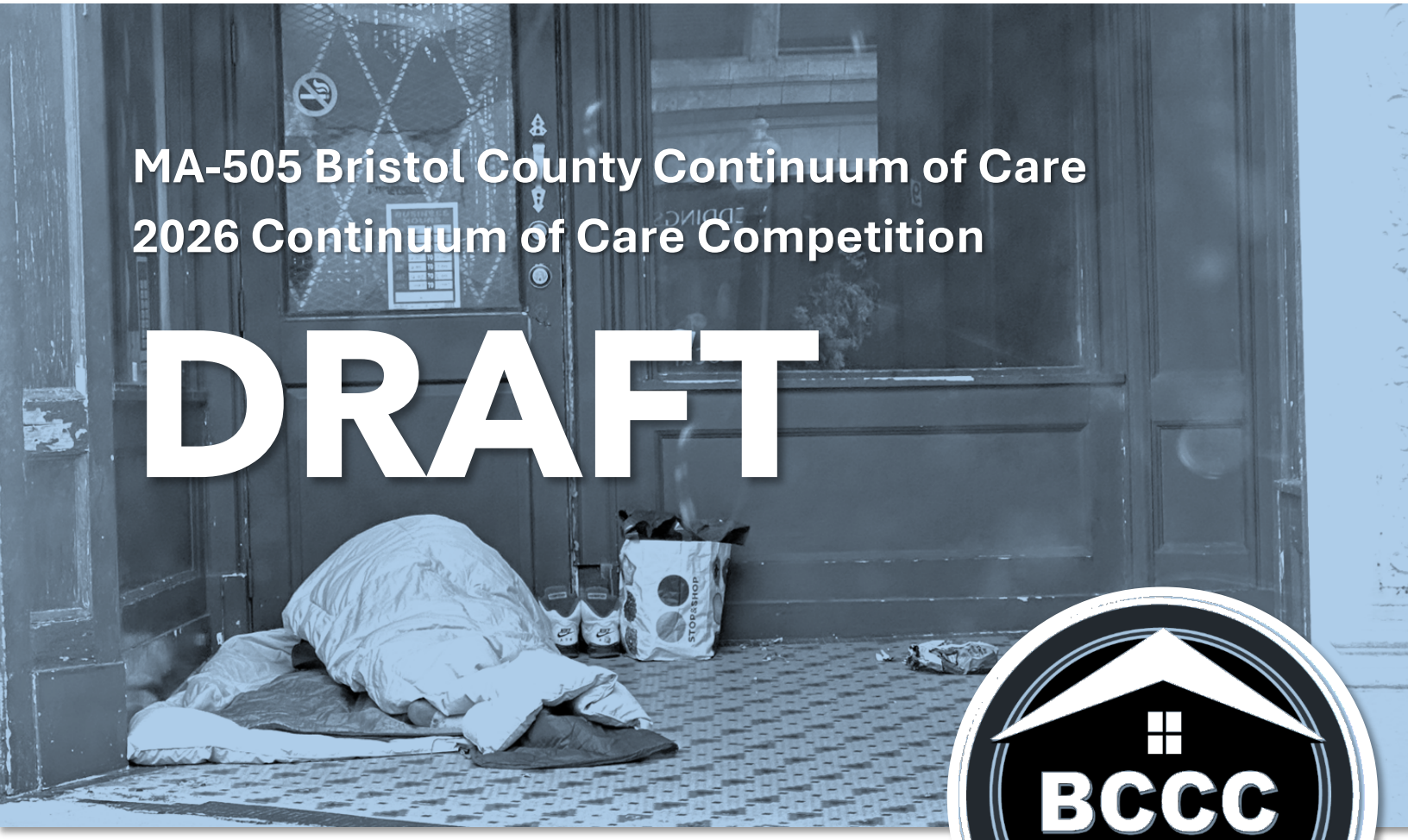

MA-505 Bristol County Continuum of Care

2026 Continuum of Care Competition

DRAFT

Project Applications

For the MA-505 Bristol County CoC

This document constitutes part 2 of a multi-part application to the U.S. Department of Housing & Urban Development's 2026 CoC Competition

This document is the CoC Accepted Project Applications – a part of the CoC Project Priority Application

Draft version posted: September 25, 2026

These are the DRAFT MA-505 Consolidated Application materials; this and all competition materials are available at **www.bristolcountycoc.com** website.

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 2026 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) 2026 Continuum of Care (CoC) Program Competition. For more information see FY 2026 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2026 CoC Program NOFO.
- Detailed instructions 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 to help navigate e-snaps.
- 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 2026 Project Application will be imported into the FY 2026 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 2026 CoC Program Competition NOFO.
- To expedite grant agreement processing, ensure that the UEI does not have an expiration date in the early calendar year (January - May).

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:	09/24/2026
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
5b. Federal Award Identifier: 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).	MA0114
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:	572 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: CPD-2600-DC-0025

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): (for multiple selections hold CTRL key) Massachusetts

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

16. Congressional District(s):

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

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

17. Proposed Project

a. Start Date: 09/01/2027

b. End Date: 08/31/2028

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: X

21. Authorized Representative

Prefix:	Ms.
First Name:	Jennifer
Middle Name:	
Last Name:	Clarke
Suffix:	
Title:	Deputy Director
Telephone Number: (Format: 123-456-7890)	(508) 979-1500
Fax Number: (Format: 123-456-7890)	(508) 979-1575
Email:	Jennifer.Clarke@newbedford-ma.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/24/2026

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Number: 2501-0044 Expiration Date: 2/28/2027

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: $83,600.00

(Requested amounts will be automatically entered within applications)

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

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

Part I Threshold Determinations

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

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

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

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

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
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: 09/24/2026

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

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: (Format: 123-456-7890)	(508) 979-1500
Fax Number: (Format: 123-456-7890)	(508) 979-1575
Email:	Jennifer.Clarke@newbedford-ma.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/24/2026

1I. 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:	09/24/2026

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. 06/30/2028)

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:	572 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. [X]

Authorized Representative

Prefix:	Ms.
First Name:	Jennifer
Middle Name:	
Last Name:	Clarke
Suffix:	
Title:	Deputy Director
Telephone Number: (Format: 123-456-7890)	(508) 979-1500
Fax Number: (Format: 123-456-7890)	(508) 979-1575
Email:	Jennifer.Clarke@newbedford-ma.gov
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/24/2026

1K. SF-424B

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

OMB Number: 4040-0007
Expiration Date: 07/31/2028

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: X

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:	09/24/2026

1M. Project Eligibility Certification

1. The project applicant will not engage in racial preferences or other forms of illegal discrimination	X
2. The project applicant will not operate drug injection sites or “safe consumption sites,” knowingly distribute drug paraphernalia on or off of property under their control, permit the use or distribution of illicit drugs on property under their control, or conduct any of these activities under the pretext of “harm reduction.”	X

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 2026 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 2025 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 2024 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 2026 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	X
Part 3 - Project Information	
3A. Project Detail	X
3B. Description	X
Part 4 - Housing Services and HMIS	
4A. HMIS Standards	X
Part 5 - Participants and Outreach Information	
Part 6 - Budget Information	
6A. Funding Request	X
6D. Match	X
6E. Summary Budget	X
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	X
7B. Certification	X

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):

No changes were made to Question #2. Only minor updates were made to the remaining sections - no substantial 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?	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.

3. Rural Set Aside projects may only consolidate with other Rural Set Aside projects.

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? No

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: $83,600

Organization	Type	Sub-Award Amount
City of New Bedford	C. City or Township Government	$83,600

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: 572 Pleasant Street
Street 2:
City: New Bedford
State: Massachusetts
Zip Code: 02740

f. Congressional District(s): (for multiple selections hold CTRL key) MA-009

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: $83,600

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 CoC
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. Was this project previously awarded as a Unsheltered Homelessness Set Aside or a Rural Set Aside?	No
9. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3?	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 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 Simtech Solutions. 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 2026 HMIS Data Standard Notice?	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 Bristol County Continuum of Care (BCCC) HMIS Governance Charter and its Policies & Procedures. Both the governance charter and Policies and Procedures documents were last revised in 2019. Updates to these documents are permitted to occur as needed and not limited to any timeframe. Such consideration of any changes or revisions, however, typically originates with either the HMIS Lead or the CoC’s Data Committee. Membership on that committee is open to anyone within the CoC and system users 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 BCCC. 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 new HMIS vendor, Simtech, who's system platform will go live for BCCC users by October 1, 2026 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 nine 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. Do you update your Privacy Notice annually and provide a copy to all HMIS users?

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

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 new 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 combined 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 on the summary budget screen. 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
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. Renewal Grant Term: This field is pre-populated with a one-year grant term and cannot be edited:	1 Year

5. Select the costs for which funding is requested:

HMIS	X
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.

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 Amount of Cash Commitments:	$20,900
Total Amount of In-Kind Commitments:	$0
Total Amount of All Commitments:	$20,900

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	Government	City of New Bedford	$20,900

Sources of Match Detail

1. Type of Match Commitment:	Cash
2. Source:	Government
3. Name of Source: (Be as specific as possible and include the office or grant program as applicable)	City of New Bedford
4. Amount of Written Committment:	$20,900

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 2026 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2026, 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)	$83,600
6. VAWA (Enter)	$0
7. Rural (Enter) (Only for HUD CoC Program approved rural areas)	$0
8. Sub-total of CoC Program Costs Requested	$83,600
9. Admin (Up to 10% of Sub-total in #8)	$0
10. HUD funded Sub-total + Admin. Requested	$83,600
11. Cash Match (From Screen 6D)	$20,900
12. In-Kind Match (From Screen 6D)	$0
13. Total Match (From Screen 6D)	$20,900
14. Total Project Budget for this grant, including Match	$104,500

The minimum required Total Match amount for the Grant Term is $20,900.

Indirect Cost Information

Indirect Cost Information Form
OMB Number: 2501-0044
Expiration Date: 2/28/2027

Program/Activity Receiving Federal Grant Funding:	CoC Program
Applicant Name:	City of New Bedford

Indirect Cost Rate Information for the Applicant/Recipient:

Please check the box that applies to the Applicant/Recipient and complete the table only as provided by the instructions accompanying this form.

The Applicant/Recipient will not charge indirect costs using an indirect cost rate.	
The Applicant/Recipient will calculate and charge indirect costs under the award by applying a de minimis rate as provided by 2 CFR 200.414(f), as may be amended from time to time.	X
The Applicant/Recipient will calculate and charge indirect costs under the award using the indirect cost rate(s) in the table below, and each rate in this table is included in an indirect cost rate proposal developed in accordance with the applicable appendix to 2 CFR part 200 and, if required, has been approved by the cognizant agency for indirect costs.	

Mark the one (and only one) checkbox that best reflects how the indirect costs of the Applicant/Recipient will be calculated and charged under the award. Do not include indirect cost rate information for subrecipients.

The table following the third checkbox must be completed only if that checkbox is checked. When listing a rate in the table, enter the percentage amount (for example, “15%”), the type of direct cost base to be used (for example, “MTDC”), and the type of rate (“predetermined,” “final,” “fixed,” or “provisional”).

If using the Simplified Allocation Method for indirect costs, enter the applicable indirect cost rate and type of direct cost base in the first row of the table.

If using the Multiple Allocation Base Method, enter each major function of the organization for which a rate was developed and will be used under the award, the indirect cost rate applicable to that major function, and the type of direct cost base to which the rate will be applied.

If the Applicant/Recipient is a government and more than one agency or department will carry out activities under the award, enter each agency or department that will carry out activities under the award, the indirect cost rate(s) for that agency or department, and the type of direct cost base to which each rate will be applied.

To learn more about the indirect cost requirements, see 2 CFR part 200, subpart E, and the applicable appendix that is listed under 2 CFR 200.414(e).

Submission Type: Initial Submission

Effective Date: 07/09/2025

Certification of Authorized Representative for the Applicant/Recipient: **** Under penalty of perjury, I certify on behalf of the Applicant/Recipient that:** **(1) all information provided on this form is true, complete, and accurate, and** **(2) Applicant/Recipient will provide HUD with an update to this form immediately upon learning change in the information provided on this form, and** **(3) I am authorized to speak for the Applicant/Recipient regarding all information provided on this** ****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; 24 CFR § 28.10(b)(iii)).**	X

Authorized Representative:

Prefix:	Ms.
First Name:	Jennifer
Middle Name:	
Last Name:	Clarke
Suffix:	
Title:	Deputy Director
Telephone Number: (Format: 123-456-7890)	(508) 979-1500
Fax Number: (Format: 123-456-7890)	(508) 979-1575
Email:	Jennifer.Clarke@newbedford-ma.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	07/09/2025

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. 2501-0044 (expires 02/28/2027)

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:	09/24/2026
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	08/04/2026
1B. SF-424 Legal Applicant	08/04/2026
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/23/2026
1E. SF-424 Compliance	08/04/2026
1F. SF-424 Declaration	08/04/2026

1G. HUD 2880	08/04/2026
1H. HUD-50070	08/04/2026
1I. Cert. Lobbying	08/04/2026
1J. SF-LLL	09/23/2026
1K. SF-424B	08/04/2026
Submission Without Changes	09/23/2026
Recipient Performance	08/04/2026
Renewal Grant Consolidation or Renewal Grant Expansion	08/04/2026
2A. Subrecipients	08/04/2026
3A. Project Detail	08/04/2026
3B. Description	08/04/2026
4A. HMIS Standards	09/23/2026
6A. Funding Request	08/04/2026
6D. Match	09/23/2026
6E. Summary Budget	No Input Required
Indirect Cost Information	09/23/2026
7A. Attachment(s)	No Input Required
7B. Certification	09/23/2026

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 2026 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) 2026 Continuum of Care (CoC) Program Competition. For more information see FY 2026 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2026 CoC Program NOFO and the FY 2026 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 2026 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:	09/24/2026
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:	572 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: CPD-2600-DC-0025

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): (for multiple selections hold CTRL key) Massachusetts

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

16. Congressional District(s):

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

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

17. Proposed Project

a. Start Date: 07/01/2027

b. End Date: 06/30/2028

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: X

21. Authorized Representative

Prefix:	Ms.
First Name:	Jennifer
Middle Name:	
Last Name:	Clarke
Suffix:	
Title:	Deputy Director
Telephone Number: (Format: 123-456-7890)	(508) 979-1500
Fax Number: (Format: 123-456-7890)	(508) 979-1575
Email:	Jennifer.Clarke@newbedford-ma.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/24/2026

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Number: 2501-0044 Expiration Date: 02/28/2027

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: $219,116.00

(Requested amounts will be automatically entered within applications)

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

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

Part I Threshold Determinations

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

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

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

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

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
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: 09/24/2026

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

2. Sites for Work Performance.

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

I 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: (Format: 123-456-7890)	(508) 979-1500
Fax Number: (Format: 123-456-7890)	(508) 979-1575
Email:	Jennifer.Clarke@newbedford-ma.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/24/2026

1I. 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:	09/24/2026

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. 06/30/2028)

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:	572 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. X

Authorized Representative

Prefix:	Ms.
First Name:	Jennifer
Middle Name:	
Last Name:	Clarke
Suffix:	
Title:	Deputy Director
Telephone Number: (Format: 123-456-7890)	(508) 979-1500
Fax Number: (Format: 123-456-7890)	(508) 979-1575
Email:	Jennifer.Clarke@newbedford-ma.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/24/2026

IK. SF-424B

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

OMB Number: 4040-0007
Expiration Date: 07/31/2028

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: X

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:	09/24/2026

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.

1M. Project Eligibility Certification

1. The project applicant will not engage in racial preferences or other forms of illegal discrimination	X
2. The project applicant will not operate drug injection sites or “safe consumption sites,” knowingly distribute drug paraphernalia on or off of property under their control, permit the use or distribution of illicit drugs on property under their control, or conduct any of these activities under the pretext of “harm reduction.”	X

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: $219,116

Organization	Type	Sub-Award Amount
Community Counseling of Bristol County, Inc.	M. Nonprofit with 501C3 IRS Status	$219,116

2A. Project Subrecipients Detail

a. Organization Name:	Community Counseling of Bristol County, Inc.
b. Organization Type:	M. Nonprofit with 501C3 IRS Status
If "Other" specify:	
c. Employer or Tax Identification Number:	04-3035697
d. Unique Entity Identifier:	SFK3BEGX2W89
e. Physical Address	
Street 1:	One Washington Street
Street 2:	
City:	Taunton
State:	Massachusetts
Zip Code:	02780
f. Congressional District(s): (for multiple selections hold CTRL key)	MA-004, MA-008, MA-009
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:	$219,116
j. Contact Person	
Prefix:	Ms.

First Name:	Ellen
Middle Name:	Merle
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:	508-977-8123
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.

Community Counseling of Bristol County, Inc. (CCBC) has been providing supportive services and housing for individuals experiencing homelessness for more than 30 years. CCBC was the Collaborative Applicant (CA) for the Attleboro/Taunton/Bristol County Continuum of Care (CoC) where our Vice President oversaw the coordination of the CoC, prior to the successful merger with the New Bedford CoC which led to the Bristol County Continuum of Care.

CCBC has been providing Coordinated Entry (CE) services for the Bristol County CoC, first with the Taunton/Attleboro CE project for over five years and then adding in the New Bedford project two years ago. CCBC has also been the recipient of a Permanent Supportive Housing (PSH) project serving 42 individuals who had been homeless as well as CoC Planning Grants in addition to the Coordinated Entry projects. CCBC effectively utilized the federal funding according to approved accounting principles and performed all required services in the projects. The accounting principles were audited annually by CCBC's internal financial department and outside auditor and also reviewed by the New Bedford Office of Housing and Community Development, the Collaborative Applicant for the CoC.

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

CCBC has been successful in leveraging Federal, State, local and private sector funds from a number of sources over the 56 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 $857,064 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 $3 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 is also a Community Behavioral Health Center in Massachusetts and 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 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 CoC
2. CoC Collaborative Applicant Name:	City of New Bedford
3. Project Name:	The CALL BCCC
4. Project Status:	Standard
5. Component Type:	SSO
5a. Select the type of SSO Project:	Coordinated Entry
6. What type of CoC funding is this project applying for in this CoC Program Competition?	Reallocation
7. Is your organization or expected subrecipient a victim service provider defined in 24 CFR 578.3 and uses a comparable HMIS database?	No
8. 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
9. Will funds requested in this new project application replace state or local government funds (24 CFR 578.87(a))?	No
11. 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 (CE) program works across the entirety of the Bristol County Continuum of Care to ensure every person currently experiencing homelessness is identified, assessed, and connected to the placement best suited to support their long-term success.

CE works closely with local authorities and community partners — including police departments, outreach teams, hospitals, soup kitchens, Councils on Aging, and public officials — to ensure everyone in the community has access to a coordinated assessment and a clear pathway to treatment and housing options.

The CE team partners directly with local detox units to place individuals in need of substance use treatment, as well as with local crisis centers — including the crisis center housed within the same agency that operates the CE program — to connect participants with mental health treatment. This close working relationship, combined with the agency's direct oversight of the CE program, allows for fast, coordinated access to both behavioral health and substance use services.

For participants not currently receiving case management services, the CE team also assists with obtaining necessary documentation to pursue employment, education, treatment, and housing. Through this work, CE connects households to the full range of resources and services needed to build lasting self-sufficiency.

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	30			
Program participants occupy leased or rental assistance units or structure(s), or supportive services begin				
Leased or rental assistance units or structure, and supportive services near 100% capacity				
Closing on purchase of land, structure(s), or execution of structure lease				
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	X	Survivors	
Veterans		Substance Abuse	
Youth (under 25)		Mental Illness	
Families		HIV/AIDS	
		Chronic Homeless	
		Other (Click 'Save' to update)	

4. As an SSO-Coodinated Entry project answer the following questions:

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

4b. Will the coordinated entry process be easily available and reachable 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 program is a new application, but is proposed to be operated by the same agency that has run the system in the past. Community Counseling of Bristol County (CCBC) has operated the Coordinated Entry (CE) system for a number of years and has built a strong, positive reputation for ensuring access for all households experiencing a housing crisis.

- CCBC will advertise CE services using a variety of platforms and strategies specifically designed to reach individuals with the highest barriers to accessing assistance, including those without reliable phone or transportation access:

- Pamphlets and business cards with a QR code that allow the CE team to be easily located. While this approach may seem unconventional, CCBC has found that many unhoused households are able to access the internet through their phones even when traditional calling services are unavailable or unreliable — making this a highly effective, low-barrier way to connect people to CE.

- Frequent training on Coordinated Entry access provided at local hospitals, police departments, schools, Councils on Aging, churches, and community meetings, ensuring that trusted community touchpoints are equipped to make warm referrals directly into CE.
Close collaboration with local outreach teams to identify individuals who face the greatest difficulty accessing services and bring CE directly to them, rather than relying solely on individuals to self-refer.
Regular, recurring presence at local libraries and community buildings frequented by unhoused individuals, creating consistent, predictable opportunities for engagement and access.

