelessness under the grant that is being renewed may either be reallocated as a DedicatedPLUS project or may continue as a renewal dedicating 100 percent of its beds to individuals and families experiencing chronic homelessness. If the project is reallocated as a DedicatedPLUS project, the project must adhere to all fair housing requirements at 24 CFR 578.93.

**8. Is this project 100% Dedicated or DedicatedPLUS
DedicatedPLUS?**

3C. Project Expansion Information

1. Is this a "Project Expansion" of an eligible renewal project? Yes

Enter the PIN (first 6 characters of the grant number) and Project Name for the CoC funded grant that is applying for renewal in FY 2024 upon which this project proposes to expand.

1a. Eligible Renewal Grant PIN: MA0118

1b. Eligible Renewal Grant Project Name: Step-Up

2. Will this expansion project increase the number of program participants? Yes

| | | |
|-----|---|----|
| 2a. | Currently Approved Renewal Numbers (from "Stand-alone Renewal" project application) | |
| | Number of persons (From renewal application Screen 5A) | 35 |
| | Number of units (From renewal application Screen 4B) | 15 |
| | Number of beds (From renewal application Screen 4B) | 35 |
| 2b. | New Requested Numbers to Add (from this "Stand-alone New" project application) | |
| | Number of additional persons (From this new application Screen 5A) | 4 |
| | Number of additional units (From this new application Screen 4B) | 4 |
| | Number of additional beds (From this new application Screen 4B) | 4 |

3. Will this expansion project provide additional supportive services to program participants? Yes

3a. Indicate how the project will provide additional supportive services to program participants.
(Check one or both boxes)

| | |
|---|--------------------------|
| Increase number of or expand supportive services provided | <input type="checkbox"/> |
| Increase frequency or intensity of supportive services | <input type="checkbox"/> |

4. Will this expansion project bring existing facilities up to government health or safety standards? No

4A. Supportive Services for Participants

1. Describe how program participants will be assisted to obtain and remain in permanent housing.

Note: If applying for DV Bonus or DV Reallocation, you must describe how the project will include trauma-informed, victim-centered approaches in their strategies to assist participants to obtain or remain in permanent housing.

Positive Action Against Chemical Addiction, Incorporated (P.A.A.C.A.) is a non-profit community center providing quality services to Greater New Bedford residents since 1983. The agency offers people (and their families) struggling with Substance Use Disorder, and mental and physical disabilities a broad range of counseling, education, intervention, prevention, advocacy, outreach and referral services, supportive services, and meeting sites for our clients and the community's social and psychological needs. Services are available to individuals from all ethnic and religious backgrounds and provided without regard to income. As such many of these services have been supported through the use of federal funds.

As a result of the above challenges, the majority of PAACA clients are in need of safe, affordable housing. As the city's "MASH" unit in the war on drugs, PAACA serves as the entry point or triage center for many people entering the housing Continuum of Care. Since 1999 PAACA has successfully utilized HUD funds in the operation of its PSH Step-Up housing program to serve chronically homeless individuals and families with disabilities. PAACA also assists clients with obtaining housing through state programs such as RAFT and the New Bedford Office of Housing and Community Developments Section 8 and Rapid Re-Housing Programs.

2. Describe the specific plan to coordinate and integrate with other mainstream health, social services, and employment programs for which program participants may be eligible.

PAACA reviews all program applicant cases for participation in mainstream resources. Case management activities prioritize enrollment and remove barriers to applications for programs such as Medicaid, MassHealth, SSI and SSDI, Food Stamps, school enrollment for children, and other related federal and state benefits as part of onboarding all new participants/clients. PAACA also leverages practical support for Clients, such as the necessary furniture, food, and clothing resources. Once PAACA has assisted in meeting a client's basic needs, PAACA pursues other resources such as workforce development and educational resources. All clients apply for federal housing programs as well.

**3. For all supportive services available to program 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 | | Applicant | Weekly |
| Assistance with Moving Costs | | Applicant | As needed |
| Case Management | | Applicant | Weekly |
| Child Care | | Applicant | As needed |
| Education Services | | Applicant | Weekly |
| Employment Assistance and Job Training | | Applicant | Weekly |
| Food | | Applicant | As needed |
| Housing Search and Counseling Services | | Applicant | Weekly |
| Legal Services | | Applicant | As needed |
| Life Skills Training | | Applicant | As needed |
| Mental Health Services | | Partner | As needed |
| Outpatient Health Services | | Partner | As needed |
| Outreach Services | | Applicant | As needed |
| Substance Abuse Treatment Services | | Partner | As needed |
| Transportation | | Applicant | As needed |
| Utility Deposits | | Partner | As needed |

Identify whether the project will include the following activities:

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

5. Annual follow-ups with program participants to ensure mainstream benefits are received and renewed? Yes

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

6a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. No

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: 4

Total Beds: 4

Total Dedicated CH Beds: 4

| Housing Type | Housing Type (JOINT) | Units | Beds | Dedicated CH Beds |
|---------------------------------|----------------------|-------|------|-------------------|
| Scattered-site apartments (...) | --- | 4 | 4 | 4 |

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 program participants at the selected housing site.

a. Units: 4

b. Beds: 4

c. How many beds in "2b. Beds" are dedicated to persons experiencing chronic homelessness? 4

This includes both the "dedicated" and "prioritized" beds.

3. Address:

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

Street 1: 88 Roth Street

Street 2:

City: New Bedford

State: Massachusetts

ZIP Code: 02744

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

251614 New Bedford

5A. Project Participants - Households

Note: These fields should reflect full capacity on one night. For additional guidance, please refer to the Detailed Instructions.

Households Table

| | Households with at Least One Adult and One Child | Adult Households without Children | Households with Only Children | Total |
|----------------------|--|-----------------------------------|-------------------------------|-------|
| Number of Households | 0 | 4 | 0 | 4 |

| 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 |
|-------------------------------------|---|--|--|-------|
| Persons over age 24 | 0 | 4 | | 4 |
| Persons ages 18-24 | 0 | 0 | | 0 |
| Accompanied Children under age 18 | 0 | | 0 | 0 |
| Unaccompanied Children under age 18 | | | 0 | 0 |
| Total Persons | 0 | 4 | 0 | 4 |

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

Note: These fields should reflect full capacity on one night. For additional guidance, please refer to the Detailed Instructions.

Persons in Households with at Least One Adult and One Child

| Characteristics | CH (Not Veterans) | CH Veterans | Veterans (Not CH) | Substance Use Disorders | HIV/A IDS | Mental Illness | Surviv ors | Physical Disability | Developm ental Disability | Persons Not Represent ed by a Listed Subpopula tion |
|-----------------------|-------------------------|----------------|----------------------|-------------------------------|--------------|-------------------|---------------|------------------------|---------------------------------|---|
| Persons over age 24 | | | | | | | | | | |
| Persons 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 | CH (Not Veterans) | CH Veterans | Veterans- (Not CH) | Substance Use Disorders | HIV/A IDS | Mental Illness | Surviv ors | Physical Disability | Developm ental Disability | Persons Not Represent ed by a Listed Subpopula tion |
|---------------------|-------------------------|----------------|-----------------------|-------------------------------|--------------|-------------------|---------------|------------------------|---------------------------------|---|
| Persons over age 24 | 4 | | | 3 | | 3 | | | | |
| Persons ages 18-24 | | | | | | | | | | |
| Total Persons | 4 | 0 | 0 | 3 | 0 | 3 | 0 | 0 | 0 | 0 |

Click Save to automatically calculate totals

Persons in Households with Only Children

| Characteristics | CH (Not Veterans) | CH Veterans | Veterans (Not CH) | Substance Use Disorders | HIV/A IDS | Mental Illness | Surviv ors | Physical Disability | Developm ental Disability | Persons Not Represent ed by a Listed Subpopula tion |
|-------------------------------------|-------------------------|----------------|----------------------|-------------------------------|--------------|-------------------|---------------|------------------------|---------------------------------|---|
| Accompanied Children under age 18 | | | | | | | | | | |
| Unaccompanied Children under age 18 | | | | | | | | | | |
| Total Persons | 0 | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Data on this screen should be based on Maximum Occupancy at a single point in time. It should not be based on the estimated amount of participants that will be served throughout the grant term.

6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 15, 2026? Yes

2. What type of CoC funding is this project applying for in this CoC Program Competition? CoC Bonus

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 requested:

| | |
|---------------------|-------------------------------------|
| Leased Units | <input checked="" 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"/> |
| VAWA | <input checked="" type="checkbox"/> |
| Rural | <input type="checkbox"/> |

The VAWA BLI is permanently checked. This allows any project to shift funds up to a 10% shift from another BLI if VAWA emergency transfer costs are needed.

6. If conditionally awarded, is this project requesting an initial grant term greater than 12 months? No
(13 to 18 months)

6C. Leased Units

The following list summarizes the funds being requested for one or more units leased for operating the projects. To add information to the list, select the icon. To view or update information already listed, select the icon.

| | |
|------------------------------------|----------|
| Total Annual Assistance Requested: | \$50,448 |
| Grant Term: | 1 Year |
| Total Request for Grant Term: | \$50,448 |
| Total Units: | 4 |

The number of beds for which funding has been requested in the Leased Units budget is 4.

| FMR Area | Total Units Requested | Total Annual Assistance Requested | Total Budget Requested |
|----------------------|-----------------------|-----------------------------------|------------------------|
| MA - New Bedford,... | 4 | \$50,448 | \$50,448 |

Leased Units Budget Detail

Instructions:

Metropolitan or non-metropolitan fair market rent area: This is a required field. Select the FY 2023 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 rent for each unit in the FMR Area column in the chart below. The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>.

Size of Units: 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 2023 FMRs based on the FMR area selected by the applicant. They serve as a reference and upper limit for the amounts entered in the HUD Paid Rents column.

HUD Paid Rents: This is a required field. For each unit size, enter the rent to be paid by the CoC program grant. This rent can be equal to or below the FMR amount in the previous column. Once funds are awarded recipients must document compliance with the rent reasonable requirement in 24 CFR 578.49.

12 Months: These fields are populated with the value 12 to calculate the annual rent request. The total request for this budget will calculate based on the grant term selected on Screen "6A. Funding Request."

Total Request: This column populates with the total calculated amount from each row.

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 with the grant term selected on the "Funding Request" screen and will be read only.

Total Request for Grant Term: This field is 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>

In the chart below, enter the appropriate values in the "Number of units" and "HUD Paid Rent" fields.