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

4e. Describe the standardized assessment and referral process that directs individuals and families to appropriate housing and services.

The Coordinated Entry (CE) program looks forward to the opportunity to expand its referral process to include additional transitional housing options, which may be well-suited to the needs of certain families and households.

The program utilizes a standardized assessment developed with local community priorities in mind, ensuring that subsidized housing units are appropriately prioritized for veterans, older adults, and individuals with significant physical or developmental disabilities. For households whose housing barriers can be addressed through treatment, employment, or education, the assessment identifies opportunities to connect them with the services needed to build the skills and stability necessary for long-term, independent success.

The standardized assessment is completed collaboratively by the CE team alongside the Case Conferencing Committee, ensuring that housing placement decisions reflect a range of perspectives and result in the most appropriate match for each household's needs and circumstances.

The assessment process identifies the primary factors that contributed to a household's homelessness, as well as the specific barriers preventing them from accessing market-rate housing. Using this information, the CE team and community partners work together to identify the most appropriate combination of housing and services — matching each household with the level of support needed to achieve stability, independence, and long-term success.

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 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?

3C. Project Expansion Information

1. Is this a "Project Expansion" of an eligible renewal project?	No

6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 15, 2027?	Yes
4. Select a grant term:	1 Year

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

Supportive Services	X
HMIS	
VAWA	X

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? (13 to 18 months)	No

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	Assessment of Service Needs by the 3.14 CE Staff-plus benefits	$199,197
2. Assistance with Moving Costs		
3. Case Management		
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		$199,197
Grant Term		1 Year
Total Request for Grant Term		$199,197

Click the 'Save' button to automatically calculate totals.

VAWA Budget

VAWA Budget

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 new 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

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:	$54,779
Total Amount of In-Kind Commitments:	$0
Total Amount of All Commitments:	$54,779

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	Community Counsel...	$54,779

Sources of Match Detail

1. Type of Match commitment:	Cash
2. Source:	Private
3. Name of Source: (Be as specific as possible and include the office or grant program as applicable)	Community Counseling of Bristol County
4. Amount of Written Commitment:	$54,779

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)	$0	1 Year	$0
4. Supportive Services (Screen 6F)	$199,197	1 Year	$199,197
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			$199,197
10. Admin (Up to 10% of Sub-total in #9)			$19,919
11. HUD funded Sub-total + Admin. Requested			$219,116
12. Cash Match (From Screen 6I)			$54,779
13. In-Kind Match (From Screen 6I)			$0
14. Total Match (From Screen 6I)			$54,779
15. Total Project Budget for this grant, including Match			$273,895

Click the 'Save' button to automatically calculate totals.

Indirect Cost Information

Indirect Cost Information Form
OMB Number: 2501-0044
Expiration Date: 2/28/2027

Program/Activity Receiving Federal Grant Funding:	CoC Program
Applicant Name:	City of New Bedford

Indirect Cost Rate Information for the Applicant/Recipient:

Please check the box that applies to the Applicant/Recipient and complete the table only as provided by the instructions accompanying this form.

The Applicant/Recipient will not charge indirect costs using an indirect cost rate.	
The Applicant/Recipient will calculate and charge indirect costs under the award by applying a de minimis rate as provided by 2 CFR 200.414(f), as may be amended from time to time.	X
The Applicant/Recipient will calculate and charge indirect costs under the award using the indirect cost rate(s) in the table below, and each rate in this table is included in an indirect cost rate proposal developed in accordance with the applicable appendix to 2 CFR part 200 and, if required, has been approved by the cognizant agency for indirect costs.	

Mark the one (and only one) checkbox that best reflects how the indirect costs of the Applicant/Recipient will be calculated and charged under the award. Do not include indirect cost rate information for subrecipients.

The table following the third checkbox must be completed only if that checkbox is checked. When listing a rate in the table, enter the percentage amount (for example, “15%”), the type of direct cost base to be used (for example, “MTDC”), and the type of rate (“predetermined,” “final,” “fixed,” or “provisional”).

If using the Simplified Allocation Method for indirect costs, enter the applicable indirect cost rate and type of direct cost base in the first row of the table.

If using the Multiple Allocation Base Method, enter each major function of the organization for which a rate was developed and will be used under the award, the indirect cost rate applicable to that major function, and the type of direct cost base to which the rate will be applied.

If the Applicant/Recipient is a government and more than one agency or department will carry out activities under the award, enter each agency or department that will carry out activities under the award, the indirect cost rate(s) for that agency or department, and the type of direct cost base to which each rate will be applied.

To learn more about the indirect cost requirements, see 2 CFR part 200, subpart E, and the applicable appendix that is listed under 2 CFR 200.414(e).

Submission Type: Initial Submission

Effective Date: 07/09/2025

Certification of Authorized Representative for the Applicant/Recipient: **** Under penalty of perjury, I certify on behalf of the Applicant/Recipient that:** **(1) all information provided on this form is true, complete, and accurate, and** **(2) Applicant/Recipient will provide HUD with an update to this form immediately upon learning change in the information provided on this form, and** **(3) I am authorized to speak for the Applicant/Recipient regarding all information provided on this** ****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; 24 CFR § 28.10(b)(iii)).**	X

Authorized Representative:

Prefix:	Ms.
First Name:	Jennifer
Middle Name:	
Last Name:	Clarke
Suffix:	
Title:	Deputy Director
Telephone Number: (Format: 123-456-7890)	(508) 979-1500
Fax Number: (Format: 123-456-7890)	(508) 979-1575
Email:	Jennifer.Clarke@newbedford-ma.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	07/09/2025

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:	09/24/2026
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
1A. SF-424 Application Type	No Input Required
1B. SF-424 Legal Applicant	08/11/2026
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/22/2026

1E. SF-424 Compliance	08/11/2026
1F. SF-424 Declaration	08/11/2026
1G. HUD 2880	08/11/2026
1H. HUD 50070	08/11/2026
1I. Cert. Lobbying	08/11/2026
1J. SF-LLL	09/22/2026
IK. SF-424B	08/11/2026
1L. SF-424D	08/11/2026
2A. Subrecipients	09/22/2026
2B. Experience	08/11/2026
3A. Project Detail	08/11/2026
3B. Description	09/22/2026
3C. Expansion	08/11/2026
6A. Funding Request	08/11/2026
6F. Supp Srvcs Budget	09/22/2026
VAWA Budget	No Input Required
6I. Match	08/11/2026
6J. Summary Budget	No Input Required
Indirect Cost Information	09/22/2026
7A. Attachment(s)	No Input Required
7D. Certification	08/11/2026

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 2026 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) 2026 Continuum of Care (CoC) Program Competition. For more information see FY 2026 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2026 CoC Program NOFO and the FY 2026 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 2026 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:	09/24/2026
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:	572 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: CPD-2600-DC-0025

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): (for multiple selections hold CTRL key) Massachusetts

15. Descriptive Title of Applicant's Project: Homes with Heart II

16. Congressional District(s):

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

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

17. Proposed Project

a. Start Date: 07/01/2027

b. End Date: 06/30/2028

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: X

21. Authorized Representative

Prefix:	Ms.
First Name:	Jennifer
Middle Name:	
Last Name:	Clarke
Suffix:	
Title:	Deputy Director
Telephone Number: (Format: 123-456-7890)	(508) 979-1500
Fax Number: (Format: 123-456-7890)	(508) 979-1575
Email:	Jennifer.Clarke@newbedford-ma.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/24/2026

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Number: 2501-0044 Expiration Date: 02/28/2027

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: $340,880.00

(Requested amounts will be automatically entered within applications)

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

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

Part I Threshold Determinations

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

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

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

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

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
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: 09/24/2026

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

2. Sites for Work Performance.

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

I 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: (Format: 123-456-7890)	(508) 979-1500
Fax Number: (Format: 123-456-7890)	(508) 979-1575
Email:	Jennifer.Clarke@newbedford-ma.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/24/2026

1I. 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:	09/24/2026

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. 06/30/2028)

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:	572 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. X

Authorized Representative

Prefix:	Ms.
First Name:	Jennifer
Middle Name:	
Last Name:	Clarke
Suffix:	
Title:	Deputy Director
Telephone Number: (Format: 123-456-7890)	(508) 979-1500
Fax Number: (Format: 123-456-7890)	(508) 979-1575
Email:	Jennifer.Clarke@newbedford-ma.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/24/2026

IK. SF-424B

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

OMB Number: 4040-0007
Expiration Date: 07/31/2028

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: [X]

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:	09/24/2026

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.

1M. Project Eligibility Certification

1. The project applicant will not engage in racial preferences or other forms of illegal discrimination	X
2. The project applicant will not operate drug injection sites or “safe consumption sites,” knowingly distribute drug paraphernalia on or off of property under their control, permit the use or distribution of illicit drugs on property under their control, or conduct any of these activities under the pretext of “harm reduction.”	X

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: $340,880

Organization	Type	Sub-Award Amount
Community Counseling of Bristol County, Inc.	M. Nonprofit with 501C3 IRS Status	$340,880

2A. Project Subrecipients Detail

a. Organization Name:	Community Counseling of Bristol County, Inc.
b. Organization Type:	M. Nonprofit with 501C3 IRS Status
If "Other" specify:	
c. Employer or Tax Identification Number:	04-3035697
d. Unique Entity Identifier:	SFK3BEGX2W89
e. Physical Address	
Street 1:	One Washington Street
Street 2:	
City:	Taunton
State:	Massachusetts
Zip Code:	02780
f. Congressional District(s): (for multiple selections hold CTRL key)	MA-004, MA-008, MA-009
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:	$340,880
j. Contact Person	
Prefix:	Ms.

First Name:	Ellen
Middle Name:	Merle
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:	508-977-8123
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.

Community Counseling of Bristol County, Inc. (CCBC) has been providing supportive services and housing for individuals experiencing homelessness for more than 30 years. CCBC was the Collaborative Applicant (CA) for the Attleboro/Taunton/Bristol County Continuum of Care (CoC) where our Vice President oversaw the coordination of the CoC, prior to the successful merger with the New Bedford CoC which led to the Bristol County Continuum of Care.

CCBC has been the recipient of the Homes With Heart Permanent Supportive Housing (PSH) project serving 42 individuals who had been homeless as well as CoC Planning Grants, and Coordinated Entry projects. CCBC effectively utilized the federal funding according to approved accounting principles and performed all required services in this project. The accounting principles were audited annually by CCBC's internal financial department and outside auditor and also reviewed by the New Bedford Office of Housing and Community Development, the Collaborative Applicant for the CoC.

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 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 developed housing supports for five years using flexible funds through MassHealth to help individuals and families obtain or maintain housing and currently through the health Related social Needs (HRSN) program. 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 developed 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. 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 and is now developing a similar project along with another vendor to serve 13 additional older adults who are homeless and 13 veterans in Taunton where the City of Taunton is contributing over two million towards the rehabilitation.

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

CCBC has been successful in leveraging Federal, State, local and private sector funds from a number of sources over the 56 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 $857,064 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 $3 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 is also a Community Behavioral Health Center in Massachusetts and 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 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 CoC
2. CoC Collaborative Applicant Name:	City of New Bedford
3. Project Name:	Homes with Heart II
4. Project Status:	Standard
5. Component Type:	PH
5a. Select the type of PH project:	PSH
6. What type of CoC funding is this project applying for in this CoC Program Competition?	Reallocation
7. Is your organization or expected subrecipient a victim service provider defined in 24 CFR 578.3 and uses a comparable HMIS database?	No
8. 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
9. Will funds requested in this new project application replace state or local government funds (24 CFR 578.87(a))?	No
10. Will this project include replacement reserves in the Operating budget?	No

11. 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 new Homes with Heart II Permanent Supportive Housing (PSH) program will serve individuals within the Continuum who have the highest level of need to obtain and maintain stable housing. This program will prioritize older adults, individuals with significant developmental disabilities, and individuals with other physical or cognitive disabilities that limit their ability to work full-time and achieve full self-sufficiency without ongoing support.

Older adults represent one of the fastest-growing populations experiencing homelessness nationally and within Bristol County. Homes with Heart II will help ensure that individuals, many of whom worked and contributed to their communities throughout their adult lives, are not forced into unsheltered homelessness due to age, disability, fixed income, or health-related barriers to housing stability. The program is designed to help participants remain safely and stably housed within their own community whenever possible, rather than being displaced to institutional settings or areas outside the region they call home.

To meet the specific needs of this population, the program includes two fully accessible units designed for individuals with significant mobility limitations, with additional accessible units in development to further expand capacity for older adults and individuals with physical disabilities. This accessibility-focused approach ensures participants can safely age in place and live independently to the greatest extent possible.

Each participant will be connected with dedicated case management to coordinate the full range of supports needed to maintain housing stability and improve quality of life. Case managers will assist participants with establishing and maintaining health insurance coverage and connecting to appropriate ongoing medical care, addressing a common and significant barrier for older adults and individuals with disabilities who may otherwise go without needed treatment. The program will also connect participants to mental health treatment and, when necessary, substance use treatment, ensuring that behavioral health needs are addressed alongside physical health and housing stability. Recognizing that isolation is a significant risk factor for this population, the program will additionally provide regular opportunities for socialization and community engagement, helping participants build connection and reduce the loneliness that often accompanies aging or disability in isolation.

Homes with Heart II allows the agency to serve some of the community's most vulnerable residents by providing not only housing stability but also the comprehensive supportive services described above, designed to help participants build and maintain the highest level of self-sufficiency they are capable of achieving. The program will work closely with local police departments to support participant safety and successful integration into the surrounding community, consistent with the agency's broader collaborative relationships with law enforcement across its programs.

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	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	90			
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	☐	Survivors	☐
Veterans	X	Substance Abuse	X
Youth (under 25)	☐	Mental Illness	X
Families	☐	HIV/AIDS	☐
		Chronic Homeless	X
		Other (Click 'Save' to update)	X

Other: Older Adults

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

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.

7. Is this project 100% Dedicated or DedicatedPLUS, NA? DedicatedPLUS

3C. Project Expansion Information

1. Is this a "Project Expansion" of an eligible renewal project?	No

4A. Supportive Services for Participants

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

The Permanent Supportive Housing (PSH) Program partners with a number of agencies, religious affiliates, and mainstream resources in order to achieve success in housing. Through local churches the program assists participants in obtaining food at foodbanks and soup kitchens, also availability of social programs to assist in gaining necessary social skills in the community. The participants work with the case management, SHINE counselors, and Certified Application Counselors (CAC's) to ensure participants are up to date with Medicare and Medicaid applications. The program will work closely with the local community college which offers some free educational opportunities for some citizens as well as local businesses when someone is able to work in obtaining employment. Most of the participants will be older adults which may preclude full time work due to ongoing health issues. The program will be significantly involved with the local peer center for those who have had substance use issues in the past and are working to maintain their sobriety. The PSH Program also works with the local YMCA to access passes for participants. This increases both health and social outcomes, allowing them the opportunity to be a part of an agency that provides opportunities for physical movement as well as social aspects to being in the community. All of these opportunities allow for the participant to be a valued member of the community and be fully integrated into the community. For those, especially older adults, have wisdom to offer a community and the program allows them the safety of a home in order to be able to focus on imparting that wisdom to others.

2. How will this project be supplemented with resources from other public or private sources, that may include mainstream health, social, and employment programs such as Medicare, Medicaid, SSI, and SNAP.

The Homes with Heart II program will utilize additional supports to ensure each participant is able to maintain safe stable housing. Through programs such as dual eligible special needs plans (D-SNAPS) referred to as Senior Care Options (SCO) or One care will allow participants who are eligible for both medicare and. medicaid to access services including assistance with in home care, transportation, and prescription assistance. The program will work with local peer centers and day programs for seniors to aid in socialization and life skills. Utilizing faith based groups who provide soup kitchens and food pantries, the program can aid in ensuring basic needs are met while in the housing program. Case management services will ensure each participant is able to gain access to these vital resources. the case management team will work to ensure participants are receiving SSI if they qualify as well as SNAP benefits.

6. 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	Semi-annually
Assistance with Moving Costs		Partner	As needed
Case Management		Applicant	Weekly
Child Care		Non-Partner	As needed
Education Services		Non-Partner	As needed
Employment Assistance and Job Training		Partner	As needed
Food		Partner	As needed
Housing Search and Counseling Services		Applicant	As needed
Legal Services		Non-Partner	As needed
Life Skills Training		Applicant	Weekly
Mental Health Services		Applicant	Monthly
Outpatient Health Services		Non-Partner	As needed
Outreach Services		Applicant	As needed
Substance Abuse Treatment Services		Applicant	As needed
Transportation		Applicant	As needed
Utility Deposits		Non-Partner	As needed

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
Clustered apartments	---	16	16	16

4B. Housing Type and Location Detail

1. Housing Type: Clustered apartments

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

2a. Units: 16

2b. Beds: 16

2c. 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: 15 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, 252418 Taunton, 250126 Attleboro

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/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	13	3	0	4	0	8	3	15	3	0
Persons ages 18-24	0	0	0	0	0	0	0	0	0	0
Total Persons	13	3	0	4	0	8	3	15	3	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, 2027?	Yes
4. Select a grant term:	1 Year

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

Acquisition/Rehabilitation/New Construction	
Leased Units	X
Leased Structures	
Rental Assistance	
Supportive Services	X
Operating	X
HMIS	
VAWA	X

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? (13 to 18 months)	No

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:	$158,640
Grant Term:	1 Year
Total Request for Grant Term:	$158,640
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...	14	$138,600	$138,600
MA - Providence-F...	2	$20,040	$20,040

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)
0 Bedroom	4	x	$1,433	$800	x	12	=	$38,400
1 Bedroom	10	x	$1,584	$835	x	12	=	$100,200
2 Bedroom		x	$2,078		x	12	=	$0
3 Bedroom		x	$2,562		x	12	=	$0
4 Bedroom		x	$2,751		x	12	=	$0
5 Bedroom		x	$3,164		x	12	=	$0
6 Bedroom		x	$3,576		x	12	=	$0
7 Bedroom		x	$3,989		x	12	=	$0
8 Bedroom		x	$4,402		x	12	=	$0
9 Bedroom		x	$4,814		x	12	=	$0
Total units and annual assistance requested:	14							$138,600
Grant term:								1 Year
Total request for grant term:								$138,600

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 fair market rent area: MA - Providence-Fall River, RI-MA HUD Metro 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)
0 Bedroom		x	$1,318		x	12	=	$0
1 Bedroom	2	x	$1,402	$835	x	12	=	$20,040
2 Bedroom		x	$1,729		x	12	=	$0
3 Bedroom		x	$2,087		x	12	=	$0

4 Bedroom		x	$2,480		x	12	=	$0
5 Bedroom		x	$2,852		x	12	=	$0
6 Bedroom		x	$3,224		x	12	=	$0
7 Bedroom		x	$3,596		x	12	=	$0
8 Bedroom		x	$3,968		x	12	=	$0
9 Bedroom		x	$4,340		x	12	=	$0
Total units and annual assistance requested:	2							$20,040
Grant term:								1 Year
Total request for grant term:								$20,040

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	1.7 Case Managers plus fringe and tax	$112,000
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		$112,000
Grant Term		1 Year
Total Request for Grant Term		$112,000

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	Maintenance/Repair client apartments	$3,251
2. Property Taxes and Insurance		
3. Replacement Reserve		
4. Building Security		
5. Electricity, Gas, and Water	Utilities for client apartments-$100 per mo for 12 mo for 10 clients	$12,000
6. Furniture	furniture client apartments @$1,333.33 per apt.	$24,000
7. Equipment (lease, buy)		
Total Annual Assistance Requested		$39,251
Grant Term		1 Year
Total Request for Grant Term		$39,251

Click the 'Save' button to automatically calculate totals.

VAWA Budget

VAWA Budget

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 new 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:	

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:	$45,562
Total Amount of In-Kind Commitments:	$0
Total Amount of All Commitments:	$45,562

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)

Client rents will be collected and counted as program income.

1b. Estimate the amount of program income that will be used as Match for this project: $45,562

Type	Source	Name of Source	Amount of Commitments
Cash	Private	Community Counsel...	$45,562

Sources of Match Detail

1. Type of Match commitment:	Cash
2. Source:	Private
3. Name of Source: **(Be as specific as possible and include the office or grant program as applicable)**	Community Counseling of Bristol County
4. Amount of Written Commitment:	$45,562

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)	$158,640	1 Year	$158,640
2b. Leased Structures (Screen 6D)	$0	1 Year	$0
3. Rental Assistance (Screen 6E)	$0	1 Year	$0
4. Supportive Services (Screen 6F)	$112,000	1 Year	$112,000
5. Operating (Screen 6G)	$39,251	1 Year	$39,251
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			$309,891
10. Admin (Up to 10% of Sub-total in #9)			$30,989
11. HUD funded Sub-total + Admin. Requested			$340,880
12. Cash Match (From Screen 6I)			$45,562
13. In-Kind Match (From Screen 6I)			$0
14. Total Match (From Screen 6I)			$45,562
15. Total Project Budget for this grant, including Match			$386,442

Click the 'Save' button to automatically calculate totals.