Metropolitan or non-metropolitan fair market rent area: MA - New Bedford, MA HUD Metro FMR Area (2500500520)

Leased Units Annual Budget

| Size of Units | Number of units (Applicant) | | FMR (Applicant) | HUD Paid Rent (Applicant) | | 12 months | | Total request (Applicant) |
|--|--------------------------------|---|--------------------|------------------------------|---|-----------|---|------------------------------|
| SRO | | x | \$668 | | x | 12 | = | \$0 |
| 0 Bedroom | | x | \$890 | | x | 12 | = | \$0 |
| 1 Bedroom | 4 | x | \$1,051 | \$1,051 | x | 12 | = | \$50,448 |
| 2 Bedroom | | x | \$1,282 | | x | 12 | = | \$0 |
| 3 Bedroom | | x | \$1,560 | | x | 12 | = | \$0 |
| 4 Bedroom | | x | \$1,722 | | x | 12 | = | \$0 |
| 5 Bedroom | | x | \$1,980 | | x | 12 | = | \$0 |
| 6 Bedroom | | x | \$2,239 | | x | 12 | = | \$0 |
| 7 Bedroom | | x | \$2,497 | | x | 12 | = | \$0 |
| 8 Bedroom | | x | \$2,755 | | x | 12 | = | \$0 |
| 9 Bedroom | | x | \$3,014 | | x | 12 | = | \$0 |
| Total units and annual assistance requested: | 4 | | | | | | | \$50,448 |
| Grant term: | | | | | | | | 1 Year |
| Total request for grant term: | | | | | | | | \$50,448 |

Click the 'Save' button to automatically calculate totals.

6F. Supportive Services Budget

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 | 1 Case manager at .5 FTE | \$20,435 |
| 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 | | \$20,435 |
| Grant Term | | 1 Year |
| Total Request for Grant Term | | \$20,435 |

Click the 'Save' button to automatically calculate totals.

VAWA Budget

VAWA Budget

In FY2024, the Violence Against Women Act (VAWA) has clarified the use of CoC Program funds for VAWA eligible cost categories. These VAWA cost categories can be added to a new project application to create a CoC VAWA Budget Line Item (BLI) in e-snaps and eLOCCS. The BLI will be added to grant agreements and utilized the same as other CoC Program BLIs in e-snaps and eLOCCS. Eligible CoC VAWA costs can be identified in one or both of the following CoC VAWA categories. Examples of eligible costs in these cost categories are identified as follows:

- A. VAWA Emergency Transfer Facilitation. Examples of eligible costs include the costs of assessing, coordinating, approving, denying, and implementing a survivor's emergency transfer(s). Additional details of eligible costs include:
- Moving Costs. Assistance with reasonable moving costs to move survivors for an emergency transfer(s).
 - Travel Costs. Assistance with reasonable travel costs for survivors and their families to travel for an emergency transfer(s). This may include travel costs to locations outside of your CoC's geography.
 - Security Deposits. Grant funds can be used to pay for security deposits of the safe unit the survivor is transferring to via an emergency transfer(s).
 - Utilities. Grant funds can be used to pay for costs of establishing utility assistance in the safe unit the survivor is transferring to.
 - Housing Fees. Grant funds can be used to pay fees associated with getting survivors into a safe unit via emergency transfer(s), including but not limited to application fees, broker fees, holding fees, trash fees, pet fees where the person believes they need their pet to be safe, etc.
 - Case Management. Grant funds can be used to pay staff time necessary to assess, coordinate, and implement emergency transfer(s).
 - Housing Navigation. Grant funds can be used to pay staff time necessary to identify safe units and facilitate moves into housing for survivors through emergency transfer(s).
 - Technology to make an available unit safe. Grant funds can be used to pay for technology that the individual believes is needed to make the unit safe, including but not limited to doorbell cameras, security systems, phone, and internet service when necessary to support security systems for the unit, etc.
- B. VAWA Confidentiality Requirements. Examples of eligible costs for ensuring compliance with VAWA confidentiality requirements include:
- Monitoring and evaluating compliance.
 - Developing and implementing strategies for corrective actions and remedies to ensure compliance.
 - Program evaluation of confidentiality policies, practices, and procedures.
 - Training on compliance with VAWA confidentiality requirements.
 - Reporting to CoC Collaborative Applicant, HUD, and other interested parties on compliance with VAWA confidentiality requirements.
 - Costs for establishing methodology to protect survivor information.
 - Staff time associated with maintaining adherence to VAWA confidentiality requirements.

Enter the estimated amount(s) you are requesting for this project's Emergency Transfer Facilitation costs and VAWA Confidentiality Requirements costs for one or both of these eligible CoC VAWA cost categories. The CoC VAWA BLI Total amount can be expended for any eligible CoC VAWA cost identified above.

| Eligible Costs | Annual Assistance Requested |
|---|-----------------------------|
| Estimated budget amount for VAWA Emergency Transfer Facilitation: | \$0 |
| Estimated budget amount for VAWA Confidentiality Requirements: | \$0 |

Applicant: City of New Bedford HMIS Project

075719187



Project: Step Up Expansion

222852

| | |
|------------------------------|--------|
| CoC VAWA BLI Total: | \$0 |
| Grant Term | 1 Year |
| Total Request for Grant Term | \$0 |

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 this project. To add a Match source to the list, select the  icon. To view or update a Match source already listed, select the  icon.

Summary for Match

| | |
|--------------------------------------|---------|
| Total Amount of Cash Commitments: | \$6,881 |
| Total Amount of In-Kind Commitments: | \$0 |
| Total Amount of All Commitments: | \$6,881 |

1. Will this project generate program income described in 24 CFR 578.97 to use as Match for this project? No

| Type | Source | Name of Source | Amount of Commitments |
|------|---------|----------------|-----------------------|
| Cash | Private | PAACA | \$6,881 |

Sources of Match Detail

1. Type of Match commitment: Cash

2. Source: Private

3. Name of Source: PAACA

(Be as specific as possible and include the office
or grant program as applicable)

4. Amount of Written Commitment: \$6,881

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 (Light gray fields are available for entry of the previous grant agreement, GIW, approved GIW Change Form, or reduced by reallocation) | Annual Assistance Requested (Applicant) | Grant Term (Applicant) | Applicant CoC Program Costs Requested |
|--|---|---------------------------|---|
| 1a. Acquisition (Screen 6B) | | | \$0 |
| 1b. Rehabilitation (Screen 6B) | | | \$0 |
| 1c. New Construction (Screen 6B) | | | \$0 |
| 2a. Leased Units (Screen 6C) | \$50,448 | 1 Year | \$50,448 |
| 2b. Leased Structures (Screen 6D) | \$0 | 1 Year | \$0 |
| 3. Rental Assistance (Screen 6E) | \$0 | 1 Year | \$0 |
| 4. Supportive Services (Screen 6F) | \$20,435 | 1 Year | \$20,435 |
| 5. Operating (Screen 6G) | \$0 | 1 Year | \$0 |
| 6. HMIS (Screen 6H) | \$0 | 1 Year | \$0 |
| 7. VAWA | \$0 | 1 Year | \$0 |
| 8. Rural (Only for HUD CoC Program approved rural areas) | \$0 | 1 Year | \$0 |
| 9. Sub-total of CoC Program Costs Requested | | | \$70,883 |
| 10. Admin (Up to 10% of Sub-total in #9) | | | \$7,087 |
| 11. HUD funded Sub-total + Admin. Requested | | | \$77,970 |
| 12. Cash Match (From Screen 6I) | | | \$6,881 |
| 13. In-Kind Match (From Screen 6I) | | | \$0 |
| 14. Total Match (From Screen 6I) | | | \$6,881 |
| 15. Total Project Budget for this grant, including Match | | | \$84,851 |

Click the 'Save' button to automatically calculate totals.

7A. Attachment(s)

| Document Type | Required? | Document Description | Date Attached |
|---|-----------|----------------------|---------------|
| 1) Subrecipient Nonprofit Documentation | No | | |
| 2) Other Attachment(s) | No | | |
| 3) Other Attachment(s) | No | | |

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

7D. Certification

**Applicant and Recipient Assurances and Certifications - form HUD-424B (Title)
U.S. Department of Housing and Urban Development OMB Approval No.
2501-0017
(expires 01/31/2026)**

As part of your application for HUD funding, you, as the official authorized to sign on behalf of your organization or as an individual must provide the following assurances and certifications. The Responsible Civil Rights Official has specified this form for use for purposes of general compliance with 24 CFR §§ 1.5, 3.115, 8.50, and 146.25, as applicable. The Responsible Civil Rights Official may require specific civil rights assurances to be furnished consistent with those authorities and will specify the form on which such assurances must be made. A failure to furnish or comply with the civil rights assurances contained in this form may result in the procedures to effect compliance at 24 CFR §§ 1.8, 3.115, 8.57, or 146.39. By submitting this form, you are stating that to the best of your knowledge and belief, all assertions are true and correct.

1. Has the legal authority to apply for Federal assistance, has the institutional, managerial and financial capability (including funds to pay the non-Federal share of program costs) to plan, manage and complete the program as described in the application and the governing body has duly authorized the submission of the application, including these assurances and certifications, and authorized me as the official representative of the application to act in connection with the application and to provide any additional information as may be required.

2. Will administer the grant in compliance with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and implementing regulations (24 CFR part 1), which provide that no person in the United States shall, on the grounds of race, color or national origin, be excluded from participation in, be denied the benefits of, or otherwise be subject to discrimination under any program or activity that receives Federal financial assistance OR if the applicant is a Federally recognized Indian tribe or its tribally designated housing entity, is subject to the Indian Civil Rights Act (25 U.S.C. 1301-1303).

3. Will administer the grant in compliance with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and implementing regulations at 24 CFR part 8, the American Disabilities Act (42 U.S.C. §§ 12101 et seq.), and implementing regulations at 28 CFR part 35 or 36, as applicable, and the Age Discrimination Act of 1975 (42 U.S.C. 6101-07) as amended, and implementing regulations at 24 CFR part 146 which together provide that no person in the United States shall, on the grounds of disability or age, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity that receives Federal financial assistance; except if the grant program authorizes or limits participation to designated populations, then the applicant will comply with the nondiscrimination requirements within the designated population.

4. Will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and the implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion sex (including gender identity and sexual orientation), disability, familial status, or national origin and will affirmatively further fair housing; except an applicant which is an Indian tribe or its instrumentality which is excluded by statute from coverage does not make this certification; and further except if the grant program authorizes or limits participation to designated populations, then the applicant will comply with the nondiscrimination requirements within the designated population.

5. Will comply with all applicable Federal nondiscrimination requirements, including those listed at 24 CFR §§ 5.105(a) and 5.106 as applicable.

6. Will comply with the acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended (42 U.S.C. 4601) and implementing regulations at 49 CFR part 24 and, as applicable, Section 104(d) of the Housing and Community Development Act of 1974 (42 U.S.C. 5304(d)) and implementing regulations at 24 CFR part 42, subpart A.

7. Will comply with the environmental requirements of the National Environmental Policy Act (42 U.S.C. 4321 et seq.) and related Federal authorities prior to the commitment or expenditure of funds for property.

8. That no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, and officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all subawards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly. Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage by the Byrd Amendment, but State-recognized Indian tribes and TDHs established under State law are not excluded from the statute's coverage.

Name of Authorized Certifying Official: Jennifer Clarke

Date: 10/18/2024

Title: Deputy Director

Applicant Organization: City of New Bedford

PHA Number (For PHA Applicants Only):

I/We, the undersigned, certify under penalty of perjury that the information provided above is true and correct. **WARNING:** Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§287, 1001, 1010, 1012, 1014; 31 U.S.C. §3729, 3802).

X

8B. Submission Summary

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

| Page | | Last Updated |
|--------------------------------|--|--------------|
| New Project Application FY2024 | | 10/18/2024 |

| | |
|--------------------------------------|-------------------|
| 1A. SF-424 Application Type | No Input Required |
| 1B. SF-424 Legal Applicant | 09/20/2024 |
| 1C. SF-424 Application Details | No Input Required |
| 1D. SF-424 Congressional District(s) | 09/20/2024 |
| 1E. SF-424 Compliance | 09/20/2024 |
| 1F. SF-424 Declaration | 09/20/2024 |
| 1G. HUD 2880 | 09/20/2024 |
| 1H. HUD 50070 | 09/20/2024 |
| 1I. Cert. Lobbying | 09/20/2024 |
| 1J. SF-LLL | 09/20/2024 |
| IK. SF-424B | 09/20/2024 |
| 1L. SF-424D | 09/20/2024 |
| 2A. Subrecipients | 10/08/2024 |
| 2B. Experience | 10/10/2024 |
| 3A. Project Detail | 09/30/2024 |
| 3B. Description | 10/18/2024 |
| 3C. Expansion | 10/09/2024 |
| 4A. Services | 10/09/2024 |
| 4B. Housing Type | 10/09/2024 |
| 5A. Households | 10/09/2024 |
| 5B. Subpopulations | No Input Required |
| 6A. Funding Request | 10/09/2024 |
| 6C. Leased Units | 09/30/2024 |
| 6F. Supp Srvcs Budget | 10/09/2024 |
| VAWA Budget | No Input Required |
| 6I. Match | 10/10/2024 |
| 6J. Summary Budget | No Input Required |
| 7A. Attachment(s) | No Input Required |
| 7D. Certification | 09/30/2024 |

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.gov at https://www.hud.gov/program_offices/comm_planning/coc.
- Questions regarding the FY 2024 CoC Program Competition process must be submitted to CoCNOFO@hud.gov.
- Questions related to e-snaps functionality (e.g., password lockout, access to user's application account, updating Applicant Profile) must be submitted to e-snaps@hud.gov.
- Project applicants are required to have a Unique Entity Identifier (UEI) 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) 2024 Continuum of Care (CoC) Program Competition. For more information see FY 2024 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2024 CoC Program NOFO and the FY 2024 General Section NOFO.
- Detailed instructions and e-snaps navigation guides can be found on the hud.gov website https://www.hud.gov/program_offices/comm_planning/coc/competition. The Detailed Instructions contain more comprehensive instructions and so should be used in tandem with the navigational guides.
- New projects may only be submitted as either Reallocated, Bonus Projects, Reallocated + Bonus, DV Bonus or DV Reallocation. 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. Please review the NOFO for eligibility standards.
- YHDP projects that are eligible for renewal under the CoC program may only use the YHDP Renewal or YHDP Replacement and Reallocation funding opportunities. Please review the NOFO for eligibility standards.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- 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 2024 CoC Program Competition NOFO.

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: 10/18/2024

4. Applicant Identifier:

a. Federal Entity Identifier:

5. Federal Award Identifier:

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

- a. Legal Name:** City of New Bedford
- b. Employer/Taxpayer Identification Number (EIN/TIN):** 04-6001402
- c. Unique Entity Identifier:** MUQVPRRNQM94

d. Address

Street 1: 608 Pleasant Street

Street 2:

City: New Bedford

County:

State: Massachusetts

Country: United States

Zip / Postal Code: 02740

e. Organizational Unit (optional)

Department Name: Office of Housing and Community Development

Division Name:

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

Prefix: Ms.

First Name: Jennifer

Middle Name:

Last Name: Clarke

Suffix:

Title: Deputy Director

Organizational Affiliation: City of New Bedford

Telephone Number: (508) 979-1500

Extension:

Applicant: City of New Bedford HMIS Project

075719187

Project: Housing Stability DV

222853

Fax Number: (508) 979-1575

Email: Jennifer.Clarke@newbedford-ma.gov

1C. SF-424 Application Details

9. Type of Applicant: C. City or Township 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-6800-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): Massachusetts
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: Housing Stability DV

16. Congressional District(s):

16a. Applicant: MA-004, MA-008, MA-009

16b. Project: MA-004, MA-008, MA-009
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 09/01/2025

b. End Date: 08/31/2026

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: Jennifer

Middle Name:

Last Name: Clarke

Suffix:

Title: Deputy Director

Telephone Number: (508) 979-1500
(Format: 123-456-7890)

Fax Number: (508) 979-1575
(Format: 123-456-7890)

Email: Jennifer.Clarke@newbedford-ma.gov

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

Date Signed: 10/18/2024

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Number: 2501-0017 Expiration Date: 01/31/2026

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: City of New Bedford

Prefix: Ms.

First Name: Jennifer

Middle Name:

Last Name: Clarke

Suffix:

Title: Deputy Director

Organizational Affiliation: City of New Bedford

Telephone Number: (508) 979-1500

Extension:

Email: Jennifer.Clarke@newbedford-ma.gov

City: New Bedford

County:

State: Massachusetts

Country: United States

Zip/Postal Code: 02740

2. Employer ID Number (EIN): 04-6001402

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$702,889.00

(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 |
|--|--------------------|-----------------------------|----------------------------|
| N/A | N/A | \$0.00 | \$0.00 |
| | | | |
| | | | |
| | | | |
| | | | |

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

Part III Interested Parties

Do you need to disclose interested parties for this grant according to the criteria below? No

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 non-disclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I/We, the undersigned, certify under penalty of perjury that the information provided above is true, correct, and accurate. Warning: If you knowingly make a false statement on this form, you may be subject to criminal and/or civil 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.

X

Name / Title of Authorized Official: Jennifer Clarke, Deputy Director

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

Date Signed: 10/18/2024

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: City of New Bedford
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 certify that the information provided on this form and in any accompanying documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

☒

WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 1001, 1010, 1012; 31 U.S.C. §3729, 3802)

Authorized Representative

Prefix: Ms.

First Name: Jennifer

Middle Name

Last Name: Clarke

Suffix:

Title: Deputy Director

Telephone Number: (508) 979-1500
(Format: 123-456-7890)

Fax Number: (508) 979-1575
(Format: 123-456-7890)

Email: Jennifer.Clarke@newbedford-ma.gov

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

Date Signed: 10/18/2024

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: City of New Bedford

Name / Title of Authorized Official: Jennifer Clarke, Deputy Director

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

Date Signed: 10/18/2024

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES Complete this form to disclose
lobbying activities pursuant to 31 U.S.C. 1352
Approved by OMB: 4040-0013 (exp. 02/28/2025)

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: City of New Bedford

Street 1: 608 Pleasant Street

Street 2:

City: New Bedford

County:

State: Massachusetts

Country: United States

Zip / Postal Code: 02740

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: Jennifer

Middle Name:

Last Name: Clarke

Suffix:

Title: Deputy Director

Telephone Number: (508) 979-1500
(Format: 123-456-7890)

Fax Number: (508) 979-1575
(Format: 123-456-7890)

Email: Jennifer.Clarke@newbedford-ma.gov

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

Date Signed: 10/18/2024

IK. SF-424B

(SF-424B) ASSURANCES - NON-CONSTRUCTION PROGRAMS

OMB Number: 4040-0007
Expiration Date: 02/28/2025

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

- | | |
|----|---|
| 1. | Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application. |
| 2. | Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives. |
| 3. | Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain. |
| 4. | Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency. |
| 5. | Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F). |
| 6. | Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism, (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application. |
| 7. | Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases. |
| 8. | Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds. |

| | |
|-----|--|
| 9. | Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327~333), regarding labor standards for federally-assisted construction subagreements. |
| 10. | Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more. |
| 11. | Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205). |
| 12. | Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system. |
| 13. | Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.). |
| 14. | Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance. |
| 15. | Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance. |
| 16. | Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures. |
| 17. | Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations." |
| 18. | Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program. |
| 19. | Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award. |

As the duly authorized representative of the applicant, I certify: ☒

Authorized Representative for: City of New Bedford

Prefix: Ms.

First Name: Jennifer

Middle Name:

Last Name: Clarke

Suffix:

Title: Deputy Director

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

Date Signed: 10/18/2024

1L. SF-424D

Are you requesting CoC Program funds for construction costs in this application? No

No SF-424D is required. Select "Save and Next" to move to the next screen.

2A. Project Subrecipients

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

Total Expected Sub-Awards: \$702,889

| Organization | Type | Sub-Award Amount |
|--------------------|------------------------------------|------------------|
| The Women's Center | M. Nonprofit with 501C3 IRS Status | \$702,889 |

2A. Project Subrecipients Detail

a. Organization Name: The Women's Center

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

c. Employer or Tax Identification Number: 04-2557022

d. Unique Entity Identifier: VFX3D8NQAS96

e. Physical Address

Street 1: 174 Union Street, 4th Floor

Street 2:

City: New Bedford

State: Massachusetts

Zip Code: 02740

f. Congressional District(s): MA-004, MA-008, MA-009
(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: \$702,889

j. Contact Person

Prefix: Mrs.

First Name: Heather

Middle Name:

Last Name: Gervais

Suffix:

Title: Finance Director

E-mail Address: hgervais@thewomenscentersc.com

Confirm E-mail Address: hgervais@thewomenscentersc.com

Phone Number: 774-510-7700

Extension:

Fax Number:

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

1. Describe your organization's (and subrecipient(s) if applicable) experience in effectively utilizing Federal funds and performing the activities proposed in the application.

For over 10 years, The Women's Center ("TWC") has received approximately \$40,000 per year for a total of about \$350,000 in ESG funding to support our emergency shelters in New Bedford -- \$70,000 per year for a total of about \$600,000 in ESG funding to support our emergency shelters in Fall River. In 2008 – 2011 TWC received Federal funds for rapid rehousing which supported a 5-year program. In 2020, we received \$173,683 in Federal funds for rapid rehousing, homeless prevention, and emergency shelter to support survivors who became homeless due to domestic violence during the pandemic. With these funds and others, we have been able to operate shelters for victims of intimate partner violence for 45 years and transitional housing and housing support for over 19 years. TWC is the only provider on the SouthCoast providing specialized domestic violence and rape crisis services, and shelter and housing for those rendered homeless by domestic violence.