Indirect Cost Information

Indirect Cost Information Form
OMB Number: 2501-0044
Expiration Date: 2/28/2027

Program/Activity Receiving Federal Grant Funding:	CoC Program
Applicant Name:	City of New Bedford

Indirect Cost Rate Information for the Applicant/Recipient:

Please check the box that applies to the Applicant/Recipient and complete the table only as provided by the instructions accompanying this form.

The Applicant/Recipient will not charge indirect costs using an indirect cost rate.	
The Applicant/Recipient will calculate and charge indirect costs under the award by applying a de minimis rate as provided by 2 CFR 200.414(f), as may be amended from time to time.	X
The Applicant/Recipient will calculate and charge indirect costs under the award using the indirect cost rate(s) in the table below, and each rate in this table is included in an indirect cost rate proposal developed in accordance with the applicable appendix to 2 CFR part 200 and, if required, has been approved by the cognizant agency for indirect costs.	

Mark the one (and only one) checkbox that best reflects how the indirect costs of the Applicant/Recipient will be calculated and charged under the award. Do not include indirect cost rate information for subrecipients.

The table following the third checkbox must be completed only if that checkbox is checked. When listing a rate in the table, enter the percentage amount (for example, “15%”), the type of direct cost base to be used (for example, “MTDC”), and the type of rate (“predetermined,” “final,” “fixed,” or “provisional”).

If using the Simplified Allocation Method for indirect costs, enter the applicable indirect cost rate and type of direct cost base in the first row of the table.

If using the Multiple Allocation Base Method, enter each major function of the organization for which a rate was developed and will be used under the award, the indirect cost rate applicable to that major function, and the type of direct cost base to which the rate will be applied.

If the Applicant/Recipient is a government and more than one agency or department will carry out activities under the award, enter each agency or department that will carry out activities under the award, the indirect cost rate(s) for that agency or department, and the type of direct cost base to which each rate will be applied.

To learn more about the indirect cost requirements, see 2 CFR part 200, subpart E, and the applicable appendix that is listed under 2 CFR 200.414(e).

Submission Type: Initial Submission

Effective Date: 07/09/2025

Certification of Authorized Representative for the Applicant/Recipient: **** Under penalty of perjury, I certify on behalf of the Applicant/Recipient that:** **(1) all information provided on this form is true, complete, and accurate, and** **(2) Applicant/Recipient will provide HUD with an update to this form immediately upon learning change in the information provided on this form, and** **(3) I am authorized to speak for the Applicant/Recipient regarding all information provided on this** ****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; 24 CFR § 28.10(b)(iii)).**	X

Authorized Representative:

Prefix:	Ms.
First Name:	Jennifer
Middle Name:	
Last Name:	Clarke
Suffix:	
Title:	Deputy Director
Telephone Number: (Format: 123-456-7890)	(508) 979-1500
Fax Number: (Format: 123-456-7890)	(508) 979-1575
Email:	Jennifer.Clarke@newbedford-ma.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	07/09/2025

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:	09/24/2026
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
1A. SF-424 Application Type	No Input Required
1B. SF-424 Legal Applicant	08/11/2026
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/22/2026
1E. SF-424 Compliance	08/11/2026
1F. SF-424 Declaration	08/11/2026
1G. HUD 2880	08/11/2026
1H. HUD 50070	08/11/2026
1I. Cert. Lobbying	08/11/2026
1J. SF-LLL	09/22/2026
IK. SF-424B	08/11/2026
1L. SF-424D	08/11/2026
2A. Subrecipients	09/22/2026
2B. Experience	08/11/2026
3A. Project Detail	08/11/2026
3B. Description	09/22/2026
3C. Expansion	08/11/2026
4A. Services	09/22/2026
4B. Housing Type	08/11/2026
5A. Households	09/22/2026
5B. Subpopulations	No Input Required
6A. Funding Request	08/11/2026
6C. Leased Units	08/11/2026
6F. Supp Srvcs Budget	09/22/2026
6G. Operating	09/22/2026
VAWA Budget	No Input Required
6I. Match	08/11/2026

6J. Summary Budget	No Input Required
Indirect Cost Information	09/22/2026
7A. Attachment(s)	No Input Required
7D. Certification	08/11/2026

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 2026 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) 2026 Continuum of Care (CoC) Program Competition. For more information see FY 2026 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2026 CoC Program NOFO and the FY 2026 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 2026 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:	09/24/2026
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:	572 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: CPD-2600-DC-0025

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): (for multiple selections hold CTRL key) Massachusetts

15. Descriptive Title of Applicant's Project: Family Preservation Program II

16. Congressional District(s):

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

16b. Project: (for multiple selections hold CTRL key) MA-005

17. Proposed Project

a. Start Date: 09/01/2027

b. End Date: 08/31/2028

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: X

21. Authorized Representative

Prefix:	Ms.
First Name:	Jennifer
Middle Name:	
Last Name:	Clarke
Suffix:	
Title:	Deputy Director
Telephone Number: (Format: 123-456-7890)	(508) 979-1500
Fax Number: (Format: 123-456-7890)	(508) 979-1575
Email:	Jennifer.Clarke@newbedford-ma.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/24/2026

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Number: 2501-0044 Expiration Date: 02/28/2027

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: $130,851.00

(Requested amounts will be automatically entered within applications)

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

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

Part I Threshold Determinations

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

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

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

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

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
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: 09/24/2026

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

2. Sites for Work Performance.

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

I 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: (Format: 123-456-7890)	(508) 979-1500
Fax Number: (Format: 123-456-7890)	(508) 979-1575
Email:	Jennifer.Clarke@newbedford-ma.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/24/2026

1I. 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:	09/24/2026

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. 06/30/2028)

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:	572 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. [X]

Authorized Representative

Prefix:	Ms.
First Name:	Jennifer
Middle Name:	
Last Name:	Clarke
Suffix:	
Title:	Deputy Director
Telephone Number: (Format: 123-456-7890)	(508) 979-1500
Fax Number: (Format: 123-456-7890)	(508) 979-1575
Email:	Jennifer.Clarke@newbedford-ma.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/24/2026

IK. SF-424B

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

OMB Number: 4040-0007
Expiration Date: 07/31/2028

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: X

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:	09/24/2026

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.

1M. Project Eligibility Certification

1. The project applicant will not engage in racial preferences or other forms of illegal discrimination	X
2. The project applicant will not operate drug injection sites or “safe consumption sites,” knowingly distribute drug paraphernalia on or off of property under their control, permit the use or distribution of illicit drugs on property under their control, or conduct any of these activities under the pretext of “harm reduction.”	X

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: $130,851

Organization	Type	Sub-Award Amount
SEMCOA	M. Nonprofit with 501C3 IRS Status	$130,851

2A. Project Subrecipients Detail

a. Organization Name: SEMCOA

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

c. Employer or Tax Identification Number: 23-7161463

d. Unique Entity Identifier: F9W8NJJ41QX5

e. Physical Address
Street 1: 72 Kilburn Street
Street 2:
City: New Bedford
State: Massachusetts
Zip Code: 02740

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

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: $130,851

j. Contact Person
Prefix: Ms.

First Name:	Wendy
Middle Name:	
Last Name:	Bluis
Suffix:	
Title:	Director of Housing
E-mail Address:	wbluis@hptc.org
Confirm E-mail Address:	wbluis@hptc.org
Phone Number:	508-542-0091
Extension:	
Fax Number:	508-991-7487

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.

SEMCOA has extensive experience effectively utilizing federal funds and administering homeless services and treatment programs. In addition to the agency's Transitional Housing and Permanent Supportive Housing programs, SEMCOA currently operates three family shelters and two recovery homes, reflecting broad, sustained capacity to manage federal and state resources across multiple housing and service models. SEMCOA's affiliate, High Point, operates four inpatient and four outpatient sites serving individuals with substance use disorders and mental health issues, further extending the organization's demonstrated experience administering federally and state-funded behavioral health and housing programs at scale.
Within this broader portfolio, SEMCOA's existing Transitional Housing program has achieved a 65% overall exit-to-permanent-housing rate, with 70% of those individuals receiving employment income, while its existing PSH program achieved a 100% exit-to-permanent-housing rate in the past year—outcomes reflecting effective program administration and sound fiscal stewardship of grant funds. SEMCOA also effectively administers supplemental funding from the Massachusetts Bureau of Substance Addiction Services (BSAS) to support case management capacity, demonstrating experience managing multiple concurrent funding streams while ensuring compliance and coordination across sources. Established partnerships with MassHire, MassAbility, Bristol Community College, Recovery Centers, and Calvary Care further reflect SEMCOA's demonstrated ability to coordinate services and resources across organizations. This track record of compliant, outcome-driven program administration across a diverse and substantial portfolio positions SEMCOA to effectively utilize the proposed federal funds and successfully carry out the activities described in this application. In addition, SEMCOA employs experienced staff and provides substantial training opportunities as well as required trainings for all staff. Case managers receive direct, clinical supervision on a weekly basis and HMIS is utilized to measure outcomes and track trends. Program managers are provided financials each month in order to track expenditures, identify discrepancies, and ensure funds are spent according to the terms of the grant or contract.

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

SEMCOA has a demonstrated track record of leveraging federal, state, and private resources to support its housing and treatment programs. The agency supplements HUD CoC funding with state funding from the Massachusetts Bureau of Substance Addiction Services (BSAS), which supports case management capacity across its housing programs. This leveraging extends across SEMCOA's broader portfolio, which includes three family shelters, two recovery homes, and, through affiliate High Point, inpatient and outpatient behavioral health treatment sites—each drawing on a combination of state contracts, federal grants, and private resources. SEMCOA also leverages private and community partnerships to expand services available to program participants at no direct cost to the HUD grant, including MassHire and MassAbility for employment and vocational services, Bristol Community College, Recovery Centers and Calvary Care for education and training, and High Point and Child and Family Services for behavioral health treatment. These partnerships allow SEMCOA to connect participants to a broad range of mainstream and specialized services beyond what HUD funding alone would support.
In addition, SEMCOA connects participants to mainstream public benefits—including SNAP, SSI/SSDI, and MassHealth—further leveraging public resources to support participant stability and long-term self-sufficiency. This experience leveraging diverse funding streams and community partnerships positions SEMCOA to sustain and strengthen the proposed project's impact.

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

SEMCOA maintains a robust financial management structure designed to ensure fiscal accountability and compliance across all funding sources. The agency employs a full administrative team, including accountants and dedicated accounts payable and accounts receivable staff, who manage day-to-day financial operations, grant expenditures, and reporting requirements. Financial performance is monitored through monthly financial reports generated for each individual program, allowing program and fiscal staff to track expenditures against budget in real time and identify and address variances promptly. This program-level reporting structure supports accurate, timely draws and ensures funds are expended in accordance with grant requirements and timelines. SEMCOA's financial systems and internal controls are further validated through independent annual audits, providing an additional layer of accountability and ensuring compliance with federal, state, and organizational financial management standards. This combination of dedicated financial staffing, program-level monthly reporting, and annual independent audits reflects a financial management structure capable of responsibly administering the proposed federal funds.

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 CoC
2. CoC Collaborative Applicant Name:	City of New Bedford
3. Project Name:	Family Preservation Program II
4. Project Status:	Standard
5. Component Type:	PH
5a. Select the type of PH project:	PSH
6. What type of CoC funding is this project applying for in this CoC Program Competition?	Reallocation
7. Is your organization or expected subrecipient a victim service provider defined in 24 CFR 578.3 and uses a comparable HMIS database?	No
8. 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
9. Will funds requested in this new project application replace state or local government funds (24 CFR 578.87(a))?	No
10. Will this project include replacement reserves in the Operating budget?	No

11. 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 Permanent Supportive Housing (PSH) program provides 5 units of permanent, service-enriched housing for families experiencing homelessness, including 3 three-bedroom units and 2 two-bedroom units located in one building in New Bedford, MA. The target population to be served is homeless families with minor children where the head of household has been diagnosed with a substance use disorder. Housing is paired with individualized case management and supportive services designed to help families maintain long-term housing stability. Upon move-in, each household is paired with a case manager who conducts an initial assessment of strengths, needs, and goals, and works collaboratively with the family to identify the services that will best support housing stability. An individualized service plan is developed with the participant with short-term and long-term goals that are attainable and time-bound. Service engagement is consistent and relationship-based; case managers meet each household where they are, encouraging participation while collaborating on goals and respecting the family's autonomy. Supportive services are tailored to each family's needs and may include connection to behavioral health treatment, mainstream benefits (SNAP, SSI/SSDI, MassHealth), employment and education resources, and family-specific supports such as school coordination and childcare navigation. Case managers maintain ongoing contact with each household on a weekly basis to monitor housing stability, address emerging needs, and intervene early to prevent housing loss. Case management sessions are held in the office and in the family unit, allowing for both convenience for participants, engagement with all family members, and monitoring of the units. The program's family-centered, service-enriched model reflects the agency's demonstrated capacity to sustain successful housing outcomes, building on the agency's existing PSH program, which achieved a 100% exit-to-permanent-housing rate among households served last year. The program provides monthly educational groups and workshops that address Financial Wellness, Life Skills, Nutrition & Health, Vocational/Educational training opportunities, and Housing Search & Applications.

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	1			
Program participants occupy leased or rental assistance units or structure(s), or supportive services begin	1			

Leased or rental assistance units or structure, and supportive services near 100% capacity	1			
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			

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	☐	Survivors	☐
Veterans	☐	Substance Abuse	X
Youth (under 25)	☐	Mental Illness	☐
Families	X	HIV/AIDS	☐
		Chronic Homeless	☐
		Other (Click 'Save' to update)	☐

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

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.

7. Is this project 100% Dedicated or DedicatedPLUS, NA?	DedicatedPLUS

3C. Project Expansion Information

1. Is this a "Project Expansion" of an eligible renewal project?	No

4A. Supportive Services for Participants

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

The five units requested will allow for the program to serve five homeless families with minor children where the head of household has a substance use disorder. Program participants are assisted in obtaining and maintaining permanent housing through individualized case management that begins at move-in and continues throughout their tenancy. Case managers work with each household on housing stability, including budgeting, lease compliance, and connection to resources that support long-term self-sufficiency, such as employment, education, and mainstream benefits. Partnering with agencies such as MassAbility and MassHire affords participants the opportunity to participate in training & certificate programs and work on resume building and interviewing skills. Participants are assisted with job search and provided education on financial wellness, including budgeting and savings plans. Case managers actively encourage and work toward each household's progression to independent permanent housing without ongoing supportive services, as a core goal of the case management relationship. This includes regular goal-setting around housing independence, active assistance with housing search, budgeting, savings, and planning for independent living. Participants are supported when a household is ready to move on and provided local resources for their individual needs. Progress toward this goal is revisited consistently and modified as needed throughout a household's tenancy as part of ongoing case management, with case managers proactively identifying and supporting readiness rather than waiting for participants to initiate the conversation.

2. How will this project be supplemented with resources from other public or private sources, that may include mainstream health, social, and employment programs such as Medicare, Medicaid, SSI, and SNAP.

The project will be supplemented by mainstream public benefit programs that participants are connected to and supported in maintaining throughout their tenancy, including Medicare, Medicaid/MassHealth, SSI/SSDI, and SNAP. Case managers assist households in applying for and retaining these benefits as part of ongoing case management, ensuring income and healthcare access are secured alongside permanent housing stability. In addition, the program is supplemented by funding from the Massachusetts Bureau of Substance Addiction Services (BSAS), which supports case management capacity for households needing behavioral health and substance use-related support. Combined with mainstream benefit connections and community partnerships (MassHire, MassAbility, Bristol Community College, Recovery Centers, and Calvary Care), these resources ensure the project draws on a broad base of public and private support beyond HUD CoC funding alone, strengthening both housing stability and progress toward household self-sufficiency and independent housing.

6. 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		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		Non-Partner	As needed
Life Skills Training		Subrecipient	Quarterly
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		Partner	As needed

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: 13

Total Dedicated CH Beds: 13

Housing Type	Housing Type (JOINT)	Units	Beds	Dedicated CH Beds
Scattered-site apartments (...	---	5	13	13

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.

2a. Units: 5

2b. Beds: 13

2c. How many beds in "2b. Beds" are dedicated to persons experiencing chronic homelessness? 13

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: 80 Rivet 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	4			4
Persons ages 18-24	1			1
Accompanied Children under age 18	8			8
Unaccompanied Children under age 18				0
Total Persons	13	0	0	13

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	3	1		4		3	1	4		
Persons ages 18-24	1			1		1	1	1	1	
Children under age 18	8								2	
Total Persons	12	1	0	5	0	4	2	5	3	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

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, 2027?	Yes
4. Select a grant term:	1 Year

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

Acquisition/Rehabilitation/New Construction	
Leased Units	X
Leased Structures	
Rental Assistance	
Supportive Services	X
Operating	X
HMIS	
VAWA	X

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? (13 to 18 months)	No

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:	$102,564
Grant Term:	1 Year
Total Request for Grant Term:	$102,564
Total Units:	5

The number of beds for which funding has been requested in the Leased Units budget is 13.

FMR Area	Total Units Requested	Total Annual Assistance Requested	Total Budget Requested
MA - New Bedford,...	5	$102,564	$102,564

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)
0 Bedroom		x	$1,203		x	12	=	$0
1 Bedroom		x	$1,230		x	12	=	$0
2 Bedroom	2	x	$1,527	$1,527	x	12	=	$36,648
3 Bedroom	3	x	$1,831	$1,831	x	12	=	$65,916
4 Bedroom		x	$2,289		x	12	=	$0
5 Bedroom		x	$2,632		x	12	=	$0
6 Bedroom		x	$2,976		x	12	=	$0
7 Bedroom		x	$3,319		x	12	=	$0
8 Bedroom		x	$3,662		x	12	=	$0
9 Bedroom		x	$4,006		x	12	=	$0
Total units and annual assistance requested:	5							$102,564
Grant term:								1 Year
Total request for grant term:								$102,564

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	.5 FTE staff	$18,000
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		$18,000
Grant Term		1 Year
Total Request for Grant Term		$18,000

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	General repairs and maintenance to units	$1,500
2. Property Taxes and Insurance		
3. Replacement Reserve		
4. Building Security		
5. Electricity, Gas, and Water		
6. Furniture		
7. Equipment (lease, buy)		
Total Annual Assistance Requested		$1,500
Grant Term		1 Year
Total Request for Grant Term		$1,500

Click the 'Save' button to automatically calculate totals.

VAWA Budget

VAWA Budget

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 new 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:	

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:	$7,072
Total Amount of In-Kind Commitments:	$0
Total Amount of All Commitments:	$7,072

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	Bureau of Sustanc...	$7,072

Sources of Match Detail

1. Type of Match commitment:	Cash
2. Source:	Government
3. Name of Source: **(Be as specific as possible and include the office or grant program as applicable)**	Bureau of Sustance Addiction Services
4. Amount of Written Commitment:	$7,072

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)	$102,564	1 Year	$102,564
2b. Leased Structures (Screen 6D)	$0	1 Year	$0
3. Rental Assistance (Screen 6E)	$0	1 Year	$0
4. Supportive Services (Screen 6F)	$18,000	1 Year	$18,000
5. Operating (Screen 6G)	$1,500	1 Year	$1,500
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			$122,064
10. Admin (Up to 10% of Sub-total in #9)			$8,787
11. HUD funded Sub-total + Admin. Requested			$130,851
12. Cash Match (From Screen 6I)			$7,072
13. In-Kind Match (From Screen 6I)			$0
14. Total Match (From Screen 6I)			$7,072
15. Total Project Budget for this grant, including Match			$137,923

Click the 'Save' button to automatically calculate totals.

Indirect Cost Information

Indirect Cost Information Form
OMB Number: 2501-0044
Expiration Date: 2/28/2027

Program/Activity Receiving Federal Grant Funding:	CoC Program
Applicant Name:	City of New Bedford

Indirect Cost Rate Information for the Applicant/Recipient:

Please check the box that applies to the Applicant/Recipient and complete the table only as provided by the instructions accompanying this form.

The Applicant/Recipient will not charge indirect costs using an indirect cost rate.	
The Applicant/Recipient will calculate and charge indirect costs under the award by applying a de minimis rate as provided by 2 CFR 200.414(f), as may be amended from time to time.	X
The Applicant/Recipient will calculate and charge indirect costs under the award using the indirect cost rate(s) in the table below, and each rate in this table is included in an indirect cost rate proposal developed in accordance with the applicable appendix to 2 CFR part 200 and, if required, has been approved by the cognizant agency for indirect costs.	

Mark the one (and only one) checkbox that best reflects how the indirect costs of the Applicant/Recipient will be calculated and charged under the award. Do not include indirect cost rate information for subrecipients.

The table following the third checkbox must be completed only if that checkbox is checked. When listing a rate in the table, enter the percentage amount (for example, “15%”), the type of direct cost base to be used (for example, “MTDC”), and the type of rate (“predetermined,” “final,” “fixed,” or “provisional”).

If using the Simplified Allocation Method for indirect costs, enter the applicable indirect cost rate and type of direct cost base in the first row of the table.

If using the Multiple Allocation Base Method, enter each major function of the organization for which a rate was developed and will be used under the award, the indirect cost rate applicable to that major function, and the type of direct cost base to which the rate will be applied.

If the Applicant/Recipient is a government and more than one agency or department will carry out activities under the award, enter each agency or department that will carry out activities under the award, the indirect cost rate(s) for that agency or department, and the type of direct cost base to which each rate will be applied.

To learn more about the indirect cost requirements, see 2 CFR part 200, subpart E, and the applicable appendix that is listed under 2 CFR 200.414(e).

Submission Type: Initial Submission

Effective Date: 07/09/2025

Certification of Authorized Representative for the Applicant/Recipient: **** Under penalty of perjury, I certify on behalf of the Applicant/Recipient that:** **(1) all information provided on this form is true, complete, and accurate, and** **(2) Applicant/Recipient will provide HUD with an update to this form immediately upon learning change in the information provided on this form, and** **(3) I am authorized to speak for the Applicant/Recipient regarding all information provided on this** ****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; 24 CFR § 28.10(b)(iii)).**	X

Authorized Representative:

Prefix:	Ms.
First Name:	Jennifer
Middle Name:	
Last Name:	Clarke
Suffix:	
Title:	Deputy Director
Telephone Number: (Format: 123-456-7890)	(508) 979-1500
Fax Number: (Format: 123-456-7890)	(508) 979-1575
Email:	Jennifer.Clarke@newbedford-ma.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	07/09/2025

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	SEMCOA Nonprofit ...	08/05/2026
2) Other Attachment(s)	No		
3) Other Attachment(s)	No		

Attachment Details

Document Description: SEMCOA Nonprofit status

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: 09/24/2026

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
1A. SF-424 Application Type	No Input Required
1B. SF-424 Legal Applicant	08/11/2026
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/22/2026
1E. SF-424 Compliance	08/11/2026
1F. SF-424 Declaration	08/11/2026
1G. HUD 2880	08/11/2026
1H. HUD 50070	08/11/2026
1I. Cert. Lobbying	08/11/2026
1J. SF-LLL	09/22/2026
IK. SF-424B	08/11/2026
1L. SF-424D	08/11/2026
2A. Subrecipients	08/11/2026
2B. Experience	08/11/2026
3A. Project Detail	08/11/2026
3B. Description	09/22/2026
3C. Expansion	08/11/2026
4A. Services	09/22/2026
4B. Housing Type	09/22/2026
5A. Households	09/23/2026
5B. Subpopulations	No Input Required
6A. Funding Request	08/11/2026
6C. Leased Units	08/11/2026
6F. Supp Srvcs Budget	09/22/2026
6G. Operating	09/22/2026
VAWA Budget	No Input Required
6I. Match	08/11/2026

6J. Summary Budget	No Input Required
Indirect Cost Information	09/22/2026
7A. Attachment(s)	08/11/2026
7D. Certification	09/22/2026

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 2026 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) 2026 Continuum of Care (CoC) Program Competition. For more information see FY 2026 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2026 CoC Program NOFO and the FY 2026 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 2026 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:	09/24/2026
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:	572 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: CPD-2600-DC-0025

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): (for multiple selections hold CTRL key) Massachusetts

15. Descriptive Title of Applicant's Project: NB Permanent Housing Project

16. Congressional District(s):

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

16b. Project: (for multiple selections hold CTRL key) MA-005

17. Proposed Project

a. Start Date: 09/01/2027

b. End Date: 08/31/2028

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: X

21. Authorized Representative

Prefix:	Ms.
First Name:	Jennifer
Middle Name:	
Last Name:	Clarke
Suffix:	
Title:	Deputy Director
Telephone Number: (Format: 123-456-7890)	(508) 979-1500
Fax Number: (Format: 123-456-7890)	(508) 979-1575
Email:	Jennifer.Clarke@newbedford-ma.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/24/2026

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Number: 2501-0044 Expiration Date: 02/28/2027

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: $172,607.00

(Requested amounts will be automatically entered within applications)

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

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

Part I Threshold Determinations

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

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

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

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

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
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: 09/24/2026

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

2. Sites for Work Performance.

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

I 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: (Format: 123-456-7890)	(508) 979-1500
Fax Number: (Format: 123-456-7890)	(508) 979-1575
Email:	Jennifer.Clarke@newbedford-ma.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/24/2026

1I. 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:	09/24/2026

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. 06/30/2028)

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:	572 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. [X]

Authorized Representative

Prefix:	Ms.
First Name:	Jennifer
Middle Name:	
Last Name:	Clarke
Suffix:	
Title:	Deputy Director
Telephone Number: (Format: 123-456-7890)	(508) 979-1500
Fax Number: (Format: 123-456-7890)	(508) 979-1575
Email:	Jennifer.Clarke@newbedford-ma.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/24/2026

IK. SF-424B

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

OMB Number: 4040-0007
Expiration Date: 07/31/2028

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: [X]

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:	09/24/2026

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.

1M. Project Eligibility Certification

1. The project applicant will not engage in racial preferences or other forms of illegal discrimination	X
2. The project applicant will not operate drug injection sites or “safe consumption sites,” knowingly distribute drug paraphernalia on or off of property under their control, permit the use or distribution of illicit drugs on property under their control, or conduct any of these activities under the pretext of “harm reduction.”	X

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: $172,607

Organization	Type	Sub-Award Amount
Steppingstone, Inc.	M. Nonprofit with 501C3 IRS Status	$172,607

2A. Project Subrecipients Detail

a. Organization Name:	Steppingstone, Inc.
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 N. Main Street
Street 2:	
City:	Fall River
State:	Massachusetts
Zip Code:	02720
f. Congressional District(s): (for multiple selections hold CTRL key)	MA-005, MA-008, MA-009
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:	$172,607
j. Contact Person	
Prefix:	Mrs.

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.

Steppingstone, Inc. (SS), incorporated in 1972, has more than 50 years of experience administering federal, state, and local grants that provide housing, behavioral health, and recovery support services to individuals experiencing homelessness and other vulnerable populations. SS has been a Massachusetts Department of Public Health (MDPH)-licensed substance use treatment provider since 1972 and a licensed mental health provider since 2009. The agency has extensive experience serving individuals experiencing homelessness, substance use disorders, co-occurring disorders, physical and developmental disabilities, older adults, and individuals with criminal justice involvement.

SS has successfully managed numerous federally funded housing and behavioral health initiatives. The agency's first HUD-funded Permanent Supportive Housing (PSH) program, launched in 1988 and titled Next Step Home, received HUD's Best Practice Award and is still effectively operating. Additionally, SS currently operates three HUD CoC-funded housing projects and has successfully administered ten Substance Abuse and Mental Health Services Administration (SAMHSA) grant projects, along with two Bureau of Justice Assistance (BJA) grant projects. Through these initiatives, SS has demonstrated the administrative, fiscal, and programmatic capacity to effectively utilize federal funds while maintaining compliance with all applicable fiscal, reporting, HMIS, monitoring, and performance requirements.

SS's experience performing the activities in the proposed New Bedford Permanent Supportive Housing Project includes operating scattered-site permanent housing and delivering comprehensive supportive services that promote housing stability and successful exits to permanent housing. The agency has extensive experience completing comprehensive assessments, individualized service planning, intensive case management, housing navigation, independent living skills training, employment and vocational services, benefits assistance, behavioral health and substance use treatment referrals, peer recovery support, crisis intervention, and permanent housing planning. Through established partnerships and an integrated continuum of care, participants also access Community Support Program for Homeless Individuals (CSP-HI), Health-Related Social Needs (HRSN) services, outpatient behavioral health treatment, recovery coaching, and mainstream benefits, including MassHealth, Medicare, SSI/SSDI, SNAP, and MassHire services. Through these services, SS has consistently helped individuals achieve housing stability, increase employment and income, access needed treatment and recovery supports, and successfully transition to permanent housing.

This experience, combined with established financial management systems, internal controls, qualified staff, and strong community partnerships, demonstrates SS's capacity to effectively utilize CoC funding and successfully implement the New Bedford Permanent Supportive Housing Project while achieving positive housing, employment, income, recovery, and permanent housing outcomes.

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

Steppingstone, Inc. (SS) has extensive experience leveraging federal, state, local, and private funding to maximize services for individuals experiencing homelessness and to expand resources beyond those supported through HUD Continuum of Care (CoC) funding. The agency strategically coordinates multiple funding streams to provide a comprehensive continuum of housing, behavioral health, medical, employment, and recovery support services while avoiding duplication of funding.

The agency's experience in leveraging other federal funding includes Medicaid and Medicare reimbursement, such as Community Support Program for Homeless Individuals (CSP-HI), Health-Related Social Needs (HRSN) provisions, and substance use and mental health treatment services as well as recovery coaching. The agency also has extensive experience leveraging SAMHSA-funding, with its first grant project awarded in 2009 and since then, nine additional projects. The U.S. Office of Justice Programs, Bureau of Justice Assistance, funding has enabled the agency to gain experience in reentry services.

As far as leveraging state funding, the agency has managed several Massachusetts Bureau of Substance Addiction Services (BSAS) projects, beginning in 1972, and currently receives funding for four residential treatment programs, two outpatient programs, and a Peer Recovery Support Center. SS also leverages Massachusetts Executive Office of Housing and Livable Communities for emergency shelter and outreach services.

SS further leverages mainstream benefits and community resources by assisting participants in obtaining MassHealth, Medicare, SSI/SSDI, SNAP, and other public benefits, while coordinating referrals to MassHire, workforce development agencies, housing authorities, educational institutions, healthcare providers, and other community-based organizations. These partnerships expand access to employment, education, healthcare, transportation, and permanent housing resources without increasing CoC costs.

Through this coordinated funding approach, SS maximizes available resources, strengthens long-term housing stability, and ensures participants receive comprehensive, integrated services that extend beyond those supported solely through the CoC grant.

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

Steppingstone, Inc. (SS) maintains a comprehensive financial management structure designed to ensure effective stewardship of federal, state, local, and private grant funds. The agency follows written fiscal policies and procedures that comply with Uniform Guidance (2 CFR Part 200), HUD Continuum of Care (CoC) requirements, and all applicable federal and state regulations.

Financial oversight is provided by the Director of Finance and Administration in collaboration with the Finance Department, which includes a Senior Accountant, Billing Coordinators, and Finance Specialists. Financial responsibilities are appropriately segregated among finance and program staff to maintain strong internal controls and ensure accountability. Duties related to budgeting, purchasing, accounts payable, payroll, cash management, financial reporting, and grant reimbursement are assigned to separate staff, reducing financial risk and ensuring compliance with applicable regulations. Program managers monitor grant expenditures and verify that costs are necessary, reasonable, allowable, and adequately documented, while finance staff oversee budget reconciliations, financial reporting, and reimbursement requests.

SS utilizes an integrated accounting system to track revenues and expenditures by funding source, ensuring accurate cost allocation, timely financial reporting, and effective grant management. Financial performance is reviewed regularly by agency leadership and the Board of Directors, and grant expenditures are monitored throughout each project period to ensure compliance with approved budgets and funding requirements.

The agency undergoes an annual independent financial audit in accordance with applicable federal requirements. Established internal controls, procurement procedures, documentation standards, and financial monitoring processes safeguard organizational assets, ensure accountability, and support the effective administration of CoC funding.

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 CoC
2. CoC Collaborative Applicant Name:	City of New Bedford
3. Project Name:	NB Permanent Housing Project
4. Project Status:	Standard
5. Component Type:	PH
5a. Select the type of PH project:	PSH
6. What type of CoC funding is this project applying for in this CoC Program Competition?	Reallocation
7. Is your organization or expected subrecipient a victim service provider defined in 24 CFR 578.3 and uses a comparable HMIS database?	No
8. 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
9. Will funds requested in this new project application replace state or local government funds (24 CFR 578.87(a))?	No
11. 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 New Bedford Permanent Supportive Housing (PSH) Project is a scattered-site Permanent Supportive Housing project serving 7 households with 9 beds for individuals and families experiencing homelessness, as defined in 24 CFR 578.3, who have a qualifying disability in accordance with 24 CFR 578.37(a)(1)(i). Households are secured through scattered-site housing throughout Greater New Bedford. The project combines permanent housing with voluntary supportive services to promote housing stability, improved health and wellness, recovery, self-sufficiency, and long-term independence. Participants reside in community-based housing with access to healthcare, transportation, employment, education, and other essential community resources. Steppingstone, Inc. incorporates the perspectives of individuals with lived experience of homelessness and recovery throughout the organization to inform decision-making, program operations, service delivery, and continuous quality improvement.

Upon enrollment, participants complete a comprehensive assessment to identify housing barriers, physical and behavioral health needs, functional abilities, income and benefit needs, employment and education goals, and other supportive service needs. Based on the assessment, an individualized service plan establishes measurable goals, identifies needed services and their frequency, and outlines strategies and target dates to promote housing stability, improved health, employment, financial stability, and self-sufficiency. Service plans are reviewed regularly and updated as participants' needs and goals change. Case managers maintain regular contact with participants to monitor housing stability, coordinate services, address emerging needs, and revise service plans as goals are achieved.

Participants are encouraged to participate in supportive services, including case management, housing search and placement, housing retention, landlord and housing authority coordination, lease support, annual recertification assistance, inspection preparation, nursing and healthcare coordination, peer recovery support, behavioral health and substance use treatment referrals, crisis intervention, financial literacy, employment readiness, educational and vocational referrals, and benefits assistance. Staff work proactively with landlords and housing authorities to resolve tenancy issues, prevent lease violations whenever possible, and promote long-term housing stability. Staff also assist participants in accessing mainstream benefits and community resources, including MassHealth, Medicare, SSI/SSDI, SNAP, EAEDC, MassHire Greater New Bedford Career Center, SER Jobs for Progress, Bristol Community College, MassAbility, and other federal, state, nonprofit, and community resources that support housing stability and economic independence.

Staff coordinate with healthcare providers, behavioral health agencies, housing authorities, landlords, peer recovery organizations, employment and education partners, disability organizations, faith-based organizations, and other community agencies to ensure coordinated care, reduce service duplication, and promote long-term housing stability. CoC funding supports leasing and supportive services. Anticipated outcomes include long-term housing retention, improved physical and behavioral health, increased employment and income when appropriate, greater financial independence, enhanced quality of life, and reduced returns to homelessness.

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	1			
Program participants occupy leased or rental assistance units or structure(s), or supportive services begin	1			
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				
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		Survivors	X
Veterans	X	Substance Abuse	X
Youth (under 25)		Mental Illness	X
Families	X	HIV/AIDS	X
		Chronic Homeless	X
		Other (Click 'Save' to update)	X

Other: Unhoused

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

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.

7. Is this project 100% Dedicated or DedicatedPLUS, NA? DedicatedPLUS

3C. Project Expansion Information

1. Is this a "Project Expansion" of an eligible renewal project?	No

4A. Supportive Services for Participants

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

The New Bedford Permanent Supportive Housing Project assists participants in obtaining and maintaining permanent housing through individualized, housing-focused case management, integrated healthcare coordination, and supportive services for individuals experiencing homelessness and a qualifying disability.

Upon enrollment, the Case Manager and Registered Nurse will complete a comprehensive assessment to identify each participant's housing barriers, strengths, functional limitations, disability-related needs, physical and behavioral health conditions, income and benefits, employment goals, and other supportive service needs. Based on the assessment, participants will collaborate with staff to develop an Individualized Service Plan that establishes measurable goals related to housing stability, behavioral and primary healthcare, substance use recovery, income, employment, and other identified needs. Each goal includes activities, timelines, and service interventions.

The Case Manager will assist participants with identifying and securing scattered-site housing, completing housing applications, obtaining required documentation, coordinating with landlords and housing authorities, understanding lease requirements, and resolving barriers to housing placement. Participants will receive assistance accessing mainstream benefits, including SSI, SSDI, SNAP, MassHealth, Medicare, EAEDC, and other resources to increase financial stability and support successful tenancy.

Recognizing that participants have qualifying disabilities, staff will coordinate access to healthcare and disability-related services that promote long-term housing stability and independence. Participants will be connected with primary and specialty medical care, behavioral healthcare, dental services, and other providers. Staff will assist eligible participants in accessing Veterans Affairs healthcare and benefits, MassAbility vocational rehabilitation and independent living services, durable medical equipment, and other disability-related supports. Ongoing coordination among healthcare providers, behavioral health providers, and community partners ensures participants receive the services and accommodations needed to maintain stable housing.

For participants whose health and functional abilities improve or who express an interest in employment or volunteer opportunities, staff will provide vocational assessments, employment planning, and referrals to MassHire, SER-Jobs for Progress, Bristol Community College, MassAbility, and other community partners that support workforce development and education.

Following housing placement, participants will receive ongoing case management and be encouraged to participate in mental health and substance use recovery services. Through Steppingstone's licensed behavioral health and substance use disorder programs, participants have access to counseling, psychiatric services, medication-assisted treatment, peer recovery coaching, relapse prevention, and other evidence-based interventions. Staff will provide home visits, tenancy support, crisis intervention, nursing services, budgeting and financial literacy education, and ongoing communication with landlords to promote lease compliance, prevent eviction, and support long-term housing stability.

Through these services and community partnerships, participants will obtain and remain in safe, stable permanent housing while improving health, recovery, and quality of life.

2. How will this project be supplemented with resources from other public or private sources, that may include mainstream health, social, and employment programs such as Medicare, Medicaid, SSI, and SNAP.

The New Bedford Permanent Supportive Housing Project will be supplemented by public and private resources that expand services beyond CoC funding. Participants will have access to Medicaid- and Medicare-funded services, including Community Support Program for Homeless Individuals (CSP-HI) and Health-Related Social Needs (HRSN) services, as well as Steppingstone's outpatient behavioral health, substance use disorder treatment, peer recovery support, and recovery support programs. Case managers will assist participants in accessing mainstream benefits and community resources, including MassHealth, Medicare, Medicaid, SSI, SSDI, SNAP, EAEDC, public housing authorities, MassHire workforce development services, educational and vocational programs, and other federal, state, local, nonprofit, and private resources. These supplemental resources expand access to healthcare, behavioral health treatment, income supports, employment and education services, and housing resources necessary to promote long-term housing stability, recovery, independence, and self-sufficiency.

6. 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		Non-Partner	As needed
Education Services		Subrecipient	As needed
Employment Assistance and Job Training		Subrecipient	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		Subrecipient	As needed
Outreach Services		Non-Partner	As needed
Substance Abuse Treatment Services		Subrecipient	As needed
Transportation		Subrecipient	Weekly
Utility Deposits		Non-Partner	As needed

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: 7

Total Beds: 9

Total Dedicated CH Beds: 9

Housing Type	Housing Type (JOINT)	Units	Beds	Dedicated CH Beds
Scattered-site apartments (...	---	7	9	9

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.

2a. Units: 7

2b. Beds: 9

2c. How many beds in "2b. Beds" are dedicated to persons experiencing chronic homelessness? 9

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

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	2	5		7

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	2	5		7
Persons ages 18-24				0
Accompanied Children under age 18	2			2
Unaccompanied Children under age 18				0
Total Persons	4	5	0	9

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	2			2	2	2	1			
Persons ages 18-24										
Children under age 18	2									
Total Persons	4	0	0	2	2	2	1	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	3		2	5	5	5	2			
Persons ages 18-24										
Total Persons	3	0	2	5	5	5	2	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, 2027?	Yes
4. Select a grant term:	1 Year

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

Acquisition/Rehabilitation/New Construction	
Leased Units	X
Leased Structures	
Rental Assistance	
Supportive Services	X
Operating	
HMIS	
VAWA	X

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? (13 to 18 months)	No

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:	$110,448
Grant Term:	1 Year
Total Request for Grant Term:	$110,448
Total Units:	7

The number of beds for which funding has been requested in the Leased Units budget is 9.

FMR Area	Total Units Requested	Total Annual Assistance Requested	Total Budget Requested
MA - New Bedford,...	7	$110,448	$110,448

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)
0 Bedroom		x	$1,203		x	12	=	$0
1 Bedroom	5	x	$1,230	$1,230	x	12	=	$73,800
2 Bedroom	2	x	$1,527	$1,527	x	12	=	$36,648
3 Bedroom		x	$1,831		x	12	=	$0
4 Bedroom		x	$2,289		x	12	=	$0
5 Bedroom		x	$2,632		x	12	=	$0
6 Bedroom		x	$2,976		x	12	=	$0
7 Bedroom		x	$3,319		x	12	=	$0
8 Bedroom		x	$3,662		x	12	=	$0
9 Bedroom		x	$4,006		x	12	=	$0
Total units and annual assistance requested:	7							$110,448
Grant term:								1 Year
Total request for grant term:								$110,448

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	0.50 FTE Project Manager + 13% Fringe and Taxes; 0.50 FTE Case Manager + Fringe and Taxes	$41,943
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food	Food Assistance for Program Participants	$4,338
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	Office Supplies	$186
Total Annual Assistance Requested		$46,467
Grant Term		1 Year
Total Request for Grant Term		$46,467

Click the 'Save' button to automatically calculate totals.