The Women's Center's shelter and housing programs provide comprehensive, wrap-around services that help clients achieve safety while meeting their self-identified needs. Case managers, counseling advocates, and housing advocates work with individuals and families to coordinate care, support, advocacy and facilitate relationships with Department of Child and Families, Department of Transitional Assistance, schools, behavioral health, and medical health care. We provide English language learning classes, domestic violence support groups, trauma therapy, financial literacy, legal clinic, and job search services.

Advocacy, counseling, case management, and shelter services support each survivor on their journey to safety, hope, and empowerment.

2. Describe your organization's (and subrecipient(s) if applicable) experience in leveraging Federal, State, local and private sector funds.

The Women's Center is 84% funded by federal and state contracts. This includes 67% from a 10-year contract with the Massachusetts Department of Public Health, 14% by the Massachusetts Office for Victim Assistance, and HUD funding through local municipalities. Private foundations and donors feel confident in the financial stability offered by long-term government contracts, and are eager to support the growth of existing programs. For example, this fiscal year, the Massachusetts Bar Foundation increased its grant by 66%.

3. Describe your organization's (and subrecipient(s) if applicable) financial management structure.

The Women's Center maintains a robust financial management system that includes internal controls, accounting records, standards for allowable costs, up-to-date files of documentation, Board-approved budgets with monthly comparison to actuals, cash management including projections, timely financial reporting, and an annual audit. The Finance Director manages a team of Accounts Payable, Accounts Receivable staff, and reports to the Finance Committee of the Board of Directors, who approves budget amendments and policy changes.

**4. Are there any unresolved HUD monitoring or
OIG audit findings for any HUD grants (including
ESG) under your organization?** No

3A. Project Detail

1. CoC Number and Name: MA-505 - New Bedford/Attleboro/Taunton/Bristol County

2. CoC Collaborative Applicant Name: City of New Bedford

3. Project Name: Housing Stability DV

4. Project Status: Standard

5. Component Type: PH

5a. Select the type of PH project: RRH

6. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3? Yes

7. Is this new project application requesting to transition from eligible renewal project(s) that was awarded to the same recipient and fully eliminated through reallocation in this CoC Program Competition? (Attachment Requirement) No

8. Will funds requested in this new project application replace state or local government funds (24 CFR 578.87(a))? No

10. Is this project applying for Rural costs on screen 6A? No

3B. Project Description

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

The Women's Center is committed to empowering survivors of domestic violence by providing comprehensive support services that foster safety, stability, and self-sufficiency. In alignment with this mission, we are implementing a HUD Rapid Rehousing Program designed to quickly transition 70 individuals from homelessness to permanent housing in 30 scatter-site households throughout the MA-505 CoC. Individuals in RRH units will be housed for a period no longer than 24 months. Further, each individual will receive a case manager that will provide a variety of wrap around services tailor to the clients needs and Individual Service Plans. This program will address the unique needs of domestic violence survivors, offering tailored resources to promote long-term housing stability and well-being.

The objectives of this program are:

1. Immediate Housing Solutions: Provide expedited access to safe, permanent housing for survivors of domestic violence.
2. Support Services: Offer case management, financial assistance, and wraparound services to facilitate the transition to independent living.
3. Community Integration: Foster connections to community resources, employment opportunities, and social support networks.
4. Empowerment: Equip participants with skills and resources to achieve long-term self-sufficiency and resilience.

The Program Structure is as follows:

1. Eligibility Assessment:

- * Conduct a thorough intake process to assess the needs and circumstances of each participant, ensuring eligibility for HUD funding and identifying immediate housing needs.

2. Housing Identification:

- * Collaborate with local landlords and housing authorities to identify available rental units.
- * Utilize a housing-first approach, prioritizing safe and affordable options that meet the unique needs of domestic violence survivors.

3. Financial Assistance:

- * Provide short-term rental assistance to cover security deposits, first month's rent, and utility payments.
- * Implement a flexible financial support system to accommodate varying participant needs.

4. Case Management:

- * Assign dedicated case managers to work one-on-one with participants, helping them navigate the housing process, access services, and develop personalized action plans.
- * Offer trauma-informed support and resources tailored to the experiences of domestic violence survivors.

5. Life Skills Training:

- * Develop workshops and training sessions focused on financial literacy, job readiness, conflict resolution, and self-care.
- * Partner with local organizations to provide vocational training and employment services.

6. Ongoing Support:

- * Establish a follow-up system to monitor participants' progress and provide continued support for up to 24 months post-housing placement.
- * Facilitate peer support groups to foster community and shared experiences among survivors.

2. For each primary project location, or structure, enter the number of days from the execution of the grant agreement that each of the following milestones will occur if this project is selected for conditional award.

| 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 |
| Begin hiring staff or expending funds | 5 | | | |
| Begin program participant enrollment | 60 | | | |
| Program participants occupy leased or rental assistance units or structure(s), or supportive services begin | 90 | | | |
| Leased or rental assistance units or structure, and supportive services near 100% capacity | 120 | | | |
| Closing on purchase of land, structure(s), or execution of structure lease | 45 | | | |
| Start rehabilitation | | | | |
| Complete rehabilitation | | | | |
| Start new construction | | | | |
| Complete new construction | | | | |

3. Check the appropriate box(s) if this project will have a specific subpopulation focus.

(Select ALL that apply)

| | | | |
|---|-------------------------------------|-----------------------------------|-------------------------------------|
| N/A - Project Serves All Subpopulations | <input checked="" type="checkbox"/> | Survivors | <input checked="" type="checkbox"/> |
| Veterans | <input type="checkbox"/> | Substance Use Disorders | <input type="checkbox"/> |
| Youth (under 25) | <input type="checkbox"/> | Mental Illness | <input type="checkbox"/> |
| Families | <input type="checkbox"/> | HIV/AIDS | <input type="checkbox"/> |
| | | Chronic Homeless | <input type="checkbox"/> |
| | | Other (Click 'Save' to update) | <input type="checkbox"/> |

4. Will your project participate in the CoC's Coordinated Entry (CE) process or recipient organization is a victim service provider, as defined in 24 CFR 578.3 and uses an alternate CE process that meets HUD's minimum requirements? Yes

5. Housing First

5a. Will the project quickly move participants into permanent housing? Yes

5b. Will the project enroll program participants who have the following barriers? 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"/> |

5c. Will the project prevent program participant termination 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"/> |

5d. Will the project follow a "Housing First" approach? Yes
(Click 'Save' to update)

6 Will program participants be required to live in a specific structure, unit, or locality at any time while in the program? No

7. Will more than 16 persons live in a single structure? No

3C. Project Expansion Information

1. Is this a “Project Expansion” of an eligible No
renewal project?

4A. Supportive Services for Participants

1. Describe how program participants will be assisted to obtain and remain in permanent housing.

Note: If applying for DV Bonus or DV Reallocation, you must describe how the project will include trauma-informed, victim-centered approaches in their strategies to assist participants to obtain or remain in permanent housing.

Housing Stability for Domestic Violence Survivors at The Women's Center is designed to provide tailored support for domestic violence survivors, ensuring 70 individuals secure 30 units of rapid housing in New Bedford over a 24-month period and maintain it long-term. Our approach emphasizes trauma-informed and survivor-centered strategies:

1. Comprehensive Needs Assessment: Participants undergo a detailed intake of survivor-identified needs, including safety, mental health, and financial stability, ensuring that services align with those needs.
2. Housing Identification: We prioritize safe, affordable housing options that meet the unique needs of survivors, working closely with landlords who understand the challenges faced by domestic violence survivors.
3. Short-Term Financial Assistance: Participants receive financial support for move-in costs, security deposits, and first month's rent alleviating immediate financial barriers, allowing participants to focus on stabilization.
4. Trauma-Informed Case Management: Participants are paired with a trauma-informed case manager who helps participants navigate the complexities of the housing system while recognizing and addressing the impacts of trauma.
5. Life Skills Development: Workshops on financial literacy and job readiness equip participants with essential skills for independent living, building confidence and self-sufficiency.
6. Ongoing Support and Follow-Up: Case managers maintain regular contact to ensure participants are adapting well to their new environment, assessing ongoing needs and connecting participants with additional resources as necessary.
7. Peer Support Networks: Establishing support groups fosters community and reduces isolation among survivors. Participants can share experiences, challenges, and successes, promoting a sense of belonging and resilience.

Our work is intentionally and systemically survivor led. Members of our Board of Directors, executive leadership, management and advocates are survivors. The Program utilizes the following trauma-Informed, survivor-centered approaches:

1. Safety as a Priority: All interactions prioritize participant safety. We ensure confidentiality and create an environment where participants feel secure. Trauma-informed living spaces ensure residents feel physically and psychologically safe with light-filled stairwells, quick public safety responses to critical incidents, a welcoming staff, a minimization of power differences between advocates, landlords and participants by giving attention to participant surveys.
2. Empowerment and Choice: Participants are actively involved in decision-making processes regarding their housing and support options, fostering autonomy and respecting their agency.
3. Holistic Support Services: We offer comprehensive services, including legal & medical advocacy, youth trauma therapy, emergency shelter, and healthcare referrals, recognizing the multifaceted challenges survivors face.
4. Culturally Responsive Care: Our program is inclusive and sensitive to participants' diverse backgrounds and cultural differences.
5. Training and Education: All staff are trained in trauma-informed practices and the dynamics of domestic violence and sexual assault, equipping our team to respond empathetically and effectively to survivors.
4. Feedback Mechanisms: We actively solicit feedback from participants to continuously improve our services.

2. Describe the specific plan to coordinate and integrate with other mainstream health, social services, and employment programs for which program participants may be eligible.

The Women's Center has long established partnerships with providers of mental and physical health in greater New Bedford, with plans to expand collaborations. Continuation and expansion of these specific partnerships support domestic violence survivors in rapid rehousing:

1. For 8 years, through our rape crisis center contract with the Department of Public Health, TWC has served the community as a responder to hospital patients who arrive in the aftermath of an assault. TWC is the designated 24/7 medical advocate provider for the Southcoast Health system including Emergency Services at St. Luke's, Charlton, and Tobey Hospitals.
2. TWC collaborates with the Massachusetts' Sexual Assault Nurse Examiner (S.A.N.E.) team for ongoing training of medical advocates and collaboration of services.
3. TWC maintains a collaborative referral relationship with Child and Family Services for crisis mental health services for youth and adults.
4. TWC maintains a collaborative referral relationship with the Children's Advocacy Center serving Bristol County for mental health services for youth.
5. TWC's retains a psychiatric nurse practitioner available on call for psychiatric evaluation and prescriptive medication assessment for clients and participants in shelter, transitional housing, and in the community.