VAWA Budget

VAWA Budget

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 new 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:	

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:	$15,540
Total Amount of In-Kind Commitments:	$0
Total Amount of All Commitments:	$15,540

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	Cash on Hand Reso...	$15,540

Sources of Match Detail

1. Type of Match commitment:	Cash
2. Source:	Private
3. Name of Source: (Be as specific as possible and include the office or grant program as applicable)	Cash on Hand Resources
4. Amount of Written Commitment:	$15,540

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)	$110,448	1 Year	$110,448
2b. Leased Structures (Screen 6D)	$0	1 Year	$0
3. Rental Assistance (Screen 6E)	$0	1 Year	$0
4. Supportive Services (Screen 6F)	$46,467	1 Year	$46,467
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			$156,915
10. Admin (Up to 10% of Sub-total in #9)			$15,692
11. HUD funded Sub-total + Admin. Requested			$172,607
12. Cash Match (From Screen 6I)			$15,540
13. In-Kind Match (From Screen 6I)			$0
14. Total Match (From Screen 6I)			$15,540
15. Total Project Budget for this grant, including Match			$188,147

Click the 'Save' button to automatically calculate totals.

Indirect Cost Information

Indirect Cost Information Form
OMB Number: 2501-0044
Expiration Date: 2/28/2027

Program/Activity Receiving Federal Grant Funding:	CoC Program
Applicant Name:	City of New Bedford

Indirect Cost Rate Information for the Applicant/Recipient:

Please check the box that applies to the Applicant/Recipient and complete the table only as provided by the instructions accompanying this form.

The Applicant/Recipient will not charge indirect costs using an indirect cost rate.	
The Applicant/Recipient will calculate and charge indirect costs under the award by applying a de minimis rate as provided by 2 CFR 200.414(f), as may be amended from time to time.	X
The Applicant/Recipient will calculate and charge indirect costs under the award using the indirect cost rate(s) in the table below, and each rate in this table is included in an indirect cost rate proposal developed in accordance with the applicable appendix to 2 CFR part 200 and, if required, has been approved by the cognizant agency for indirect costs.	

Mark the one (and only one) checkbox that best reflects how the indirect costs of the Applicant/Recipient will be calculated and charged under the award. Do not include indirect cost rate information for subrecipients.

The table following the third checkbox must be completed only if that checkbox is checked. When listing a rate in the table, enter the percentage amount (for example, “15%”), the type of direct cost base to be used (for example, “MTDC”), and the type of rate (“predetermined,” “final,” “fixed,” or “provisional”).

If using the Simplified Allocation Method for indirect costs, enter the applicable indirect cost rate and type of direct cost base in the first row of the table.

If using the Multiple Allocation Base Method, enter each major function of the organization for which a rate was developed and will be used under the award, the indirect cost rate applicable to that major function, and the type of direct cost base to which the rate will be applied.

If the Applicant/Recipient is a government and more than one agency or department will carry out activities under the award, enter each agency or department that will carry out activities under the award, the indirect cost rate(s) for that agency or department, and the type of direct cost base to which each rate will be applied.

To learn more about the indirect cost requirements, see 2 CFR part 200, subpart E, and the applicable appendix that is listed under 2 CFR 200.414(e).

Submission Type: Initial Submission

Effective Date: 07/09/2025

Certification of Authorized Representative for the Applicant/Recipient: **** Under penalty of perjury, I certify on behalf of the Applicant/Recipient that:** **(1) all information provided on this form is true, complete, and accurate, and** **(2) Applicant/Recipient will provide HUD with an update to this form immediately upon learning change in the information provided on this form, and** **(3) I am authorized to speak for the Applicant/Recipient regarding all information provided on this** ****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; 24 CFR § 28.10(b)(iii)).**	X

Authorized Representative:

Prefix:	Ms.
First Name:	Jennifer
Middle Name:	
Last Name:	Clarke
Suffix:	
Title:	Deputy Director
Telephone Number: (Format: 123-456-7890)	(508) 979-1500
Fax Number: (Format: 123-456-7890)	(508) 979-1575
Email:	Jennifer.Clarke@newbedford-ma.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	07/09/2025

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	Subrecipient Nonp...	08/04/2026
2) Other Attachment(s)	No		
3) Other Attachment(s)	No		

Attachment Details

Document Description: Subrecipient Nonprofit Documentation - Steppingstone, Inc.

Attachment Details

Document Description: Last Approved Esnaps Application for Welcome Home

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: 09/24/2026

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
1A. SF-424 Application Type	No Input Required
1B. SF-424 Legal Applicant	08/11/2026
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/22/2026
1E. SF-424 Compliance	08/11/2026
1F. SF-424 Declaration	08/11/2026
1G. HUD 2880	08/11/2026
1H. HUD 50070	08/11/2026
1I. Cert. Lobbying	08/11/2026
1J. SF-LLL	09/22/2026
IK. SF-424B	08/11/2026
1L. SF-424D	08/11/2026
2A. Subrecipients	09/22/2026
2B. Experience	08/11/2026
3A. Project Detail	09/23/2026
3B. Description	09/23/2026
3C. Expansion	08/11/2026
4A. Services	09/22/2026
4B. Housing Type	08/11/2026
5A. Households	09/22/2026
5B. Subpopulations	No Input Required
6A. Funding Request	08/11/2026
6C. Leased Units	08/11/2026
6F. Supp Srvcs Budget	09/22/2026
VAWA Budget	No Input Required
6I. Match	08/11/2026
6J. Summary Budget	No Input Required
Indirect Cost Information	09/22/2026

7A. Attachment(s)	08/11/2026
7D. Certification	09/23/2026

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

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

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 2026 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) 2026 Continuum of Care (CoC) Program Competition. For more information see FY 2026 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2026 CoC Program NOFO and the FY 2026 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 2026 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:	09/24/2026
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:	572 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: CPD-2600-DC-0025

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): (for multiple selections hold CTRL key) Massachusetts

15. Descriptive Title of Applicant's Project: SEMCOA Transitional Support Program

16. Congressional District(s):

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

16b. Project: (for multiple selections hold CTRL key) MA-005

17. Proposed Project

a. Start Date: 09/01/2027

b. End Date: 08/31/2028

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: X

21. Authorized Representative

Prefix:	Ms.
First Name:	Jennifer
Middle Name:	
Last Name:	Clarke
Suffix:	
Title:	Deputy Director
Telephone Number: (Format: 123-456-7890)	(508) 979-1500
Fax Number: (Format: 123-456-7890)	(508) 979-1575
Email:	Jennifer.Clarke@newbedford-ma.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/24/2026

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Number: 2501-0044 Expiration Date: 02/28/2027

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: $308,146.00

(Requested amounts will be automatically entered within applications)

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

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

Part I Threshold Determinations

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

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

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

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

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
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: 09/24/2026

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

2. Sites for Work Performance.

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

I 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: (Format: 123-456-7890)	(508) 979-1500
Fax Number: (Format: 123-456-7890)	(508) 979-1575
Email:	Jennifer.Clarke@newbedford-ma.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/24/2026

1I. 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:	09/24/2026

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. 06/30/2028)

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:	572 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. [X]

Authorized Representative

Prefix:	Ms.
First Name:	Jennifer
Middle Name:	
Last Name:	Clarke
Suffix:	
Title:	Deputy Director
Telephone Number: (Format: 123-456-7890)	(508) 979-1500
Fax Number: (Format: 123-456-7890)	(508) 979-1575
Email:	Jennifer.Clarke@newbedford-ma.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/24/2026

IK. SF-424B

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

OMB Number: 4040-0007
Expiration Date: 07/31/2028

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: [X]

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:	09/24/2026

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.

1M. Project Eligibility Certification

1. The project applicant will not engage in racial preferences or other forms of illegal discrimination	X
2. The project applicant will not operate drug injection sites or “safe consumption sites,” knowingly distribute drug paraphernalia on or off of property under their control, permit the use or distribution of illicit drugs on property under their control, or conduct any of these activities under the pretext of “harm reduction.”	X

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: $308,146

Organization	Type	Sub-Award Amount
SEMCOA	M. Nonprofit with 501C3 IRS Status	$308,146

2A. Project Subrecipients Detail

a. Organization Name: SEMCOA

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

c. Employer or Tax Identification Number: 23-7161463

d. Unique Entity Identifier: FNW8NJJ41QX5

e. Physical Address
Street 1: 72 Kilburn Street
Street 2:
City: New Bedford
State: Massachusetts
Zip Code: 02740

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

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: $308,146

j. Contact Person
Prefix: Ms.

First Name:	Wendy
Middle Name:	
Last Name:	Bluis
Suffix:	
Title:	Director of Housing
E-mail Address:	wbluis@hptc.org
Confirm E-mail Address:	wbluis@hptc.org
Phone Number:	508-542-0091
Extension:	
Fax Number:	508-991-7487

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.

SEMCOA has extensive experience effectively utilizing federal funds and administering homeless services and treatment programs. In addition to the agency's Transitional Housing and Permanent Supportive Housing programs, SEMCOA currently operates three family shelters and two recovery homes, reflecting broad, sustained capacity to manage federal and state resources across multiple housing and service models. SEMCOA's affiliate, High Point, operates four inpatient and four outpatient sites serving individuals with substance use disorders and mental health issues, further extending the organization's demonstrated experience administering federally and state-funded behavioral health and housing programs at scale. Within this broader portfolio, SEMCOA's existing Transitional Housing program has achieved approximately 70% of participants exiting to a positive destination within 24 months and a 65% overall exit-to-permanent-housing rate, while its existing PSH program achieved a 100% exit-to-permanent-housing rate in the past year—outcomes reflecting effective program administration and sound fiscal stewardship of grant funds. SEMCOA also effectively administers supplemental funding from the Massachusetts Bureau of Substance Addiction Services (BSAS) to support case management capacity, demonstrating experience managing multiple concurrent funding streams while ensuring compliance and coordination across sources. Established partnerships with MassHire, MassAbility, Bristol Community College, Recovery Centers, and Calvary Care further reflect SEMCOA's demonstrated ability to coordinate services and resources across organizations. This track record of compliant, outcome-driven program administration across a diverse and substantial portfolio positions SEMCOA to effectively utilize the proposed federal funds and successfully carry out the activities described in this application. SEMCOA employs staff who are experienced and the transitional housing program will employ licensed staff with clinical experience. SEMCOA is capable and has the staff to perform the services and activities proposed.

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

SEMCOA has a demonstrated track record of leveraging federal, state, and private resources to support its housing and treatment programs. The agency supplements HUD CoC funding with state funding from the Massachusetts Bureau of Substance Addiction Services (BSAS), which supports case management capacity across its housing programs. This leveraging extends across SEMCOA's broader portfolio, which includes three family shelters, two recovery homes, and, through affiliate High Point, three inpatient and three outpatient behavioral health treatment sites—each drawing on a combination of state contracts, federal grants, and private resources. SEMCOA also leverages private and community partnerships to expand services available to program participants at no direct cost to the HUD grant, including MassHire and MassAbility for employment and vocational services, Bristol Community College for education and training, and Recovery Centers and Calvary Care for behavioral health treatment. These partnerships allow SEMCOA to connect participants to a broad range of mainstream and specialized services beyond what HUD funding alone would support.
In addition, SEMCOA secures required cash match for its HUD-funded projects and connects participants to mainstream public benefits—including SNAP, SSI/SSDI, and MassHealth—further leveraging public resources to support participant stability and long-term self-sufficiency. This experience leveraging diverse funding streams and community partnerships positions SEMCOA to sustain and strengthen the proposed project's impact.

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

SEMCOA maintains a robust financial management structure designed to ensure fiscal accountability and compliance across all funding sources. The agency employs a full administrative team, including accountants and dedicated accounts payable and accounts receivable staff, who manage day-to-day financial operations, grant expenditures, and reporting requirements. Financial performance is monitored through monthly financial reports generated for each individual program, allowing program and fiscal staff to track expenditures against budget in real time and identify and address variances promptly. This program-level reporting structure supports accurate, timely draws and ensures funds are expended in accordance with grant requirements and timelines. SEMCOA's financial systems and internal controls are further validated through independent annual audits, providing an additional layer of accountability and ensuring compliance with federal, state, and organizational financial management standards. This combination of dedicated financial staffing, program-level monthly reporting, and annual independent audits reflects a financial management structure capable of responsibly administering the proposed federal funds.

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 CoC
2. CoC Collaborative Applicant Name:	City of New Bedford
3. Project Name:	SEMCOA Transitional Support Program
4. Project Status:	Standard
5. Component Type:	TH
6. What type of CoC funding is this project applying for in this CoC Program Competition?	Reallocation
7. Is your organization or expected subrecipient a victim service provider defined in 24 CFR 578.3 and uses a comparable HMIS database?	No
8. 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
9. Will funds requested in this new project application replace state or local government funds (24 CFR 578.87(a))?	No
10. Will this project include replacement reserves in the Operating budget?	No
11. 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.

SEMCOA Transitional Support Program consists of twelve units with 27 beds for homeless individuals and families who have been diagnosed with a substance use disorder. The Transitional Support Program provides a structured, recovery-oriented service environment designed to stabilize households experiencing homelessness and support them in developing the skills necessary for long-term housing success. Service participation is required and consistent participation is strongly encouraged through relationship-based engagement, motivational interviewing, and individualized goal planning. Participants are assessed by a licensed clinician upon entry to determine strengths, needs, and history. The first seven days are an orientation period where participant stays onsite and acclimates to the program. Within seven days of entry, each household develops a Housing Stability and Recovery Plan with their case manager addressing housing readiness, income, employability, behavioral health/substance use, life skills, and wellness goals. Participants are assigned to therapeutic/educational groups such as Life Skills, Co-occurring Disorders, Financial Wellness. Coping Skills, & Family Recovery, and work with their case manager on a personal daily schedule which includes outside meetings for personal recovery such as Alcoholics Anonymous, Smart Recovery, and Spiritual 12-step groups. Partners such as MassHire, MassAbility, Bristol Community College, Calvary Cares, and Recovery Centers assist with training programs and job search. The program emphasizes accountability, stability, skill-building, and recovery support—making it especially suitable for individuals and families with higher service needs or those exiting unsheltered homelessness who require intensive stabilization before moving into permanent housing. Participants are expected to abide by house rules including curfews, chores, house meetings, drug/alcohol screening, and documentation of group/meeting attendance. Discharge planning begins at entry in each household's stay and is revisited throughout program participation, with case managers coordinating housing search, application processes, and lease-up support alongside community-based service connections to ensure continuity of care after exit.

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	7			
Program participants occupy leased or rental assistance units or structure(s), or supportive services begin	14			

Leased or rental assistance units or structure, and supportive services near 100% capacity	14			
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	☐	Survivors	☐
Veterans	☐	Substance Abuse	X
Youth (under 25)	☐	Mental Illness	☐
Families	☐	HIV/AIDS	☐
		Chronic Homeless	X
		Other (Click 'Save' to update)	☐

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

3C. Project Expansion Information

1. Is this a "Project Expansion" of an eligible renewal project?	No

4A. Supportive Services for Participants

1a. What prior experience does the applicant have operating transitional housing or other projects that have successfully helped homeless individuals and families exit homelessness within 24 months or has a plan in place to ensure homeless individuals and families will exit homelessness within 24 months?

SEMCOA has direct experience operating transitional housing and successfully transitioning homeless individuals and families into permanent housing. The agency currently operates an 18-bed Transitional Housing program for women, which has achieved approximately a 65% successful exit-to-permanent-housing rate, reflecting effective service delivery and housing-focused case management. In addition, the agency operates a Permanent Supportive Housing program serving 20 families, which achieved a 100% exit-to-permanent-housing rate in the past year—further demonstrating the agency's proven capacity to stabilize households and support long-term housing retention. This track record directly informs the design of the proposed Transitional Support Program. Building on lessons learned from the agency's existing TH and PSH programs, the proposed program incorporates early and ongoing discharge planning, individualized Housing Stability and Recovery Plans developed within seven days of entry, and dedicated case management focused on housing search, income stabilization, and connection to mainstream resources. These same practices—rooted in relationship-based engagement and accountability—have driven successful outcomes in the agency's current programs and are expected to support households in exiting homelessness within 24 months in the new program as well.

1b. The applicant has previously operated or currently operates transitional housing or another homelessness project, or has a plan in place to ensure that at least 50 percent of participants exit to a positive destination within 24 months and at least 50 percent of participants exit with employment income as reflected in HMIS or another data system used by the applicant.

The applicant has direct experience operating transitional housing and demonstrates measurable outcomes in both housing exits and income stability. The agency's existing 18-bed Transitional Housing program achieves approximately 70% of participants exiting to a positive destination as receiving employment income. The agency's Permanent Supportive Housing program, serving 20 families, has also achieved strong positive-destination outcomes; among adults served, income sources included both employment and disability benefits, reflecting the program's focus on connecting participants to all available mainstream income supports appropriate to their circumstances. These outcomes reflect the agency's consistent, data-informed case management approach, including individualized housing and service planning, connection to workforce development resources, and ongoing income stabilization support. The proposed Transitional Support Program will build on this experience, applying early goal planning, dedicated case management, and both employment and mainstream benefit connections to meet or exceed the 50% threshold for positive exits and employment income within 24 months.

1c. Demonstrate that the project will provide and/or partner with other organizations to provide eligible supportive services that are necessary to assist program participants to obtain and maintain housing (i.e., case management, behavioral healthcare, employment training, etc.)

The Transitional Support Program will provide a comprehensive array of supportive services directly, supplemented by partnerships with community organizations, to help participants obtain and maintain permanent housing. Upon entry, each participant is assessed by a licensed clinician to identify behavioral health needs, strengths, and service history. Dedicated case managers work with each household to develop and implement an individualized Housing Stability and Recovery Plan, providing ongoing case management, motivational interviewing, and goal-focused support throughout the household's stay. Behavioral healthcare is provided in coordination with the agency affiliate broader continuum of care, which spans detox through residential treatment, and includes individual counseling, recovery coaches, children's behavioral health initiative and in-home therapy. Partnerships with local resources such as Child and Family Services, High Point, and Boston Neurological ensure participants with co-occurring substance use and mental health needs have direct access to clinically appropriate levels of care without disruption to their housing stability. Employment and income supports are provided through partnerships with MassHire for job training and placement and MassAbility for participants navigating disability-related employment services, along with connections to Bristol Community College for education and vocational training. Other local resources such as Rise provide assistance with positive CORIs and training opportunities. Case managers also assist participants in accessing mainstream benefits such as SNAP, SSI/SSDI, and MassHealth. For family households, services are further tailored to include school enrollment coordination, connection to pediatric and family healthcare providers, and childcare resource navigation. As households approach housing readiness, case managers coordinate housing search, landlord engagement, and unit inspections, partnering with community-based housing and service organizations to ensure participants maintain access to needed supports after program exit.

2. How will this project be supplemented with resources from other public or private sources, that may include mainstream health, social, and employment programs such as Medicare, Medicaid, SSI, and SNAP.

The project will be supplemented by mainstream public benefit programs that participants are connected to and maintain throughout their stay, including Medicare, Medicaid/MassHealth, SSI/SSDI, and SNAP. Case managers assist households in applying for and maintaining these benefits as part of each participant's Housing Stability and Recovery Plan, ensuring income and healthcare access are secured alongside housing stability.
In addition, the program receives supplemental funding from the Massachusetts Bureau of Substance Addiction Services (BSAS) to support case management services, strengthening the program's capacity to provide intensive, individualized engagement for participants with substance use treatment needs. Combined with mainstream benefit connections and community partnerships (MassHire, MassAbility, Bristol Community College, Recovery Centers, and Calvary Cares), these resources ensure the project draws on a broad base of public and private support beyond HUD CoC funding alone.

3. TH Service Requirements

3a. How will this projects assess the service needs of program participants?

Service needs are assessed by licensed clinicians and experienced program staff, beginning with a formal biopsychosocial assessment and other screening tools (eg Columbia Screening, Becks Depression Inventory, the PCL-5 for trauma) at intake. This initial assessment identifies each participant's housing history, family history, behavioral health needs, legal issues, income and employment status, life skills, and overall service needs, forming the foundation of the individualized Housing Stability and Recovery Plan developed within the first seven days of entry and guiding any necessary referrals needed.
Assessment is not limited to intake. Staff continuously assess and reassess participant needs throughout their stay, adjusting service plans as circumstances and needs change. A key component of this ongoing assessment is evaluating each participant's individual situation and needs, which informs staff's clinical approach and treatment strategy—ensuring interventions are matched to the participant's current level of motivation and readiness rather than applying a one-size-fits-all approach. This individualized framework, combined with counselor skills such as motivational interviewing techniques, allows case managers and clinicians to address the immediate needs of participants and adjust engagement strategies and counseling skills as they progress toward housing stability and recovery goals.