3. For all supportive services available to program 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 | | Applicant | Daily |
| Assistance with Moving Costs | | Applicant | As needed |
| Case Management | | Applicant | Weekly |
| Child Care | | | |
| Education Services | | Applicant | Weekly |
| Employment Assistance and Job Training | | Applicant | Weekly |
| Food | | Applicant | As needed |
| Housing Search and Counseling Services | | Applicant | Daily |
| Legal Services | | Applicant | As needed |
| Life Skills Training | | Applicant | As needed |
| Mental Health Services | | Applicant | As needed |
| Outpatient Health Services | | Partner | As needed |
| Outreach Services | | Applicant | As needed |
| Substance Abuse Treatment Services | | Partner | As needed |
| Transportation | | Applicant | As needed |

| |
|------------------|
| Utility Deposits |
|------------------|

| |
|-----------|
| Applicant |
|-----------|

| |
|-----------|
| As needed |
|-----------|

Identify whether the project will include the following activities:

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

5. Annual follow-ups with program participants to ensure mainstream benefits are received and renewed? Yes

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

6a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. No

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: 30

Total Beds: 70

| Housing Type | Housing Type (JOINT) | Units | Beds | Dedicated CH Beds |
|---------------------------------|----------------------|-------|------|-------------------|
| Scattered-site apartments (...) | --- | 30 | 70 | 0 |

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 program participants at the selected housing site.

a. Units: 30

b. Beds: 70

3. Address:

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

Street 1: 174 Union St 4th Floor

Street 2:

City: New Bedford

State: Massachusetts

ZIP Code: 02771

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

251614 New Bedford

5A. Project Participants - Households

Note: These fields should reflect full capacity on one night. For additional guidance, please refer to the Detailed Instructions.

Households Table

| | Households with at Least One Adult and One Child | Adult Households without Children | Households with Only Children | Total |
|----------------------|--|-----------------------------------|-------------------------------|-------|
| Number of Households | 12 | 18 | 0 | 30 |

| 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 |
|-------------------------------------|---|--|--|-------|
| Persons over age 24 | 9 | 14 | | 23 |
| Persons ages 18-24 | 3 | 4 | | 7 |
| Accompanied Children under age 18 | 40 | | 0 | 40 |
| Unaccompanied Children under age 18 | | | 0 | 0 |
| Total Persons | 52 | 18 | 0 | 70 |

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

Note: These fields should reflect full capacity on one night. For additional guidance, please refer to the Detailed Instructions.

Persons in Households with at Least One Adult and One Child

| Characteristics | CH (Not Veterans) | CH Veterans | Veterans (Not CH) | Substance Use Disorders | HIV/A IDS | Mental Illness | Surviv ors | Physical Disability | Developm ental Disability | Persons Not Represent ed by a Listed Subpopula tion |
|-----------------------|-------------------------|----------------|----------------------|-------------------------------|--------------|-------------------|---------------|------------------------|---------------------------------|---|
| Persons over age 24 | | | | | | | 9 | | | |
| Persons ages 18-24 | | | | | | | 3 | | | |
| Children under age 18 | | | | | | | 40 | | | |
| Total Persons | 0 | 0 | 0 | 0 | 0 | 0 | 52 | 0 | 0 | 0 |

Click Save to automatically calculate totals

Persons in Households without Children

| Characteristics | CH (Not Veterans) | CH Veterans | Veterans- (Not CH) | Substance Use Disorders | HIV/A IDS | Mental Illness | Surviv ors | Physical Disability | Developm ental Disability | Persons Not Represent ed by a Listed Subpopula tion |
|---------------------|-------------------------|----------------|-----------------------|-------------------------------|--------------|-------------------|---------------|------------------------|---------------------------------|---|
| Persons over age 24 | | | | | | | 14 | | | |
| Persons ages 18-24 | | | | | | | 4 | | | |
| Total Persons | 0 | 0 | 0 | 0 | 0 | 0 | 18 | 0 | 0 | 0 |

Click Save to automatically calculate totals

Persons in Households with Only Children

| Characteristics | CH (Not Veterans) | CH Veterans | Veterans (Not CH) | Substance Use Disorders | HIV/A IDS | Mental Illness | Surviv ors | Physical Disability | Developm ental Disability | Persons Not Represent ed by a Listed Subpopula tion |
|-------------------------------------|-------------------------|----------------|----------------------|-------------------------------|--------------|-------------------|---------------|------------------------|---------------------------------|---|
| Accompanied Children under age 18 | | | | | | | | | | |
| Unaccompanied Children under age 18 | | | | | | | | | | |
| Total Persons | 0 | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Data on this screen should be based on Maximum Occupancy at a single point in time. It should not be based on the estimated amount of participants that will be served throughout the grant term.

6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 15, 2026? Yes

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

2a. Will the project serve exclusively households who are eligible to be served with DV Bonus funding (survivors of domestic violence, dating violence, sexual assault, and/or stalking)? Yes – will exclusively serve DV Bonus eligible population
(Projects that are focused on other populations, including survivors of human trafficking, should select “No” unless the project will be limited specifically to survivors of domestic violence, dating violence, sexual assault, and/or stalking.)

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 requested:

| | |
|---------------------|-------------------------------------|
| Rental Assistance | <input checked="" type="checkbox"/> |
| Supportive Services | <input checked="" type="checkbox"/> |
| HMIS | <input type="checkbox"/> |
| VAWA | <input checked="" type="checkbox"/> |
| Rural | <input type="checkbox"/> |

The VAWA BLI is permanently checked. This allows any project to shift funds up to a 10% shift from another BLI if VAWA emergency transfer costs are needed.

6. If conditionally awarded, is this project requesting an initial grant term greater than 12 months? No
(13 to 18 months)

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 Annual Assistance Request: | \$494,880 |
| Grant Term: | 1 Year |
| Total Request for Grant Term: | \$494,880 |
| Total Units: | 30 |

The number of beds for which funding has been requested in the Rental Assistance budget is 70.

| Type of Rental Assistance | FMR Area | Total Units Requested | Total Request |
|---------------------------|--|-----------------------|---------------|
| TRA | MA - New Bedford, MA HUD Metro FMR Ar... | 30 | \$494,880 |

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 2023 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 2023 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: MA - New Bedford, MA HUD Metro FMR Area (2500500520)

| Size of Units | # of Units (Applicant) | | FMR Area (Applicant) | | 12 Months | | | Total Request (Applicant) |
|---------------|------------------------|---|----------------------|---|-----------|--|---|---------------------------|
| SRO | | x | \$668 | x | 12 | | = | \$0 |
| 0 Bedroom | | x | \$890 | x | 12 | | = | \$0 |
| 1 Bedroom | | x | \$1,051 | x | 12 | | = | \$0 |

| | | |
|--------------------------------|---------|------------|
| New Project Application FY2024 | Page 45 | 10/18/2024 |
|--------------------------------|---------|------------|

| | | | | | | | |
|---|----|---|---------|---|----|---|-----------|
| 2 Bedrooms | 20 | x | \$1,282 | x | 12 | = | \$307,680 |
| 3 Bedrooms | 10 | x | \$1,560 | x | 12 | = | \$187,200 |
| 4 Bedrooms | | x | \$1,722 | x | 12 | = | \$0 |
| 5 Bedrooms | | x | \$1,980 | x | 12 | = | \$0 |
| 6 Bedrooms | | x | \$2,239 | x | 12 | = | \$0 |
| 7 Bedrooms | | x | \$2,497 | x | 12 | = | \$0 |
| 8 Bedrooms | | x | \$2,755 | x | 12 | = | \$0 |
| 9 Bedrooms | | x | \$3,014 | x | 12 | = | \$0 |
| Total Units and Annual Assistance Requested | 30 | | | | | | \$494,880 |
| Grant Term | | | | | | | 1 Year |
| Total Request for Grant Term | | | | | | | \$494,880 |

Click the 'Save' button to automatically calculate totals.

6F. Supportive Services Budget

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 | 30 units approximately for a year at an average \$500.00 moving per unit | \$15,000 |
| 3. Case Management | One additional staff member to assist in expanded housing program 50% of salary | \$47,320 |
| 4. Child Care | | |
| 5. Education Services | | |
| 6. Employment Assistance | | |
| 7. Food | | |
| 8. Housing/Counseling Services | Partial Salary for Housing Advocate's current salary | \$14,009 |
| 9. Legal Services | | |
| 10. Life Skills | | |
| 11. Mental Health Services | | |
| 12. Outpatient Health Services | | |
| 13. Outreach Services | Additional education and outreach for housing program 400 hours for the year at \$25.00 an hour for education and outreach staff | \$10,000 |
| 14. Substance Abuse Treatment Services | | |
| 15. Transportation | Client transportation for counseling at headquarters \$25.00/week/30 units | \$58,000 |
| 16. Utility Deposits | | |
| 17. Operating Costs | | |
| Total Annual Assistance Requested | | \$144,329 |
| Grant Term | | 1 Year |
| Total Request for Grant Term | | \$144,329 |

Click the 'Save' button to automatically calculate totals.

VAWA Budget

VAWA Budget

In FY2024, the Violence Against Women Act (VAWA) has clarified the use of CoC Program funds for VAWA eligible cost categories. These VAWA cost categories can be added to a new project application to create a CoC VAWA Budget Line Item (BLI) in e-snaps and eLOCCS. The BLI will be added to grant agreements and utilized the same as other CoC Program BLIs in e-snaps and eLOCCS. Eligible CoC VAWA costs can be identified in one or both of the following CoC VAWA categories. Examples of eligible costs in these cost categories are identified as follows:

- A. VAWA Emergency Transfer Facilitation. Examples of eligible costs include the costs of assessing, coordinating, approving, denying, and implementing a survivor's emergency transfer(s). Additional details of eligible costs include:
- Moving Costs. Assistance with reasonable moving costs to move survivors for an emergency transfer(s).
 - Travel Costs. Assistance with reasonable travel costs for survivors and their families to travel for an emergency transfer(s). This may include travel costs to locations outside of your CoC's geography.
 - Security Deposits. Grant funds can be used to pay for security deposits of the safe unit the survivor is transferring to via an emergency transfer(s).
 - Utilities. Grant funds can be used to pay for costs of establishing utility assistance in the safe unit the survivor is transferring to.
 - Housing Fees. Grant funds can be used to pay fees associated with getting survivors into a safe unit via emergency transfer(s), including but not limited to application fees, broker fees, holding fees, trash fees, pet fees where the person believes they need their pet to be safe, etc.
 - Case Management. Grant funds can be used to pay staff time necessary to assess, coordinate, and implement emergency transfer(s).
 - Housing Navigation. Grant funds can be used to pay staff time necessary to identify safe units and facilitate moves into housing for survivors through emergency transfer(s).
 - Technology to make an available unit safe. Grant funds can be used to pay for technology that the individual believes is needed to make the unit safe, including but not limited to doorbell cameras, security systems, phone, and internet service when necessary to support security systems for the unit, etc.
- B. VAWA Confidentiality Requirements. Examples of eligible costs for ensuring compliance with VAWA confidentiality requirements include:
- Monitoring and evaluating compliance.
 - Developing and implementing strategies for corrective actions and remedies to ensure compliance.
 - Program evaluation of confidentiality policies, practices, and procedures.
 - Training on compliance with VAWA confidentiality requirements.
 - Reporting to CoC Collaborative Applicant, HUD, and other interested parties on compliance with VAWA confidentiality requirements.
 - Costs for establishing methodology to protect survivor information.
 - Staff time associated with maintaining adherence to VAWA confidentiality requirements.