3b. Describe how this project will provide individualized services for program participants during their time in Transitional Housing that will result in at least 20 hours per week of engagement in services, activities or employment for all program participants, except for a program participant over age 62 or who is an individual with handicaps as defined in 24 CFR 8.3 or a with a developmental disability as defined under 24 CFR 578.3?

(examples of services or activities include case management, counseling, treatment, volunteering, work therapy, education, job training, community-building activities, etc.) Employment may contribute to the 20 hours per week of engagement. The project description provided here does not constitute a reporting or documentation requirement.

The SEMCOA Transitional Support Program ensures at least 20 hours per week of individualized engagement in services, activities, or employment for each participant, structured within the personal daily schedule developed with their case manager. Engagement includes individual case management, clinical counseling, and a robust group programming schedule covering life skills, resume building, navigating housing applications, co-occurring disorders education, and therapeutic groups focused on building recovery skills, drug and alcohol education, and family relationships. For participants with children, engagement also includes school coordination and family-focused programming.such as parenting groups and in-home family therapy. Self-help groups such as Alcoholics Anonymous, Spiritual 12 Steps, and Smart Recovery are part of participants' individualized service plans.
Participants are also connected to education and job training opportunities through Bristol Community College and MassHire, and to disability-related employment services through MassAbility, with employment hours counting toward the weekly engagement total for participants who are working, although participants who are working are expected to continue engagement in services. Mentorship and training opportunities are further supported through partnerships with Recovery Centers, PAACA, New Life Church, and Calvary Cares. Community-building activities and peer group sessions reinforce accountability and skill development alongside clinical and vocational services. Case managers track and adjust each participant's daily schedule based on their individualized Housing Stability and Recovery Plan and individual needs, ensuring the mix of services remains appropriate to their needs and readiness while consistently meeting the 20-hour weekly threshold. Participants who qualify for the age or disability-based exemption under 24 CFR 8.3 or 578.3 are accommodated accordingly, with engagement expectations adjusted to their individual circumstances. An example of a daily schedule might be 8am: 1 hour morning group, 10am: 1 hour case management, 1pm: job search, 4pm: 1 hour family therapy, 7pm: 1 hour self-help group, with different activities depending on the day.

4. Indicate that the proposed project will create service plans for each program participant that include the services to be provided, when and how often services will be provided, by whom all services will be provided. Select the checkbox that your project will follow these requirements.	X
5. Indicate that the proposed project will create service plans for each program participant that include program participant goals, strategies for achieving those goals, and target dates for achievement to focus on improved health and wellness, housing stability, and increased employment income leading to financial stability and self-sufficiency. Select the checkbox that your project will follow these requirements.	X

6. 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		Non-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		Non-Partner	As needed
Life Skills Training		Subrecipient	Weekly
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		Partner	As needed

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: 12

Total Beds: 27

Housing Type	Housing Type (JOINT)	Units	Beds	Dedicated CH Beds
Scattered-site apartments (...	---	12	27	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.

2a. Units: 12

2b. Beds: 27

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

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	6	21		27

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	4	15		19
Persons ages 18-24	2	6		8
Accompanied Children under age 18	8			8
Unaccompanied Children under age 18				0
Total Persons	14	21	0	35

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	3	1	0	4	1	4	1	1	0	0
Persons ages 18-24	2	0	0	2	0	1	1	0	1	0
Children under age 18	8									
Total Persons	13	1	0	6	1	5	2	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	15	0	0	15	1	14	3	1	0	0
Persons ages 18-24	6	0	0	6	0	4	1	0	1	0
Total Persons	21	0	0	21	1	18	4	1	1	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, 2027?	Yes
4. Select a grant term:	1 Year

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

Acquisition/Rehabilitation/New Construction	
Leased Units	X
Leased Structures	
Rental Assistance	
Supportive Services	X
Operating	X
HMIS	
VAWA	X

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? (13 to 18 months)	No

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:	$230,832
Grant Term:	1 Year
Total Request for Grant Term:	$230,832
Total Units:	12

The number of beds for which funding has been requested in the Leased Units budget is 27.

FMR Area	Total Units Requested	Total Annual Assistance Requested	Total Budget Requested
MA - New Bedford,...	12	$230,832	$230,832

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)
0 Bedroom		x	$1,203		x	12	=	$0
1 Bedroom		x	$1,230		x	12	=	$0
2 Bedroom	9	x	$1,527	$1,527	x	12	=	$164,916
3 Bedroom	3	x	$1,831	$1,831	x	12	=	$65,916
4 Bedroom		x	$2,289		x	12	=	$0
5 Bedroom		x	$2,632		x	12	=	$0
6 Bedroom		x	$2,976		x	12	=	$0
7 Bedroom		x	$3,319		x	12	=	$0
8 Bedroom		x	$3,662		x	12	=	$0
9 Bedroom		x	$4,006		x	12	=	$0
Total units and annual assistance requested:	12							$230,832
Grant term:								1 Year
Total request for grant term:								$230,832

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	1.5 FTE staff-case management services	$49,314
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	General costs eg office supplies, staff phones	$2,000
Total Annual Assistance Requested		$51,314
Grant Term		1 Year
Total Request for Grant Term		$51,314

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	Costs for unit repair as needed	$4,000
2. Property Taxes and Insurance		
3. Replacement Reserve		
4. Building Security		
5. Electricity, Gas, and Water		
6. Furniture	Furnishings for units as needed	$2,000
7. Equipment (lease, buy)		
Total Annual Assistance Requested		$6,000
Grant Term		1 Year
Total Request for Grant Term		$6,000

Click the 'Save' button to automatically calculate totals.

VAWA Budget

VAWA Budget

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 new 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:	

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:	$19,329
Total Amount of In-Kind Commitments:	$0
Total Amount of All Commitments:	$19,329

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)

Program income will consist of occupancy fees charged to participants. The program will follow 24 CFR 578.97 in charging no more than the highest of 30% of adjusted monthly income, 10% of gross monthly income, or the housing portion of public assistance, and calculate the amount based on HUD's income calculation rules.

1b. Estimate the amount of program income that will be used as Match for this project: $19,329

Type	Source	Name of Source	Amount of Commitments
Cash	Private	Program Income	$19,329

Sources of Match Detail

1. Type of Match commitment:	Cash
2. Source:	Private
3. Name of Source: (Be as specific as possible and include the office or grant program as applicable)	Program Income
4. Amount of Written Commitment:	$19,329

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)	$230,832	1 Year	$230,832
2b. Leased Structures (Screen 6D)	$0	1 Year	$0
3. Rental Assistance (Screen 6E)	$0	1 Year	$0
4. Supportive Services (Screen 6F)	$51,314	1 Year	$51,314
5. Operating (Screen 6G)	$6,000	1 Year	$6,000
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			$288,146
10. Admin (Up to 10% of Sub-total in #9)			$20,000
11. HUD funded Sub-total + Admin. Requested			$308,146
12. Cash Match (From Screen 6I)			$19,329
13. In-Kind Match (From Screen 6I)			$0
14. Total Match (From Screen 6I)			$19,329
15. Total Project Budget for this grant, including Match			$327,475

Click the 'Save' button to automatically calculate totals.

Indirect Cost Information

Indirect Cost Information Form
OMB Number: 2501-0044
Expiration Date: 2/28/2027

Program/Activity Receiving Federal Grant Funding:	CoC Program
Applicant Name:	City of New Bedford

Indirect Cost Rate Information for the Applicant/Recipient:

Please check the box that applies to the Applicant/Recipient and complete the table only as provided by the instructions accompanying this form.

The Applicant/Recipient will not charge indirect costs using an indirect cost rate.	
The Applicant/Recipient will calculate and charge indirect costs under the award by applying a de minimis rate as provided by 2 CFR 200.414(f), as may be amended from time to time.	X
The Applicant/Recipient will calculate and charge indirect costs under the award using the indirect cost rate(s) in the table below, and each rate in this table is included in an indirect cost rate proposal developed in accordance with the applicable appendix to 2 CFR part 200 and, if required, has been approved by the cognizant agency for indirect costs.	

Mark the one (and only one) checkbox that best reflects how the indirect costs of the Applicant/Recipient will be calculated and charged under the award. Do not include indirect cost rate information for subrecipients.

The table following the third checkbox must be completed only if that checkbox is checked. When listing a rate in the table, enter the percentage amount (for example, “15%”), the type of direct cost base to be used (for example, “MTDC”), and the type of rate (“predetermined,” “final,” “fixed,” or “provisional”).

If using the Simplified Allocation Method for indirect costs, enter the applicable indirect cost rate and type of direct cost base in the first row of the table.

If using the Multiple Allocation Base Method, enter each major function of the organization for which a rate was developed and will be used under the award, the indirect cost rate applicable to that major function, and the type of direct cost base to which the rate will be applied.

If the Applicant/Recipient is a government and more than one agency or department will carry out activities under the award, enter each agency or department that will carry out activities under the award, the indirect cost rate(s) for that agency or department, and the type of direct cost base to which each rate will be applied.

To learn more about the indirect cost requirements, see 2 CFR part 200, subpart E, and the applicable appendix that is listed under 2 CFR 200.414(e).

Submission Type: Initial Submission

Effective Date: 07/09/2025

Certification of Authorized Representative for the Applicant/Recipient: **** Under penalty of perjury, I certify on behalf of the Applicant/Recipient that:** **(1) all information provided on this form is true, complete, and accurate, and** **(2) Applicant/Recipient will provide HUD with an update to this form immediately upon learning change in the information provided on this form, and** **(3) I am authorized to speak for the Applicant/Recipient regarding all information provided on this** ****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; 24 CFR § 28.10(b)(iii)).**	X

Authorized Representative:

Prefix:	Ms.
First Name:	Jennifer
Middle Name:	
Last Name:	Clarke
Suffix:	
Title:	Deputy Director
Telephone Number: (Format: 123-456-7890)	(508) 979-1500
Fax Number: (Format: 123-456-7890)	(508) 979-1575
Email:	Jennifer.Clarke@newbedford-ma.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	07/09/2025

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: 09/24/2026

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
1A. SF-424 Application Type	No Input Required
1B. SF-424 Legal Applicant	08/11/2026
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/23/2026
1E. SF-424 Compliance	08/11/2026
1F. SF-424 Declaration	08/11/2026
1G. HUD 2880	08/11/2026
1H. HUD 50070	08/11/2026
1I. Cert. Lobbying	08/11/2026
1J. SF-LLL	09/22/2026
IK. SF-424B	08/11/2026
1L. SF-424D	08/11/2026
2A. Subrecipients	08/11/2026
2B. Experience	08/11/2026
3A. Project Detail	08/11/2026
3B. Description	09/23/2026
3C. Expansion	08/11/2026
4A. Services	09/23/2026
4B. Housing Type	08/11/2026
5A. Households	09/23/2026
5B. Subpopulations	No Input Required
6A. Funding Request	08/11/2026
6C. Leased Units	08/11/2026
6F. Supp Srvcs Budget	09/23/2026
6G. Operating	09/23/2026
VAWA Budget	No Input Required
6I. Match	08/11/2026

6J. Summary Budget	No Input Required
Indirect Cost Information	09/23/2026
7A. Attachment(s)	No Input Required
7D. Certification	09/23/2026

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 2026 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) 2026 Continuum of Care (CoC) Program Competition. For more information see FY 2026 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2026 CoC Program NOFO and the FY 2026 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 2026 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:	09/24/2026
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:	572 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: CPD-2600-DC-0025

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): (for multiple selections hold CTRL key) Massachusetts

15. Descriptive Title of Applicant's Project: Transition to Home

16. Congressional District(s):

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

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

17. Proposed Project

a. Start Date: 07/01/2027

b. End Date: 06/30/2028

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: X

21. Authorized Representative

Prefix:	Ms.
First Name:	Jennifer
Middle Name:	
Last Name:	Clarke
Suffix:	
Title:	Deputy Director
Telephone Number: (Format: 123-456-7890)	(508) 979-1500
Fax Number: (Format: 123-456-7890)	(508) 979-1575
Email:	Jennifer.Clarke@newbedford-ma.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/24/2026

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Number: 2501-0044 Expiration Date: 02/28/2027

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: $524,776.00

(Requested amounts will be automatically entered within applications)

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

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

Part I Threshold Determinations

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

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

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

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

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
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: 09/24/2026

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

2. Sites for Work Performance.

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

I 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: (Format: 123-456-7890)	(508) 979-1500
Fax Number: (Format: 123-456-7890)	(508) 979-1575
Email:	Jennifer.Clarke@newbedford-ma.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/24/2026

1I. 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:	09/24/2026

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. 06/30/2028)

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:	572 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. [X]

Authorized Representative

Prefix:	Ms.
First Name:	Jennifer
Middle Name:	
Last Name:	Clarke
Suffix:	
Title:	Deputy Director
Telephone Number: (Format: 123-456-7890)	(508) 979-1500
Fax Number: (Format: 123-456-7890)	(508) 979-1575
Email:	Jennifer.Clarke@newbedford-ma.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/24/2026

IK. SF-424B

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

OMB Number: 4040-0007
Expiration Date: 07/31/2028

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: [X]

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:	09/24/2026

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.

1M. Project Eligibility Certification

1. The project applicant will not engage in racial preferences or other forms of illegal discrimination	X
2. The project applicant will not operate drug injection sites or “safe consumption sites,” knowingly distribute drug paraphernalia on or off of property under their control, permit the use or distribution of illicit drugs on property under their control, or conduct any of these activities under the pretext of “harm reduction.”	X

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: $524,776

Organization	Type	Sub-Award Amount
Community Counseling of Bristol County, Inc.	M. Nonprofit with 501C3 IRS Status	$524,776

2A. Project Subrecipients Detail

a. Organization Name:	Community Counseling of Bristol County, Inc.
b. Organization Type:	M. Nonprofit with 501C3 IRS Status
If "Other" specify:	
c. Employer or Tax Identification Number:	04-3035697
d. Unique Entity Identifier:	SFK3BEGX2W89
e. Physical Address	
Street 1:	One Washington Street
Street 2:	
City:	Taunton
State:	Massachusetts
Zip Code:	02780
f. Congressional District(s): (for multiple selections hold CTRL key)	MA-004, MA-008, MA-009
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:	$524,776
j. Contact Person	
Prefix:	Ms.

First Name:	Ellen
Middle Name:	Merle
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:	508-977-8123
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.

Community Counseling of Bristol County, Inc. (CCBC) has been providing supportive services and housing for individuals experiencing homelessness for more than 30 years. CCBC was the Collaborative Applicant (CA) for the Attleboro/Taunton/Bristol County Continuum of Care (CoC) where our Vice President oversaw the coordination of the CoC, prior to the successful merger with the New Bedford CoC which led to the Bristol County Continuum of Care.

CCBC has been the recipient of a Permanent Supportive Housing (PSH) project serving 42 individuals who had been homeless as well as CoC Planning Grants, and Coordinated Entry projects. CCBC effectively utilized the federal funding according to approved accounting principles and performed all required services in this project. The accounting principles were audited annually by CCBC's internal financial department and outside auditor and also reviewed by the New Bedford Office of Housing and Community Development, the Collaborative Applicant for the CoC.

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 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 developed housing supports for five years using flexible funds through MassHealth to help individuals and families obtain or maintain housing and currently through the health Related social Needs (HRSN) program. 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 developed 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. 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 and is now developing a similar project along with another vendor to serve 13 additional older adults who are homeless and 13 veterans in Taunton where the City of Taunton is contributing over two million towards the rehabilitation.

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

CCBC has been successful in leveraging Federal, State, local and private sector funds from a number of sources over the 56 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 $857,064 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 $3 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 is also a Community Behavioral Health Center in Massachusetts and 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 over15,000 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 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 CoC
2. CoC Collaborative Applicant Name:	City of New Bedford
3. Project Name:	Transition to Home
4. Project Status:	Standard
5. Component Type:	TH
6. What type of CoC funding is this project applying for in this CoC Program Competition?	Reallocation
7. Is your organization or expected subrecipient a victim service provider defined in 24 CFR 578.3 and uses a comparable HMIS database?	No
8. 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
9. Will funds requested in this new project application replace state or local government funds (24 CFR 578.87(a))?	No
10. Will this project include replacement reserves in the Operating budget?	No
11. 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 Transition to Home program will provide unhoused individuals in our Continuum with a structured, time-limited transitional housing opportunity to build the skills, stability, and income necessary to achieve self-sufficiency and successfully exit to permanent housing. Building on the agency's established experience operating transitional housing for both unhoused individuals broadly and individuals in substance use treatment, this program combines proven housing stability practices with an intensive, structured service model tailored to participants' individual needs.

The program will serve individuals currently residing in emergency shelters or unsheltered locations within the Continuum who are ready to engage in structured programming toward self-sufficiency. Participants will work closely with a dedicated case manager to develop an individualized, goal-oriented plan addressing housing, treatment, education, and employment. Where clinically indicated, the program will connect participants to appropriate mental health and/or substance use treatment, drawing on the agency's direct experience operating substance-use-focused transitional housing to ensure participants receive treatment and case management coordinated specifically around the demands of maintaining housing and employment simultaneously.

To build a pathway toward self-sufficient, market-rate housing, the program partners with the local community college to connect participants with trade training, GED-equivalency preparation, and post-secondary education opportunities, laying the groundwork for employment sufficient to sustain independent housing after program exit. Case management and structured group programming will focus on practical, transferable life skills, including budgeting and financial literacy, interpersonal and workplace social skills, medication management, and ongoing engagement in treatment necessary to sustain employment and housing long-term.

Participation in the program is structured and accountability-based: participants are required to engage in a minimum of 20 hours per week of programming and/or employment, with expectations increasing gradually over the course of the program as participants build capacity and stability. Each participant will also contribute a program fee based on income, fostering a sense of ownership over their own recovery and housing stability while providing direct, hands-on practice in core housing-retention skills such as paying rent on time and budgeting to prioritize housing costs — skills participants will carry forward into independent housing.

Program funding will support intensive case management staffing, structured programming, and unit leasing costs necessary to operate the program successfully and maintain a robust participant-to-case-manager ratio sufficient to provide the level of individualized support this population requires.

The program is designed for a maximum stay of 24 months, with an explicit goal that at least 50% of participants actively engaged in programming will increase their employment income during their time in the program — a measurable outcome reflecting the program's core focus on building the financial capacity necessary for participants to sustain permanent, market-rate housing after exit.

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	60			
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		Survivors	X
Veterans	X	Substance Abuse	X
Youth (under 25)	X	Mental Illness	X
Families		HIV/AIDS	X
		Chronic Homeless	X
		Other (Click 'Save' to update)	X

Other:	Older Adults
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

3C. Project Expansion Information

1. Is this a "Project Expansion" of an eligible renewal project?	No

4A. Supportive Services for Participants

1a. What prior experience does the applicant have operating transitional housing or other projects that have successfully helped homeless individuals and families exit homelessness within 24 months or has a plan in place to ensure homeless individuals and families will exit homelessness within 24 months?

Community Counseling of Bristol County (CCBC) has a long and direct history operating transitional housing programs successfully serving individuals and families exiting homelessness. Both the agency's current Vice President and Program Director have hands-on experience operating transitional housing programs throughout their careers and continue to directly oversee transitional housing programming today. This leadership team brings proven operational expertise directly into the design and management of this proposed program.

CCBC currently operates transitional housing for both men and women, many of whom were previously unhoused, who are in recovery from substance use and require continued structured support to sustain stability. Within this program, participants build the skills necessary to remain self-sufficient following treatment, including employment readiness, budgeting, and independent living skills. These are the same core skill areas this proposed program is designed to address.

CCBC also has prior direct experience operating transitional housing specifically for unhoused individuals. That program concluded not due to performance, but because HUD shifted funding priorities away from transitional housing toward Permanent Supportive Housing during that funding cycle. While active, the program successfully and consistently helped participants obtain employment, build budgeting and financial management skills, and secure permanent housing, demonstrating the agency's capacity to operate an effective, outcomes-driven transitional housing model within a defined time frame.

This prior experience directly informs CCBC's plan to ensure participants in the proposed program exit homelessness within 24 months. The program's time-limited structure is intentional: when participants understand there is a defined window in which to achieve their housing and self-sufficiency goals, they are more motivated to actively engage in the work required to meet them. Required participation in programming similarly serves as a structured motivator, helping participants — particularly those managing mental health or substance use challenges, remain consistently engaged in the treatment and services necessary for successful, timely exits.

1b. The applicant has previously operated or currently operates transitional housing or another homelessness project, or has a plan in place to ensure that at least 50 percent of participants exit to a positive destination within 24 months and at least 50 percent of participants exit with employment income as reflected in HMIS or another data system used by the applicant.