Enter the estimated amount(s) you are requesting for this project's Emergency Transfer Facilitation costs and VAWA Confidentiality Requirements costs for one or both of these eligible CoC VAWA cost categories. The CoC VAWA BLI Total amount can be expended for any eligible CoC VAWA cost identified above.

| Eligible Costs | Annual Assistance Requested |
|---|-----------------------------|
| Estimated budget amount for VAWA Emergency Transfer Facilitation: | \$0 |
| Estimated budget amount for VAWA Confidentiality Requirements: | \$0 |

Applicant: City of New Bedford HMIS Project

075719187



Project: Housing Stability DV

222853

| | |
|------------------------------|--------|
| CoC VAWA BLI Total: | \$0 |
| Grant Term | 1 Year |
| Total Request for Grant Term | \$0 |

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 this project. To add a Match source to the list, select the  icon. To view or update a Match source already listed, select the  icon.

Summary for Match

| | |
|--------------------------------------|-----------|
| Total Amount of Cash Commitments: | \$749,208 |
| Total Amount of In-Kind Commitments: | \$0 |
| Total Amount of All Commitments: | \$749,208 |

1. Will this project generate program income described in 24 CFR 578.97 to use as Match for this project? No

| Type | Source | Name of Source | Amount of Commitments |
|------|------------|----------------------|-----------------------|
| Cash | Government | Department of Pub... | \$749,208 |

Sources of Match Detail

1. Type of Match commitment: Cash

2. Source: Government

3. Name of Source: Department of Public Health Massachusetts
(Be as specific as possible and include the office
or grant program as applicable)

4. Amount of Written Commitment: \$749,208

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 (Light gray fields are available for entry of the previous grant agreement, GIW, approved GIW Change Form, or reduced by reallocation) | Annual Assistance Requested (Applicant) | Grant Term (Applicant) | Applicant CoC Program Costs Requested |
|--|---|---------------------------|---|
| 1a. Acquisition (Screen 6B) | | | \$0 |
| 1b. Rehabilitation (Screen 6B) | | | \$0 |
| 1c. New Construction (Screen 6B) | | | \$0 |
| 2a. Leased Units (Screen 6C) | \$0 | 1 Year | \$0 |
| 2b. Leased Structures (Screen 6D) | \$0 | 1 Year | \$0 |
| 3. Rental Assistance (Screen 6E) | \$494,880 | 1 Year | \$494,880 |
| 4. Supportive Services (Screen 6F) | \$144,329 | 1 Year | \$144,329 |
| 5. Operating (Screen 6G) | \$0 | 1 Year | \$0 |
| 6. HMIS (Screen 6H) | \$0 | 1 Year | \$0 |
| 7. VAWA | \$0 | 1 Year | \$0 |
| 8. Rural (Only for HUD CoC Program approved rural areas) | \$0 | 1 Year | \$0 |
| 9. Sub-total of CoC Program Costs Requested | | | \$639,209 |
| 10. Admin (Up to 10% of Sub-total in #9) | | | \$63,680 |
| 11. HUD funded Sub-total + Admin. Requested | | | \$702,889 |
| 12. Cash Match (From Screen 6I) | | | \$749,208 |
| 13. In-Kind Match (From Screen 6I) | | | \$0 |
| 14. Total Match (From Screen 6I) | | | \$749,208 |
| 15. Total Project Budget for this grant, including Match | | | \$1,452,097 |

Click the 'Save' button to automatically calculate totals.

7A. Attachment(s)

| Document Type | Required? | Document Description | Date Attached |
|---|-----------|----------------------|---------------|
| 1) Subrecipient Nonprofit Documentation | No | | |
| 2) Other Attachment(s) | No | | |
| 3) Other Attachment(s) | No | | |

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

7D. Certification

**Applicant and Recipient Assurances and Certifications - form HUD-424B (Title)
U.S. Department of Housing and Urban Development OMB Approval No.
2501-0017
(expires 01/31/2026)**

As part of your application for HUD funding, you, as the official authorized to sign on behalf of your organization or as an individual must provide the following assurances and certifications. The Responsible Civil Rights Official has specified this form for use for purposes of general compliance with 24 CFR §§ 1.5, 3.115, 8.50, and 146.25, as applicable. The Responsible Civil Rights Official may require specific civil rights assurances to be furnished consistent with those authorities and will specify the form on which such assurances must be made. A failure to furnish or comply with the civil rights assurances contained in this form may result in the procedures to effect compliance at 24 CFR §§ 1.8, 3.115, 8.57, or 146.39. By submitting this form, you are stating that to the best of your knowledge and belief, all assertions are true and correct.

1. Has the legal authority to apply for Federal assistance, has the institutional, managerial and financial capability (including funds to pay the non-Federal share of program costs) to plan, manage and complete the program as described in the application and the governing body has duly authorized the submission of the application, including these assurances and certifications, and authorized me as the official representative of the application to act in connection with the application and to provide any additional information as may be required.

2. Will administer the grant in compliance with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and implementing regulations (24 CFR part 1), which provide that no person in the United States shall, on the grounds of race, color or national origin, be excluded from participation in, be denied the benefits of, or otherwise be subject to discrimination under any program or activity that receives Federal financial assistance OR if the applicant is a Federally recognized Indian tribe or its tribally designated housing entity, is subject to the Indian Civil Rights Act (25 U.S.C. 1301-1303).

3. Will administer the grant in compliance with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and implementing regulations at 24 CFR part 8, the American Disabilities Act (42 U.S.C. §§ 12101 et seq.), and implementing regulations at 28 CFR part 35 or 36, as applicable, and the Age Discrimination Act of 1975 (42 U.S.C. 6101-07) as amended, and implementing regulations at 24 CFR part 146 which together provide that no person in the United States shall, on the grounds of disability or age, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity that receives Federal financial assistance; except if the grant program authorizes or limits participation to designated populations, then the applicant will comply with the nondiscrimination requirements within the designated population.

4. Will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and the implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion sex (including gender identity and sexual orientation), disability, familial status, or national origin and will affirmatively further fair housing; except an applicant which is an Indian tribe or its instrumentality which is excluded by statute from coverage does not make this certification; and further except if the grant program authorizes or limits participation to designated populations, then the applicant will comply with the nondiscrimination requirements within the designated population.

5. Will comply with all applicable Federal nondiscrimination requirements, including those listed at 24 CFR §§ 5.105(a) and 5.106 as applicable.

6. Will comply with the acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended (42 U.S.C. 4601) and implementing regulations at 49 CFR part 24 and, as applicable, Section 104(d) of the Housing and Community Development Act of 1974 (42 U.S.C. 5304(d)) and implementing regulations at 24 CFR part 42, subpart A.

7. Will comply with the environmental requirements of the National Environmental Policy Act (42 U.S.C. 4321 et seq.) and related Federal authorities prior to the commitment or expenditure of funds for property.

8. That no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, and officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all subawards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly. Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage by the Byrd Amendment, but State-recognized Indian tribes and TDHs established under State law are not excluded from the statute's coverage.

Name of Authorized Certifying Official: Jennifer Clarke

Date: 10/18/2024

Title: Deputy Director

Applicant Organization: City of New Bedford

PHA Number (For PHA Applicants Only):

I/We, the undersigned, certify under penalty of perjury that the information provided above is true and correct. **WARNING:** Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§287, 1001, 1010, 1012, 1014; 31 U.S.C. §3729, 3802).

X

8B. Submission Summary

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

| Page | | Last Updated |
|--------------------------------|--|--------------|
| New Project Application FY2024 | | Page 57 |
| | | 10/18/2024 |

| | |
|--------------------------------------|-------------------|
| 1A. SF-424 Application Type | No Input Required |
| 1B. SF-424 Legal Applicant | 09/20/2024 |
| 1C. SF-424 Application Details | No Input Required |
| 1D. SF-424 Congressional District(s) | 09/20/2024 |
| 1E. SF-424 Compliance | 09/20/2024 |
| 1F. SF-424 Declaration | 09/20/2024 |
| 1G. HUD 2880 | 09/20/2024 |
| 1H. HUD 50070 | 09/20/2024 |
| 1I. Cert. Lobbying | 09/20/2024 |
| 1J. SF-LLL | 09/20/2024 |
| IK. SF-424B | 09/20/2024 |
| 1L. SF-424D | 09/20/2024 |
| 2A. Subrecipients | 10/10/2024 |
| 2B. Experience | 09/30/2024 |
| 3A. Project Detail | 09/25/2024 |
| 3B. Description | 10/18/2024 |
| 3C. Expansion | 09/25/2024 |
| 4A. Services | 10/18/2024 |
| 4B. Housing Type | 10/16/2024 |
| 5A. Households | 10/18/2024 |
| 5B. Subpopulations | No Input Required |
| 6A. Funding Request | 10/16/2024 |
| 6E. Rental Assistance | 09/25/2024 |
| 6F. Supp Srvcs Budget | 10/18/2024 |
| VAWA Budget | No Input Required |
| 6I. Match | 09/25/2024 |
| 6J. Summary Budget | No Input Required |
| 7A. Attachment(s) | No Input Required |
| 7D. Certification | 10/18/2024 |

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:

- Only Collaborative Applicants may apply for CoC Planning funds using this application, and only one CoC Planning application may be submitted during the FY 2024 CoC Program grant competition.
- Additional training resources can be found on the HUD.gov at https://www.hud.gov/program_offices/comm_planning/coc.
- Questions regarding the FY 2024 CoC Program Competition process must be submitted to CoCNOFO@hud.gov.
- Questions related to e-snaps functionality (e.g., password lockout, access to user's application account, updating Applicant Profile) must be submitted to e-snaps@hud.gov.
- Project applicants are required to have a Unique Entity Identifier (UEI) number and an active registration in the Central Contractor Registration (CCR)/System for Award management (SAM) in order to apply for funding under the Continuum of Care (CoC) Program Competition. For more information see the FY 2024 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2024 CoC Program Competition NOFO.
- Detailed instructions and e-snaps navigation guides can be found on the hud.gov website https://www.hud.gov/program_offices/comm_planning/coc/competition. The Detailed Instructions contain more comprehensive instructions and so should be used in tandem with the navigational guides.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- HUD reserves the right to reduce or reject any new or renewal project that fails to adhere to 24 CFR Part 578 and application requirements set forth in the FY 2024 CoC Program NOFO.