The transitional housing program will work in an structured track to aid in measuring success throughout the program. The project will operate utilizing the following timeline to ensure both case managers and participants remain goal oriented:
Months 1–3 (Stabilization): Participants complete intake assessments, engage in required treatment including tx onsight and case management, secure necessary documentation (ID, benefits, insurance), and begin building a personalized housing and self-sufficiency plan with clear, individualized goals and timelines.
Months 4–9 (Skill-Building and Engagement): Participants actively engage in required programming, including education or job-training placement utilizing the local community college, trade organizations, and career centers. Participants will take part in budgeting and financial literacy groups, and ongoing treatment. Participants who are able to work begin pursuing employment or increasing work hours.
Months 10–15 (Stability and Income Growth): Participants demonstrate consistent engagement in employment, education, and/or treatment, with case management shifting focus toward income growth, credit and financial readiness, and active housing search preparation.
Months 16–21 (Housing Search and Transition Planning): Participants actively search for permanent housing with case management support, finalize budgeting and savings plans, and address any remaining barriers to lease readiness (rental history, credit, documentation).
Months 22–24 (Exit and Housing Placement): Participants finalize move-in to permanent housing, with case management providing transition support and connecting participants to any needed aftercare or ongoing community-based services to sustain long-term housing stability.

Case managers will formally review each participant's progress against these milestones on a regular basis, adjusting individualized goals and support as needed to keep participants on pace for a successful exit within the 24-month program period. For participants able to work, the program will provide the education, job-readiness training, and social skill-building necessary to obtain and sustain employment sufficient to support permanent housing within this timeframe.

1c. Demonstrate that the project will provide and/or partner with other organizations to provide eligible supportive services that are necessary to assist program participants to obtain and maintain housing (i.e., case management, behavioral healthcare, employment training, etc.)

Community Counseling of Bristol County (CCBC) is uniquely positioned to provide significant supportive services through the agencies on continuum of care. CCBC is a leader in both mental health and substance use treatment. This allows the agency to provide many services in house and partnering with the community in services where other specialties lie. The program will provide supportive services through the following avenues:
- Crisis services for both mental health and substance use including access to detox centers.
- Opportunities for Intensive Outpatient treatment for mental health issues and Co-Occurring Enhanced Residential Rehab services for those with both mental health and substance use issues
- Peer Center for ongoing support with substance use recovery including groups, empowerment, and job readiness
- Clubhouse for those with significant mental health issues which provides group support as well as employment readiness opportunities
- Staff member living in the premises who currently works for the local career center. This assists in access to the center for help with employment placement

Additionally, the agency works closely with local churches and organizations that provide space for NA/AA meetings as well as assistance with food and other basic needs. The transitional housing program will work with the local community college to enroll participants in GED or High School Equivalency education and post high school education. This will aid in gaining necessary skills for employment with income sufficient to maintain market rate housing for some participants.

2. How will this project be supplemented with resources from other public or private sources, that may include mainstream health, social, and employment programs such as Medicare, Medicaid, SSI, and SNAP.

The Transitional Housing Program will utilize case managers trained as Certified Application Counselors (CaC's) to ensure participants have the necessary medical insurance to meet their needs and provide access to necessary treatment and counseling. This will also allow for participants to receive the necessary medical care to be as healthy as possible for future employment and education. Participants may enter the program receiving benefits including SNAP, SSI, and EAEDC. The plan for the transitional housing program for those able to work will be to gain the skills necessary to obtain employment and work to move away from these programs toward self sufficiency. Through the goal oriented model moving from stabilization thru skill building, growth and housing placement the plan will be for participants who are not older adults or those with disabilities truly preventing them from work to continue to work toward ending subsidies and entering independence. The transitional housing program will work with local churches and civic organizations to help fill gaps in services and needs including basic needs of food, clothing, social opportunities to supplement the work of the program.

3. TH Service Requirements

3a. How will this projects assess the service needs of program participants?

Community Counseling of Bristol County (CCBC) has been working with those in transitional and permanent housing for a number of years. Through one on one case management and engagement each individual participant will work with their case manager to identify the barriers that aided in them becoming unhoused and work toward correcting those issues to reach self sufficiency. Using both the local assessment tool to identify needs along with an additional assessment tools to determine issues with substance misuse or mental health issues the participant and case manager will create a plan for treatment, recovery, and moving forward within the 24 months in the transitional program.

CCBC has the distinct benefit of staffing to provide substance use treatment on site at the proposed Transitional Housing program. Through Peer support and agency staff the program will emphasize treatment and provide access in the building. Access to treatment providers for both substance use and mental health issues which are leading causes of homelessness in the area. This will allow for specialized assessments when necessary to determine level of treatment needed to address issues and ensure the participant has the best opportunity for success.

3b. Describe how this project will provide individualized services for program participants during their time in Transitional Housing that will result in at least 20 hours per week of engagement in services, activities or employment for all program participants, except for a program participant over age 62 or who is an individual with handicaps as defined in 24 CFR 8.3 or a with a developmental disability as defined under 24 CFR 578.3?

(examples of services or activities include case management, counseling, treatment, volunteering, work therapy, education, job training, community-building activities, etc.) Employment may contribute to the 20 hours per week of engagement. The project description provided here does not constitute a reporting or documentation requirement.

CCBC is anxious to take on the opportunity of helping individuals reach their full potential through programming and services that will eventually lead to employment and further education. CCBC will provide a variety of group work opportunities for participants including budgeting, recovery, social skills, and volunteering opportunities. the ability to provide substance use treatment onsite will be instrumental in the programming. The project will also work with the local community college and trade schools to provide opportunities for furthering education. CCBC will encourage participants to be engaged in the local peer center as well for those in recent recovery who will need the added support. The program will work to provide individualized case management to ensure each person has the opportunity to meet their goals toward self-sufficiency. Through partnerships with the YMCA and other local nonprofits participants not yet working can engage in physical and social activities through memberships at the YMCA and volunteer opportunities with local nonprofits. These both will also build skills necessary for long term success in a community. The project will require participation in these endeavors and encourage participants to actively work toward becoming employed and independent.

4. Indicate that the proposed project will create service plans for each program participant that include the services to be provided, when and how often services will be provided, by whom all services will be provided. Select the checkbox that your project will follow these requirements.	X
5. Indicate that the proposed project will create service plans for each program participant that include program participant goals, strategies for achieving those goals, and target dates for achievement to focus on improved health and wellness, housing stability, and increased employment income leading to financial stability and self-sufficiency. Select the checkbox that your project will follow these requirements.	X

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

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: 24

Housing Type	Housing Type (JOINT)	Units	Beds	Dedicated CH Beds
Shared housing	---	17	24	0

4B. Housing Type and Location Detail

1. Housing Type: Shared housing

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

2a. Units: 17

2b. Beds: 24

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: 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)**

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	24	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	0	22		22
Persons ages 18-24	0	2		2
Accompanied Children under age 18	0		0	0
Unaccompanied Children under age 18			0	0
Total Persons	0	24	0	24

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				10		10	4	10	4	0
Persons ages 18-24				0		2	0	0	0	0
Total Persons	0	0	0	10	0	12	4	10	4	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, 2027?	Yes
4. Select a grant term:	1 Year

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

Acquisition/Rehabilitation/New Construction	
Leased Units	X
Leased Structures	
Rental Assistance	
Supportive Services	X
Operating	X
HMIS	
VAWA	X

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? (13 to 18 months)	No

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:	$269,280
Grant Term:	1 Year
Total Request for Grant Term:	$269,280
Total Units:	17

The number of beds for which funding has been requested in the Leased Units budget is 24.

FMR Area	Total Units Requested	Total Annual Assistance Requested	Total Budget Requested
MA - Taunton-Mans...	17	$269,280	$269,280

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)
0 Bedroom	10	x	$1,433	$935	x	12	=	$112,200
1 Bedroom		x	$1,584		x	12	=	$0
2 Bedroom	7	x	$2,078	$1,870	x	12	=	$157,080
3 Bedroom		x	$2,562		x	12	=	$0
4 Bedroom		x	$2,751		x	12	=	$0
5 Bedroom		x	$3,164		x	12	=	$0
6 Bedroom		x	$3,576		x	12	=	$0
7 Bedroom		x	$3,989		x	12	=	$0
8 Bedroom		x	$4,402		x	12	=	$0
9 Bedroom		x	$4,814		x	12	=	$0
Total units and annual assistance requested:	17							$269,280
Grant term:								1 Year
Total request for grant term:								$269,280

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	1.50 Case Managers plus fringe and tax	$90,000
4. Child Care		
5. Education Services		
6. Employment Assistance	.20 Employment Coaching plus fringe and tax	$12,500
7. Food		
8. Housing/Counseling Services		
9. Legal Services		
10. Life Skills		
11. Mental Health Services	.10 Peer Specialist plus fringe and tax	$6,250
12. Outpatient Health Services		
13. Outreach Services		
14. Substance Abuse Treatment Services	1.00 co-occurring recovery coaching plus fringe and tax	$60,000
15. Transportation		
16. Utility Deposits		
17. Operating Costs		
Total Annual Assistance Requested		$168,750
Grant Term		1 Year
Total Request for Grant Term		$168,750

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	Utilities for client apartments-$100 per mo for 12 mo for 12 clients	$14,400
6. Furniture	furniture client apartments @$1,760 per apt. for 14 units	$24,640
7. Equipment (lease, buy)		
Total Annual Assistance Requested		$39,040
Grant Term		1 Year
Total Request for Grant Term		$39,040

Click the 'Save' button to automatically calculate totals.

VAWA Budget

VAWA Budget

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 new 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:	

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:	$63,874
Total Amount of In-Kind Commitments:	$0
Total Amount of All Commitments:	$63,874

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)

Client rents will be collected and counted as program income.

1b. Estimate the amount of program income that will be used as Match for this project: $63,874

Type	Source	Name of Source	Amount of Commitments
Cash	Private	Community Counsel...	$63,874

Sources of Match Detail

1. Type of Match commitment:	Cash
2. Source:	Private
3. Name of Source: (Be as specific as possible and include the office or grant program as applicable)	Community Counseling of Bristol County
4. Amount of Written Commitment:	$63,874

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)	$269,280	1 Year	$269,280
2b. Leased Structures (Screen 6D)	$0	1 Year	$0
3. Rental Assistance (Screen 6E)	$0	1 Year	$0
4. Supportive Services (Screen 6F)	$168,750	1 Year	$168,750
5. Operating (Screen 6G)	$39,040	1 Year	$39,040
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			$477,070
10. Admin (Up to 10% of Sub-total in #9)			$47,706
11. HUD funded Sub-total + Admin. Requested			$524,776
12. Cash Match (From Screen 6I)			$63,874
13. In-Kind Match (From Screen 6I)			$0
14. Total Match (From Screen 6I)			$63,874
15. Total Project Budget for this grant, including Match			$588,650

Click the 'Save' button to automatically calculate totals.

Indirect Cost Information

Indirect Cost Information Form
OMB Number: 2501-0044
Expiration Date: 2/28/2027

Program/Activity Receiving Federal Grant Funding:	CoC Program
Applicant Name:	City of New Bedford

Indirect Cost Rate Information for the Applicant/Recipient:

Please check the box that applies to the Applicant/Recipient and complete the table only as provided by the instructions accompanying this form.

The Applicant/Recipient will not charge indirect costs using an indirect cost rate.	
The Applicant/Recipient will calculate and charge indirect costs under the award by applying a de minimis rate as provided by 2 CFR 200.414(f), as may be amended from time to time.	X
The Applicant/Recipient will calculate and charge indirect costs under the award using the indirect cost rate(s) in the table below, and each rate in this table is included in an indirect cost rate proposal developed in accordance with the applicable appendix to 2 CFR part 200 and, if required, has been approved by the cognizant agency for indirect costs.	

Mark the one (and only one) checkbox that best reflects how the indirect costs of the Applicant/Recipient will be calculated and charged under the award. Do not include indirect cost rate information for subrecipients.

The table following the third checkbox must be completed only if that checkbox is checked. When listing a rate in the table, enter the percentage amount (for example, “15%”), the type of direct cost base to be used (for example, “MTDC”), and the type of rate (“predetermined,” “final,” “fixed,” or “provisional”).

If using the Simplified Allocation Method for indirect costs, enter the applicable indirect cost rate and type of direct cost base in the first row of the table.

If using the Multiple Allocation Base Method, enter each major function of the organization for which a rate was developed and will be used under the award, the indirect cost rate applicable to that major function, and the type of direct cost base to which the rate will be applied.

If the Applicant/Recipient is a government and more than one agency or department will carry out activities under the award, enter each agency or department that will carry out activities under the award, the indirect cost rate(s) for that agency or department, and the type of direct cost base to which each rate will be applied.

To learn more about the indirect cost requirements, see 2 CFR part 200, subpart E, and the applicable appendix that is listed under 2 CFR 200.414(e).

Submission Type: Initial Submission

Effective Date: 07/09/2025

Certification of Authorized Representative for the Applicant/Recipient: **** Under penalty of perjury, I certify on behalf of the Applicant/Recipient that:** **(1) all information provided on this form is true, complete, and accurate, and** **(2) Applicant/Recipient will provide HUD with an update to this form immediately upon learning change in the information provided on this form, and** **(3) I am authorized to speak for the Applicant/Recipient regarding all information provided on this** ****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; 24 CFR § 28.10(b)(iii)).**	X

Authorized Representative:

Prefix:	Ms.
First Name:	Jennifer
Middle Name:	
Last Name:	Clarke
Suffix:	
Title:	Deputy Director
Telephone Number: (Format: 123-456-7890)	(508) 979-1500
Fax Number: (Format: 123-456-7890)	(508) 979-1575
Email:	Jennifer.Clarke@newbedford-ma.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	07/09/2025

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: 09/24/2026

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
1A. SF-424 Application Type	No Input Required
1B. SF-424 Legal Applicant	09/22/2026
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/23/2026
1E. SF-424 Compliance	09/22/2026
1F. SF-424 Declaration	09/22/2026
1G. HUD 2880	09/22/2026
1H. HUD 50070	09/22/2026
1I. Cert. Lobbying	09/22/2026
1J. SF-LLL	09/23/2026
IK. SF-424B	09/22/2026
1L. SF-424D	09/22/2026
2A. Subrecipients	09/23/2026
2B. Experience	09/22/2026
3A. Project Detail	09/22/2026
3B. Description	09/23/2026
3C. Expansion	09/22/2026
4A. Services	09/23/2026
4B. Housing Type	09/22/2026
5A. Households	09/23/2026
5B. Subpopulations	No Input Required
6A. Funding Request	09/22/2026
6C. Leased Units	09/22/2026
6F. Supp Srvcs Budget	09/23/2026
6G. Operating	09/23/2026
VAWA Budget	No Input Required
6I. Match	09/22/2026

6J. Summary Budget	No Input Required
Indirect Cost Information	09/23/2026
7A. Attachment(s)	No Input Required
7D. Certification	09/22/2026

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 2026 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) 2026 Continuum of Care (CoC) Program Competition. For more information see FY 2026 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2026 CoC Program NOFO and the FY 2026 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 2026 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:	09/24/2026
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:	572 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: CPD-2600-DC-0025

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): (for multiple selections hold CTRL key) Massachusetts

15. Descriptive Title of Applicant's Project: NB Transitional Housing Project

16. Congressional District(s):

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

16b. Project: (for multiple selections hold CTRL key) MA-005

17. Proposed Project

a. Start Date: 09/01/2027

b. End Date: 08/31/2028

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: X

21. Authorized Representative

Prefix:	Ms.
First Name:	Jennifer
Middle Name:	
Last Name:	Clarke
Suffix:	
Title:	Deputy Director
Telephone Number: (Format: 123-456-7890)	(508) 979-1500
Fax Number: (Format: 123-456-7890)	(508) 979-1575
Email:	Jennifer.Clarke@newbedford-ma.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/24/2026

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Number: 2501-0044 Expiration Date: 02/28/2027

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: $312,880.00

(Requested amounts will be automatically entered within applications)

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

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

Part I Threshold Determinations

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

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

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

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

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
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: 09/24/2026

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

2. Sites for Work Performance.

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

I 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: (Format: 123-456-7890)	(508) 979-1500
Fax Number: (Format: 123-456-7890)	(508) 979-1575
Email:	Jennifer.Clarke@newbedford-ma.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/24/2026

1I. 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:	09/24/2026

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. 06/30/2028)

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:	572 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. X

Authorized Representative

Prefix:	Ms.
First Name:	Jennifer
Middle Name:	
Last Name:	Clarke
Suffix:	
Title:	Deputy Director
Telephone Number: (Format: 123-456-7890)	(508) 979-1500
Fax Number: (Format: 123-456-7890)	(508) 979-1575
Email:	Jennifer.Clarke@newbedford-ma.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/24/2026

IK. SF-424B

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

OMB Number: 4040-0007
Expiration Date: 07/31/2028

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: X

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:	09/24/2026

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.

1M. Project Eligibility Certification

1. The project applicant will not engage in racial preferences or other forms of illegal discrimination	X
2. The project applicant will not operate drug injection sites or “safe consumption sites,” knowingly distribute drug paraphernalia on or off of property under their control, permit the use or distribution of illicit drugs on property under their control, or conduct any of these activities under the pretext of “harm reduction.”	X

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: $312,880

Organization	Type	Sub-Award Amount
Steppingstone, Inc.	M. Nonprofit with 501C3 IRS Status	$312,880

2A. Project Subrecipients Detail

a. Organization Name:	Steppingstone, Inc.
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 N. Main Street
Street 2:	
City:	Fall River
State:	Massachusetts
Zip Code:	02720
f. Congressional District(s): (for multiple selections hold CTRL key)	MA-005, MA-008, MA-009
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:	$312,880
j. Contact Person	
Prefix:	Mrs.

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.

Steppingstone, Inc. (SS), incorporated in 1972, has more than 50 years of experience administering federal, state, and local grants that provide housing, behavioral health, and recovery support services to individuals experiencing homelessness and other vulnerable populations. SS has been a Massachusetts Department of Public Health (MDPH)-licensed substance use treatment provider since 1972 and a licensed mental health provider since 2009. The agency has extensive experience serving individuals experiencing homelessness, substance use disorders, co-occurring disorders, physical and developmental disabilities, older adults, and individuals with criminal justice involvement.

SS has successfully managed numerous federally funded housing and behavioral health initiatives. The agency's first HUD-funded Permanent Supportive Housing (PSH) program, launched in 1988 and titled Next Step Home, received HUD's Best Practice Award and is still effectively operating. The agency's first HUD-funded Transitional Housing (TH) program, launched in 2002, successfully operated for 12 years. Additionally, SS currently operates three HUD CoC-funded housing projects and has successfully administered ten Substance Abuse and Mental Health Services Administration (SAMHSA) grant projects, along with two Bureau of Justice Assistance (BJA) grant projects. Through these initiatives, SS has demonstrated the administrative, fiscal, and programmatic capacity to effectively utilize federal funds while maintaining compliance with all applicable fiscal, reporting, HMIS, monitoring, and performance requirements.

SS's experience performing the activities in the proposed New Bedford Transitional Housing Project includes operating scattered-site transitional housing and delivering comprehensive supportive services that promote housing stability and successful exits to permanent housing. The agency has extensive experience completing comprehensive assessments, individualized service planning, intensive case management, housing navigation, independent living skills training, employment and vocational services, benefits assistance, behavioral health and substance use treatment referrals, peer recovery support, crisis intervention, and permanent housing planning. Through established partnerships and an integrated continuum of care, participants also access Community Support Program for Homeless Individuals (CSP-HI), Health-Related Social Needs (HRSN) services, outpatient behavioral health treatment, recovery coaching, and mainstream benefits, including MassHealth, Medicare, SSI/SSDI, SNAP, and MassHire services. Through these services, SS has consistently helped individuals achieve housing stability, increase employment and income, access needed treatment and recovery supports, and successfully transition to permanent housing.

This experience, combined with established financial management systems, internal controls, qualified staff, and strong community partnerships, demonstrates SS's capacity to effectively utilize CoC funding and successfully implement Rising Recovery Residence while achieving positive housing, employment, income, recovery, and permanent housing outcomes.

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

Steppingstone, Inc. (SS) has extensive experience leveraging federal, state, local, and private funding to maximize services for individuals experiencing homelessness and to expand resources beyond those supported through HUD Continuum of Care (CoC) funding. The agency strategically coordinates multiple funding streams to provide a comprehensive continuum of housing, behavioral health, medical, employment, and recovery support services while avoiding duplication of funding.

The agency's experience in leveraging other federal funding includes Medicaid and Medicare reimbursement, such as Community Support Program for Homeless Individuals (CSP-HI), Health-Related Social Needs (HRSN) provisions, and substance use and mental health treatment services as well as recovery coaching. The agency also has extensive experience leveraging SAMHSA-funding, with its first grant project awarded in 2009 and since then, nine additional projects. The U.S. Office of Justice Programs, Bureau of Justice Assistance, funding has enabled the agency to gain experience in reentry services.