1A. SF-424 Application Type

1. Type of Submission:

2. Type of Application: CoC Planning Project Application

If Revision, select appropriate letter(s):

If "Other", specify:

3. Date Received: 10/18/2024

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: City of New Bedford
b. Employer/Taxpayer Identification Number (EIN/TIN): 04-6001402
c. Unique Entity Identifier: MUQVPRRNQM94

d. Address

Street 1: 608 Pleasant Street
Street 2:
City: New Bedford
County:
State: Massachusetts
Country: United States
Zip / Postal Code: 02740

e. Organizational Unit (optional)

Department Name:
Division Name:

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

Prefix: Ms.
First Name: Jennifer
Middle Name:
Last Name: Clarke
Suffix:
Title: Deputy Director
Organizational Affiliation: City of New Bedford
Telephone Number: (508) 979-1500
Extension:
Fax Number: (508) 979-1575

Email: Jennifer.Clarke@newbedford-ma.gov

1C. SF-424 Application Details

9. Type of Applicant: C. City or Township 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-6800-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): Massachusetts
(for multiple selections hold CTRL+Key)

15. Descriptive Title of Applicant's Project: CoC Planning Project Application FY 2024

16. Congressional District(s):

a. Applicant: MA-004, MA-008, MA-009

b. Project: MA-004, MA-008, MA-009
(for multiple selections hold CTRL+Key)

17. Proposed Project

a. Start Date: 09/01/2025

b. End Date: 08/31/2026

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: Jennifer

Middle Name:

Last Name: Clarke

Suffix:

Title: Deputy Director

Telephone Number: (508) 979-1500
(Format: 123-456-7890)

Fax Number: (508) 979-1575
(Format: 123-456-7890)

Email: Jennifer.Clarke@newbedford-ma.gov

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

Date Signed: 10/18/2024

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Number: 2501-0017 Expiration Date: 01/31/2026

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: City of New Bedford

Prefix: Ms.

First Name: Jennifer

Middle Name:

Last Name: Clarke

Suffix:

Title: Deputy Director

Organizational Affiliation: City of New Bedford

Telephone Number: (508) 979-1500

Extension:

Email: Jennifer.Clarke@newbedford-ma.gov

City: New Bedford

County:

State: Massachusetts

Country: United States

Zip/Postal Code: 02740

2. Employer ID Number (EIN): 04-6001402

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$234,300.00

(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 |
|--|--------------------|-----------------------------|----------------------------|
| N/A | N/A | \$0.00 | \$0.00 |
| | | | |
| | | | |
| | | | |
| | | | |

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

Part III Interested Parties

Do you need to disclose interested parties for this grant according to the criteria below? No

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 non-disclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I/We, the undersigned, certify under penalty of perjury that the information provided above is true, correct, and accurate. Warning: If you knowingly make a false statement on this form, you may be subject to criminal and/or civil 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.

X

Name / Title of Authorized Official: Jennifer Clarke, Deputy Director

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

Date Signed: 10/18/2024

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: City of New Bedford

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; | |

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 certify that the information provided on this form and in any accompanying documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

X

WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 1001, 1010, 1012; 31 U.S.C. §3729, 3802)

Authorized Representative

Prefix: Ms.

First Name: Jennifer

Middle Name

Last Name: Clarke

Suffix:

Title: Deputy Director

Telephone Number: (508) 979-1500
(Format: 123-456-7890)

Fax Number: (508) 979-1575
(Format: 123-456-7890)

Email: Jennifer.Clarke@newbedford-ma.gov

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

Date Signed: 10/18/2024

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: City of New Bedford

Name / Title of Authorized Official: Jennifer Clarke, Deputy Director

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

Date Signed: 10/18/2024

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES

**Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB: 4040-0013 (exp. 02/28/2025)**

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: City of New Bedford

Street 1: 608 Pleasant Street

Street 2:

City: New Bedford

County:

State: Massachusetts

Country: United States

Zip / Postal Code: 02740

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: Jennifer

Middle Name:

Last Name: Clarke

Suffix:

Title: Deputy Director

Telephone Number: (508) 979-1500
(Format: 123-456-7890)

Fax Number: (508) 979-1575
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Email: Jennifer.Clarke@newbedford-ma.gov

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

Date Signed: 10/18/2024

IK. SF-424B

(SF-424B) ASSURANCES - NON-CONSTRUCTION PROGRAMS

OMB Number: 4040-0007
Expiration Date: 02/28/2022

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

- | | |
|----|---|
| 1. | Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application. |
| 2. | Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives. |
| 3. | Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain. |
| 4. | Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency. |
| 5. | Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F). |
| 6. | Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism, (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application. |
| 7. | Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases. |
| 8. | Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds. |

| | |
|-----|--|
| 9. | Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327~333), regarding labor standards for federally-assisted construction subagreements. |
| 10. | Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more. |
| 11. | Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93~205). |
| 12. | Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system. |
| 13. | Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.). |
| 14. | Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance. |
| 15. | Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance. |
| 16. | Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures. |
| 17. | Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations." |
| 18. | Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program. |
| 19. | Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award. |

As the duly authorized representative of the applicant, I certify: ☒

Authorized Representative for: City of New Bedford

Prefix: Ms.

First Name: Jennifer

Middle Name:

Last Name: Clarke

Suffix:

Title: Deputy Director

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

Date Signed: 10/18/2024

2A. Project Detail

1. **CoC Number and Name:** MA-505 - New Bedford/Attleboro/Taunton/Bristol County
2. **Collaborative Applicant Name:** City of New Bedford
3. **Project Name:** CoC Planning Project Application FY 2024
4. **Component Type:** CoC Planning Project Application

2B. Project Description

1. Provide a description that addresses the entire scope of the proposed project and how the Collaborative Applicant will use grant funds to comply with 24 CFR 578.7:

The newly merged MA-505 proposes to use the FY2024 Planning Grant for several planning activities: (1) To continue HMIS data services originally outlined in the CoC's FY2022 and FY2023 CoC Planning Grants; (2) To fund a feasibility study to better assess and understand the CoC's strategic needs and opportunities related to housing those who are unsheltered, and (3) To fund a position (either as staff or retained consultant) to coordinate the activities of the CoC including work with community outreach/membership development, meeting coordination, collaborative work with the CoC's HMIS vendor and data management consultant. Responsibilities for this new CoC Coordinator will include, but not be limited to:

- ¿ Supporting the CoC in its efforts to improve its metrics including employment, income, housing, health, service and related outcomes.
- ¿ Providing oversight of the CoC's projects, undertaking related CoC coordination activities, project evaluation, project monitoring and participation in the Consolidated Plan process for member communities generating their own Con Plans.
- ¿ Undertaking activities to ensure HUD compliance.
- ¿ Providing oversight of the CoC's Homeless Management Information System (HMIS) including serving as liaison with the HMIS software vendor and their representatives, the State's Rehousing Data Collective (RDC) and any data consultants retained by the CoC in ensuring the efficacy of the HMIS. This includes:
 - o Providing ongoing technical support with HMIS-participating agencies related to HMIS, data entry and security protocols.
 - o Performing regular data quality checks and monitoring for statistical trends and/or deficiencies at a project level, component level and CoC-wide.
 - o Analyzing and reporting data from the CoC's HMIS for all CoC and ESG projects including, but not limited to, production of required reporting in HUD's SAGE portal, HUD HDX reporting including LSA and PIT/HIC reporting.
 - o Designing, developing, implementing and monitoring security procedures related to data input, sharing and viewing by HMIS participating agencies
 - o Providing troubleshooting assistance on behalf of the CoC and HMIS user agencies
 - o Communicating with HMIS Lead Agency staff on an ongoing basis as to performance metrics and individual/system-wide data reporting.
- ¿ Supporting efforts of Coordinated Entry from intake and assessment to reporting and trending analysis.
- ¿ Preparing regular and ad-hoc reports, analyses, presentations, charts, graphs and other documents as may be assigned.
- ¿ Evaluating, recommending and incorporating new and emerging data science tools and methods into organizational processes and systems
- ¿ Participating in relevant in-service programs and other self-directed learning activities which promote growth relative to position responsibilities
- ¿ Providing technical assistance and/or training as may be needed to improve CoC system performance
- ¿ Performing other duties as assigned related to the CoC relative to allowed planning activities.

2. Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of all work.

Relative to the three planning activities it proposes, the MA-505 anticipates adhering to the following schedule, methodology and timeliness commitment as follows:

(1) To continue HMIS data services: the CoC intends to renew its existing contract with SimTech, an arrangement the vendor supports. Once CoC Planning dollars previously awarded are spent, funding awarded in the FY24 round would then be used in furtherance of this work for another year. This opportunity was written into the original bid document and contract and the arrangement has worked so well and the product so excellent that MA-505 is poised to continue provided funding is in place. Each contract year begins March 1st and ends the following February 28th.

(2) To fund a feasibility study: the CoC is prepared to issue a public bidding process for this work through the City of New Bedford Purchasing Office and can commit to entering into a contract to the vendor who's bid prevails within 60 days of the HUD grant agreement execution. It is anticipated that the duration of the study will run six months.

(3) To fund a CoC position: the CoC intends to create a new position (either via staff hire or by retaining a consultant) and can commit to issuing the advertisement for the position (or issuing the bid doc) within 60 days of the execution of the HUD grant agreement.

All three activities fall under the supervision of the grantee, the City of New Bedford (through its Office of Housing and Community Development – OHCD) who also serves as the MA-505 Collaborative Applicant. It is the OHCD's responsibility to ensure all three activities are properly executed and initiated and are both consistent with relevant procurement requirements and prescribed HUD expectations. In all three circumstances, the work will be the responsibility of the MA-505 through the OHCD who will provide ongoing support, supervision and involvement. The CoC position will be advertised and monitored following prescribed expectations and the HMIS data services contractor will continue to be expected to meet clear measurable goals, outputs and outcomes.

3. How will the requested funds improve or maintain the CoC's ability to evaluate the outcome of CoC and ESG projects?

The MA-505 CoC's request for CoC planning dollars for the three stated activities is rooted in its commitment to, and interest in, improving the performance of the CoC system, overall, and its CoC and ESG projects, specifically. The requested funds for data specialist services, development of a feasibility study and hiring/retaining a CoC position would have a direct effect on this CoC's ability to improve its outcomes across the board. The CoC is just now recognizing the benefits of timely (and quality) data-driven decision-making and has begun placing tremendous value on the information it is now realizing from its hiring of SimTech via CoC Planning funds. Similarly, as a newly merged CoC, system capacity issues have come to light for which the requested feasibility study will provide important context and direction. Tying much of this together in a cogent package would, to a great extent, rest with a newly hired CoC Coordinator. Such a position is particularly timely now that the CoC has merged, and its size and scope has significantly changed. Dedicated personnel is a critical piece of improving the new CoC's outcomes for years to come.

3A. Governance and Operations

1. How often does the CoC conduct meetings of the full CoC membership? Monthly

2. Does the CoC include membership of a homeless or formerly homeless person? Yes

2a. For members who are homeless or formerly homeless, what role do they play in the CoC membership? (Select all that apply)

| | |
|--------------------------------------|-------------------------------------|
| Participates in CoC meetings: | <input checked="" type="checkbox"/> |
| Votes, including electing Coc Board: | <input checked="" type="checkbox"/> |
| Sits on CoC Board: | <input checked="" type="checkbox"/> |
| None: | <input type="checkbox"/> |

3. Does the CoC's governance charter incorporate written policies and procedures for each of the following

3a. Written agendas of CoC meetings? Yes

3b. Coordinated Entry? (Also known as centralized or coordinated assessment) Yes

3c. Process for monitoring outcomes of ESG recipients? Yes

3d. CoC policies and procedures? Yes

3e. Written process for board selection? Yes

3f. Code of Conduct for board members that includes a recusal process? Yes

3g. Written standards for administering assistance? Yes

4. Were there any written complaints received by the CoC in relation to project review, project selection, or other items related to 24 CFR 578.7 or 578.9 within the past 12 months? No

3B. Committees

Provide information for up to five of the most active CoC-wide planning committees, subcommittees and/or workgroups, to address homeless needs in the CoC's geographic area that recommend and set policy priorities for the CoC, including a brief description of the role and the frequency of the meetings. Only include committees, subcommittees and/or workgroups, that are directly involved in CoC-wide planning and not the regular delivery of services.

| Name of Group | Role of the Group (max 750 characters) | Meeting Frequency | Name of Individuals and/or Organizations Represented |
|------------------------------|--|-------------------|---|
| Executive Committee | Provides elected leadership and oversight of the CoC including overseeing implementation of strategies to reduce/eliminate first time homelessness and ensure successful outcomes. | Monthly | PACE, City OHCD, InterChurch, Women's Center, CCFR, CCBC, SouthCoast Hospitals, NB Public Schools, PAACA, SEMCOA, Dartmouth COA, Our Daily Bread, SVDP Attleboro Reentry, Steppingstone, Veterans Transition House, Carney Foundation, Community Resident |
| Performance Review Committee | Conducts reviews, assessments and evaluations of all CoC and ESG projects including reviewing all funding applications, quarterly reporting reviews and annual ranking evaluations. | Quarterly | City Community Services, Veterans Transition House, Coastline Elderly, Carney Foundation, Dartmouth COA, Community Resident, OHCD |
| Racial Equity Committee | Develops constructive dialogue, analysis and proposed actions to affect more positive outcomes for minorities disproportionately impacted by conditions of, and leading to, homelessness. | Monthly | Carney Foundation, Coastline Elderly, InterChurch Council, OHCD, PACE, |
| HMIS Data Committee | Planning, decision-making, evaluation and facilitation for the continued implementation of HMIS | Monthly | CCFR, OHCD, CCBC, SEMCOA, PACE |
| Rise Up for Homes | Provides important information and outreach to the general public to educate around issues of homelessness and raises funds for homeless projects including operation of the cold weather shelter. | Bi-Monthly | InterChurch Council, Community Resident, PAACA, OHCD |

4A. 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: | \$0 |
| Total Value of In-Kind Commitments: | \$58,575 |
| Total Value of All Commitments: | \$58,575 |

1. Will this project generate program income described in 24 CFR 578.97 to use as Match for this project? 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.

| Type | Source | Contributor | Value of Commitments |
|---------|------------|---------------------|----------------------|
| In-Kind | Government | City of New Bedford | \$58,575 |

Sources of Match Details

1. Type of commitment: In-Kind

2. Source: Government

3. Name of source: City of New Bedford

(Be as specific as possible and include the office
or grant program as applicable)

4. Value of Written Commitment: \$58,575

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.

4B. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 15, 2026? Yes

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

3. Select a grant term: 1 Year

A description must be entered for Quantity. Any costs without a Quantity description will be removed from the budget.

| Eligible Costs: | Quantity AND Description (max 400 characters) | Annual Assistance Requested (Applicant) |
|--|--|---|
| 1. Coordination Activities | CoC Coordinator oversight of CoC activities, consistency with HUD regulations and expectations and support with all activities of the CoC. (.75FTE x \$86,300 annual salary/fee + benefits = \$64,725)) | \$64,725 |
| 2. Project Evaluation | Supervision and evaluation of personnel/consultant performance—monthly (12) times during grant period. (12 units x \$150 = \$1,800) Consultant led feasibility study to assess and evaluate potential project within the CoC (1 study x 6 months = \$50,000) | \$51,800 |
| 3. Project Monitoring Activities | Monitoring of personnel/consultant performance—monthly (12) times during grant period. (12 units x \$150 = \$1,800) | \$1,800 |
| 4. Participation in the Consolidated Plan | | |
| 5. CoC Application Activities | | |
| 6. Determining Geographical Area to Be Served by the CoC | | |
| 7. Developing a CoC System | | |
| 8. HUD Compliance Activities | Continue undertaking Data Specialist activities for HMIS data collection efforts. (Contract price = \$7,867 monthly = 52 weeks x \$1,815/wk = \$94,400) CoC Coordinator will work to ensure compliance with all HUD reporting, data compliance and timely, accurate submissions. (.25FTE x \$86,300 annual salary/fee + benefits = \$21,575) | \$115,975 |
| Total Costs Requested | | \$234,300 |
| Cash Match | | \$0 |
| In-Kind Match | | \$58,575 |
| Total Match | | \$58,575 |
| Total Budget | | \$292,875 |

Click the 'Save' button to automatically calculate the Total Assistance

5A. Attachment(s)

| Document Type | Required? | Document Description | Date Attached |
|------------------------|-----------|----------------------|---------------|
| 1. Other Attachment(s) | No | | |
| 2. Other Attachment(s) | No | | |

Attachment Details

Document Description:

Attachment Details

Document Description:

5A. In-Kind MOU Attachment

| Document Type | Required? | Document Description | Date Attached |
|-------------------|-----------|----------------------|---------------|
| In-Kind Match MOU | No | | |

Attachment Details

Document Description:

5B. Certification

**Applicant and Recipient Assurances and Certifications - form HUD-424B (Title)
U.S. Department of Housing and Urban Development OMB Approval No.
2501-0017
(expires 01/31/2026)**

As part of your application for HUD funding, you, as the official authorized to sign on behalf of your organization or as an individual must provide the following assurances and certifications. The Responsible Civil Rights Official has specified this form for use for purposes of general compliance with 24 CFR §§ 1.5, 3.115, 8.50, and 146.25, as applicable. The Responsible Civil Rights Official may require specific civil rights assurances to be furnished consistent with those authorities and will specify the form on which such assurances must be made. A failure to furnish or comply with the civil rights assurances contained in this form may result in the procedures to effect compliance at 24 CFR §§ 1.8, 3.115, 8.57, or 146.39. By submitting this form, you are stating that to the best of your knowledge and belief, all assertions are true and correct.

1. Has the legal authority to apply for Federal assistance, has the institutional, managerial and financial capability (including funds to pay the non-Federal share of program costs) to plan, manage and complete the program as described in the application and the governing body has duly authorized the submission of the application, including these assurances and certifications, and authorized me as the official representative of the application to act in connection with the application and to provide any additional information as may be required.

2. Will administer the grant in compliance with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and implementing regulations (24 CFR part 1), which provide that no person in the United States shall, on the grounds of race, color or national origin, be excluded from participation in, be denied the benefits of, or otherwise be subject to discrimination under any program or activity that receives Federal financial assistance OR if the applicant is a Federally recognized Indian tribe or its tribally designated housing entity, is subject to the Indian Civil Rights Act (25 U.S.C. 1301-1303).

3. Will administer the grant in compliance with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and implementing regulations at 24 CFR part 8, the American Disabilities Act (42 U.S.C. §§ 12101 et seq.), and implementing regulations at 28 CFR part 35 or 36, as applicable, and the Age Discrimination Act of 1975 (42 U.S.C. 6101-07) as amended, and implementing regulations at 24 CFR part 146 which together provide that no person in the United States shall, on the grounds of disability or age, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity that receives Federal financial assistance; except if the grant program authorizes or limits participation to designated populations, then the applicant will comply with the nondiscrimination requirements within the designated population.

4. Will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and the implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion sex (including gender identity and sexual orientation), disability, familial status, or national origin and will affirmatively further fair housing; except an applicant which is an Indian tribe or its instrumentality which is excluded by statute from coverage does not make this certification; and further except if the grant program authorizes or limits participation to designated populations, then the applicant will comply with the nondiscrimination requirements within the designated population.

5. Will comply with all applicable Federal nondiscrimination requirements, including those listed at 24 CFR §§ 5.105(a) and 5.106 as applicable.

6. Will comply with the acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended (42 U.S.C. 4601) and implementing regulations at 49 CFR part 24 and, as applicable, Section 104(d) of the Housing and Community Development Act of 1974 (42 U.S.C. 5304(d)) and implementing regulations at 24 CFR part 42, subpart A.

7. Will comply with the environmental requirements of the National Environmental Policy Act (42 U.S.C. 4321 et seq.) and related Federal authorities prior to the commitment or expenditure of funds for property.

8. That no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, and officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all subawards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly. Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage by the Byrd Amendment, but State-recognized Indian tribes and TDHs established under State law are not excluded from the statute's coverage.

Name of Authorized Certifying Official: Jennifer Clarke

Date: 10/18/2024

Title: Deputy Director

Applicant Organization: City of New Bedford

PHA Number (For PHA Applicants Only):

I/We, the undersigned, certify under penalty of perjury that the information provided above is true and correct. **WARNING:** Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties.(18 U.S.C. §§287, 1001, 1010, 1012, 1014; 31 U.S.C. §3729, 3802).

X

6A. Submission Summary

| Page | Last Updated |
|--------------------------------------|-------------------|
| 1A. SF-424 Application Type | No Input Required |
| 1B. SF-424 Legal Applicant | 09/20/2024 |
| 1C. SF-424 Application Details | No Input Required |
| 1D. SF-424 Congressional District(s) | 10/16/2024 |
| 1E. SF-424 Compliance | 09/20/2024 |
| 1F. SF-424 Declaration | 09/20/2024 |
| 1G. HUD 2880 | 09/20/2024 |
| 1H. HUD 50070 | 09/20/2024 |
| 1I. Cert. Lobbying | 09/20/2024 |

| | |
|-------------------------------|-------------------|
| 1J. SF-LLL | 09/20/2024 |
| IK. SF-424B | 09/20/2024 |
| 2A. Project Detail | 10/16/2024 |
| 2B. Description | 10/18/2024 |
| 3A. Governance and Operations | 10/16/2024 |
| 3B. Committees | 10/16/2024 |
| 4A. Match | 10/16/2024 |
| 4B. Funding Request | 10/18/2024 |
| 5A. Attachment(s) | No Input Required |
| 5A. In-Kind MOU Attachment | No Input Required |
| 5B. Certification | 10/18/2024 |