As far as leveraging state funding, the agency has managed several Massachusetts Bureau of Substance Addiction Services (BSAS) projects, beginning in 1972, and currently receives funding for four residential treatment programs, two outpatient programs, and a Peer Recovery Support Center. SS also leverages Massachusetts Executive Office of Housing and Livable Communities for emergency shelter and outreach services.

SS further leverages mainstream benefits and community resources by assisting participants in obtaining MassHealth, Medicare, SSI/SSDI, SNAP, and other public benefits, while coordinating referrals to MassHire, workforce development agencies, housing authorities, educational institutions, healthcare providers, and other community-based organizations. These partnerships expand access to employment, education, healthcare, transportation, and permanent housing resources without increasing CoC costs.

Through this coordinated funding approach, SS maximizes available resources, strengthens long-term housing stability, and ensures participants receive comprehensive, integrated services that extend beyond those supported solely through the CoC grant.

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

Steppingstone, Inc. (SS) maintains a comprehensive financial management structure designed to ensure effective stewardship of federal, state, local, and private grant funds. The agency follows written fiscal policies and procedures that comply with Uniform Guidance (2 CFR Part 200), HUD Continuum of Care (CoC) requirements, and all applicable federal and state regulations.

Financial oversight is provided by the Director of Finance and Administration in collaboration with the Finance Department, which includes a Senior Accountant, Billing Coordinators, and Finance Specialists. Financial responsibilities are appropriately segregated among finance and program staff to maintain strong internal controls and ensure accountability. Duties related to budgeting, purchasing, accounts payable, payroll, cash management, financial reporting, and grant reimbursement are assigned to separate staff, reducing financial risk and ensuring compliance with applicable regulations. Program managers monitor grant expenditures and verify that costs are necessary, reasonable, allowable, and adequately documented, while finance staff oversee budget reconciliations, financial reporting, and reimbursement requests.

SS utilizes an integrated accounting system to track revenues and expenditures by funding source, ensuring accurate cost allocation, timely financial reporting, and effective grant management. Financial performance is reviewed regularly by agency leadership and the Board of Directors, and grant expenditures are monitored throughout each project period to ensure compliance with approved budgets and funding requirements.

The agency undergoes an annual independent financial audit in accordance with applicable federal requirements. Established internal controls, procurement procedures, documentation standards, and financial monitoring processes safeguard organizational assets, ensure accountability, and support the effective administration of CoC funding.

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 CoC
2. CoC Collaborative Applicant Name:	City of New Bedford
3. Project Name:	NB Transitional Housing Project
4. Project Status:	Standard
5. Component Type:	TH
6. What type of CoC funding is this project applying for in this CoC Program Competition?	Reallocation
7. Is your organization or expected subrecipient a victim service provider defined in 24 CFR 578.3 and uses a comparable HMIS database?	No
8. 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
9. Will funds requested in this new project application replace state or local government funds (24 CFR 578.87(a))?	No
10. Will this project include replacement reserves in the Operating budget?	No
11. 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 New Bedford Transitional Housing Project is a 15-household, 15-bed scattered-site Transitional Housing project serving adults experiencing homelessness, as defined in 24 CFR 578.3. All units have been secured for project operations. Steppingstone, Inc. has more than 50 years of experience providing homeless services, behavioral health treatment, recovery support, and transitional and permanent supportive housing that help individuals achieve housing stability and long-term self-sufficiency. Through individualized service planning, intensive case management, housing navigation, healthcare coordination, employment supports, and permanent housing planning, the project assists participants in achieving permanent housing during the 24-month Transitional Housing timeline while promoting positive housing exits and increased employment income.

The project serves adults experiencing homelessness with substance use disorders or co-occurring substance use and mental health disorders. Upon enrollment, participants complete a comprehensive assessment to identify housing barriers, physical and behavioral health needs, employment and education goals, income and benefit needs, and other supportive service needs. Based on the assessment, an individualized service plan identifies services, service frequency, responsible staff, participant goals, strategies, and target dates to improve health, housing stability, employment, financial stability, and self-sufficiency. Through Steppingstone's continuum of care and community partnerships, participants access outpatient behavioral health treatment, psychiatric services, medication-assisted treatment, peer recovery services, healthcare, housing resources, and employment and education partners.

Case managers meet with consumers weekly during the initial stages of the program, with contact decreasing as consumers achieve housing stability, recovery, and independence. Consumers receive recovery support, housing stabilization services, life skills training, financial literacy education, and permanent housing planning. To promote successful employment outcomes, case managers incorporate individualized employment and vocational goals into each consumer's service plan and provide vocational counseling, referrals to MassHire and workforce development partners, and job retention support throughout program participation. These strategies are designed to help at least 50% of participants achieve employment income at program exit, as measured through HMIS.

Public and private resources supplement CoC funding by expanding services available to participants. Participants access Medicaid- and Medicare-funded services, including Community Support Program for Homeless Individuals (CSP-HI), Health-Related Social Needs (HRSN) services, and Steppingstone's SAMHSA-funded recovery programs. Case managers also assist participants in obtaining MassHealth, Medicare, SSI/SSDI, SNAP, and other community resources.

Consistent with 24 CFR 578.75(h), participants engage in at least 20 hours per week of treatment, supportive services, education, employment, counseling, volunteer activities, job training, or other service plan activities unless exempt under 24 CFR 8.3 or 24 CFR 578.3. CoC funding supports leasing, supportive services, and operating costs. Anticipated outcomes include housing stability, improved health, sustained recovery, increased employment and income, and successful exits to permanent housing.

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	1			
Program participants occupy leased or rental assistance units or structure(s), or supportive services begin	1			
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				
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		Survivors	X
Veterans	X	Substance Abuse	X
Youth (under 25)		Mental Illness	X
Families	X	HIV/AIDS	X
		Chronic Homeless	X
		Other (Click 'Save' to update)	X

Other:	Unhoused
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

3C. Project Expansion Information

1. Is this a "Project Expansion" of an eligible renewal project?	No

4A. Supportive Services for Participants

1a. What prior experience does the applicant have operating transitional housing or other projects that have successfully helped homeless individuals and families exit homelessness within 24 months or has a plan in place to ensure homeless individuals and families will exit homelessness within 24 months?

Steppingstone, Inc. has extensive experience successfully operating transitional housing and other housing-focused programs that help individuals and families experiencing homelessness achieve permanent housing within 24 months. The agency began operating its first HUD Continuum of Care (CoC)-funded Transitional Housing (TH) project in 2002 and successfully operated the project for 12 years, with 100% of residents exiting to permanent housing in its final year of HUD funding. The New Bedford Women's Graduate transition house continues to operate successfully through funding from the United Way of Greater New Bedford, resident program fees, and the Massachusetts Bureau of Substance Addiction Services (BSAS). The majority of residents successfully transition to permanent housing within 24 months. Steppingstone also continues to operate the William B. Webster Graduate Program, a transitional housing program established in 1974 and funded by United Way of Greater Fall River. Participants in Steppingstone's transitional housing programs may remain for up to 24 months while receiving individualized housing-focused case management, employment and income supports, behavioral health services, and permanent housing planning.

Since 2019, Steppingstone has operated the Community Support Program for Homeless Individuals (CSP-HI), previously Community Support Program for People Experiencing Chronic Homelessness (CSPECH), through contracts with multiple Managed Care Organizations. CSP-HI provides intensive outreach, housing navigation, tenancy supports, and care coordination beginning when individuals are unsheltered and continuing through placement and stabilization in permanent housing. Services are designed to help participants transition from homelessness to permanent housing as quickly as possible and within 24 months whenever feasible.

Steppingstone also has extensive experience serving homeless individuals through its SAMHSA-funded Treatment for Individuals Experiencing Homelessness (TIEH) program, first awarded in 2016 and currently in operation. TIEH provides integrated substance use disorder treatment, case management, recovery support services, and housing navigation to help participants achieve recovery, secure permanent housing, and maintain long-term housing stability. Across these programs, Steppingstone has established policies, partnerships, and housing-focused practices that support timely exits from homelessness and ensure participants are connected to permanent housing within 24 months whenever possible.

1b. The applicant has previously operated or currently operates transitional housing or another homelessness project, or has a plan in place to ensure that at least 50 percent of participants exit to a positive destination within 24 months and at least 50 percent of participants exit with employment income as reflected in HMIS or another data system used by the applicant.

Steppingstone, Inc. has previously operated and currently operates transitional housing and other homelessness projects designed to ensure that at least 50 percent of participants exit to a positive destination within 24 months and at least 50 percent of participants exit with employment income, as reflected in HMIS.

To achieve the goal of at least 50 percent of participants exiting to a positive destination within 24 months, housing placement planning begins at enrollment. Each participant completes a comprehensive housing assessment that identifies housing preferences, barriers, available resources, and supportive service needs. Based on the assessment, case managers develop an individualized service plan with measurable housing goals, action steps, and target timeframes for achieving permanent housing. Case managers meet with participants weekly to review progress, assist with housing searches, complete rental applications, coordinate with landlords and housing providers, and address barriers to housing stability. Participants also receive individualized case management, recovery support, behavioral health treatment referrals, benefits assistance, and other supportive services needed to successfully transition to permanent housing.

To support the goal of at least 50 percent of participants exiting with employment income, as reflected in HMIS, individualized employment and vocational goals are incorporated into each participant's service plan at enrollment and reviewed throughout program participation. Case managers provide employment counseling, resume development, interview preparation, job search assistance, employment applications, workplace readiness training, and job retention support. Participants are referred to MassHire, SER-Jobs for Progress, Bristol Community College, MassAbility, and other workforce development partners for vocational training, education, and employment services. Steppingstone also maintains relationships with numerous CORI-friendly employers, including Blount Seafood, Stop & Shop, Whirlpool, and local Amazon distribution centers, expanding employment opportunities for participants. Housing and employment outcomes are documented in HMIS and routinely monitored through ongoing quality assurance and performance review to measure progress toward these performance goals.

1c. Demonstrate that the project will provide and/or partner with other organizations to provide eligible supportive services that are necessary to assist program participants to obtain and maintain housing (i.e., case management, behavioral healthcare, employment training, etc.)

Steppingstone's continuum of care and established community partnerships will provide the eligible supportive services necessary to assist the New Bedford Transitional Housing Project participants in obtaining and maintaining permanent housing. Service delivery begins with a comprehensive assessment completed by the project case manager to identify each participant's housing barriers, behavioral health needs, employment and education goals, income and benefit needs, and other supportive service needs. Based on the assessment, an individualized service plan is developed to guide service delivery and housing stabilization.

Participants receive intensive case management, housing navigation, housing search assistance, landlord engagement, lease application assistance, benefits counseling, employment readiness services, educational and vocational referrals, permanent housing planning, and life skills development. Participants are also connected to Steppingstone's outpatient behavioral health clinics for substance use disorder and mental health treatment, the Peer Recovery Support Center for peer recovery support services, the SAMHSA-funded Treatment for Individuals Experiencing Homelessness (TIEH) program for housing-focused behavioral health services, and the Community Support Program for Homeless Individuals (CSP-HI) for housing stabilization and tenancy supports.

Participants also receive assistance accessing mainstream benefits, including MassHealth, Medicare, SSI/SSDI, SNAP, and other federal and state resources. Through partnerships with MassHire, Bristol Community College, MassAbility, public housing authorities, landlords, healthcare providers, and other community organizations, participants are connected to workforce development, education, healthcare, and permanent housing resources. Case managers coordinate these services, monitor participant progress, address barriers identified through ongoing assessments, and adjust service plans as needed to ensure participants receive the comprehensive supports necessary to obtain and maintain permanent housing.

2. How will this project be supplemented with resources from other public or private sources, that may include mainstream health, social, and employment programs such as Medicare, Medicaid, SSI, and SNAP.

The New Bedford Transitional Housing Project will be supplemented by public and private resources that expand services beyond CoC funding. Participants will have access to Medicaid- and Medicare-funded services, including Community Support Program for Homeless Individuals (CSP-HI) and Health-Related Social Needs (HRSN) services, as well as Steppingstone's outpatient behavioral health, substance use disorder treatment, peer recovery support, and recovery support programs. Case managers will assist participants in accessing mainstream benefits and community resources, including MassHealth, Medicare, SSI, SSDI, SNAP, MassHire workforce development services, educational and vocational programs, public housing authorities, and other federal, state, local, nonprofit, and private resources. These supplemental resources expand access to healthcare, behavioral health treatment, employment services, income supports, and housing resources necessary to promote long-term housing stability and self-sufficiency.

3. TH Service Requirements

3a. How will this projects assess the service needs of program participants?

Upon enrollment, participants complete a comprehensive assessment to identify housing barriers, physical and behavioral health needs, substance use treatment needs, employment and education goals, income and benefit needs, life skills, transportation needs, and other supportive service needs. Based on the assessment, case managers develop an individualized service plan that establishes measurable goals, identifies needed services, outlines action steps, and assigns target dates to promote housing stability, health, recovery, employment, financial stability, and self-sufficiency. Case managers meet regularly with participants to monitor progress, reassess needs, address emerging barriers, coordinate services, and revise service plans as circumstances and goals change. Ongoing communication with service providers and community partners further ensures that participants receive appropriate services throughout program participation.

3b. Describe how this project will provide individualized services for program participants during their time in Transitional Housing that will result in at least 20 hours per week of engagement in services, activities or employment for all program participants, except for a program participant over age 62 or who is an individual with handicaps as defined in 24 CFR 8.3 or a with a developmental disability as defined under 24 CFR 578.3?

(examples of services or activities include case management, counseling, treatment, volunteering, work therapy, education, job training, community-building activities, etc.) Employment may contribute to the 20 hours per week of engagement. The project description provided here does not constitute a reporting or documentation requirement.

The New Bedford Transitional Housing Project will provide individualized services that ensure participants engage in at least 20 hours per week of services, activities, employment, or a combination thereof, consistent with their individualized service plans. This will be accomplished through Steppingstone's comprehensive continuum of care and collaborative partnerships with more than 100 community providers. Participants age 62 or older and those who meet the disability definition in 24 CFR 8.3 or the developmental disability definition in 24 CFR 578.3 are exempt from the 20-hour weekly engagement requirement.

Upon enrollment, participants complete a comprehensive assessment to identify housing barriers, physical and behavioral health needs, substance use treatment needs, employment and education goals, income and benefit needs, and other supportive service needs. Based on the assessment, case managers develop an individualized service plan that establishes measurable goals and identifies the services and activities needed to promote housing stability, recovery, employment, and self-sufficiency while achieving the required 20 hours of weekly engagement.

Case managers work collaboratively with participants to develop individualized weekly schedules that incorporate services and activities aligned with their goals and interests. Weekly engagement may include intensive case management, behavioral health counseling, substance use disorder treatment, peer recovery support services, independent living skills training, educational and vocational activities, employment readiness services, job training, volunteer activities, community-building activities, and competitive employment. Participants also have access to Steppingstone's Peer Recovery Support Center, which is open six days per week, including evening hours, for approximately 49 hours weekly and offers approximately 26 recovery-focused groups and activities each week, providing numerous opportunities to meet engagement requirements.

Case managers monitor participation through regular contact with participants, review weekly engagement, coordinate services across Steppingstone programs and community partners, address barriers that may limit participation, and revise individualized service plans as participants' needs and goals change. This coordinated, individualized approach ensures participants remain actively engaged in meaningful services and activities that support successful transitions to permanent housing.

4. Indicate that the proposed project will create service plans for each program participant that include the services to be provided, when and how often services will be provided, by whom all services will be provided. Select the checkbox that your project will follow these requirements.	X

5. Indicate that the proposed project will create service plans for each program participant that include program participant goals, strategies for achieving those goals, and target dates for achievement to focus on improved health and wellness, housing stability, and increased employment income leading to financial stability and self-sufficiency. Select the checkbox that your project will follow these requirements.	X

6. 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		Non-Partner	As needed
Education Services		Subrecipient	As needed
Employment Assistance and Job Training		Subrecipient	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		Subrecipient	As needed
Outreach Services		Non-Partner	As needed
Substance Abuse Treatment Services		Subrecipient	As needed
Transportation		Subrecipient	Weekly
Utility Deposits		Non-Partner	As needed

4B. Housing Type and Location

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

Total Units: 15

Total Beds: 15

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

2a. Units: 15

2b. Beds: 15

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

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		15		15

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

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

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	11		3	14	1	14	3			
Persons ages 18-24	1			1		1				
Total Persons	12	0	3	15	1	15	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

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, 2027?	Yes
4. Select a grant term:	1 Year

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

Acquisition/Rehabilitation/New Construction	
Leased Units	X
Leased Structures	
Rental Assistance	
Supportive Services	X
Operating	X
HMIS	
VAWA	X

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? (13 to 18 months)	No

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:	$221,400
Grant Term:	1 Year
Total Request for Grant Term:	$221,400
Total Units:	15

The number of beds for which funding has been requested in the Leased Units budget is 15.

FMR Area	Total Units Requested	Total Annual Assistance Requested	Total Budget Requested
MA - New Bedford,...	15	$221,400	$221,400

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)
0 Bedroom		x	$1,203		x	12	=	$0
1 Bedroom	15	x	$1,230	$1,230	x	12	=	$221,400
2 Bedroom		x	$1,527		x	12	=	$0
3 Bedroom		x	$1,831		x	12	=	$0
4 Bedroom		x	$2,289		x	12	=	$0
5 Bedroom		x	$2,632		x	12	=	$0
6 Bedroom		x	$2,976		x	12	=	$0
7 Bedroom		x	$3,319		x	12	=	$0
8 Bedroom		x	$3,662		x	12	=	$0
9 Bedroom		x	$4,006		x	12	=	$0
Total units and annual assistance requested:	15							$221,400
Grant term:								1 Year
Total request for grant term:								$221,400

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	0.50 FTE Project Manager + 13% Fringe and Taxes; 0.50 FTE Case Manager + 13% Fringe and Taxes; 0.25 FTE Nurse + 13% Fringe and Taxes	$58,887
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food	Food Assistance for Program Participants	$1,637
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	Transportation Assistance for Program Participants	$562
16. Utility Deposits		
17. Operating Costs	Office Supplies and Brochures	$562
Total Annual Assistance Requested		$61,648
Grant Term		1 Year
Total Request for Grant Term		$61,648

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, Desks, and Chairs	$1,388
7. Equipment (lease, buy)		
Total Annual Assistance Requested		$1,388
Grant Term		1 Year
Total Request for Grant Term		$1,388

Click the 'Save' button to automatically calculate totals.

VAWA Budget

VAWA Budget

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 new 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:	

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:	$22,870
Total Amount of In-Kind Commitments:	$0
Total Amount of All Commitments:	$22,870

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	Cash on Hand Reso...	$22,870

Sources of Match Detail

1. Type of Match commitment:	Cash
2. Source:	Private
3. Name of Source: (Be as specific as possible and include the office or grant program as applicable)	Cash on Hand Resources
4. Amount of Written Commitment:	$22,870

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)	$221,400	1 Year	$221,400
2b. Leased Structures (Screen 6D)	$0	1 Year	$0
3. Rental Assistance (Screen 6E)	$0	1 Year	$0
4. Supportive Services (Screen 6F)	$61,648	1 Year	$61,648
5. Operating (Screen 6G)	$1,388	1 Year	$1,388
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			$284,436
10. Admin (Up to 10% of Sub-total in #9)			$28,444
11. HUD funded Sub-total + Admin. Requested			$312,880
12. Cash Match (From Screen 6I)			$22,870
13. In-Kind Match (From Screen 6I)			$0
14. Total Match (From Screen 6I)			$22,870
15. Total Project Budget for this grant, including Match			$335,750

Click the 'Save' button to automatically calculate totals.

Indirect Cost Information

Indirect Cost Information Form
OMB Number: 2501-0044
Expiration Date: 2/28/2027

Program/Activity Receiving Federal Grant Funding:	CoC Program
Applicant Name:	City of New Bedford

Indirect Cost Rate Information for the Applicant/Recipient:

Please check the box that applies to the Applicant/Recipient and complete the table only as provided by the instructions accompanying this form.

The Applicant/Recipient will not charge indirect costs using an indirect cost rate.	
The Applicant/Recipient will calculate and charge indirect costs under the award by applying a de minimis rate as provided by 2 CFR 200.414(f), as may be amended from time to time.	X
The Applicant/Recipient will calculate and charge indirect costs under the award using the indirect cost rate(s) in the table below, and each rate in this table is included in an indirect cost rate proposal developed in accordance with the applicable appendix to 2 CFR part 200 and, if required, has been approved by the cognizant agency for indirect costs.	

Mark the one (and only one) checkbox that best reflects how the indirect costs of the Applicant/Recipient will be calculated and charged under the award. Do not include indirect cost rate information for subrecipients.

The table following the third checkbox must be completed only if that checkbox is checked. When listing a rate in the table, enter the percentage amount (for example, “15%”), the type of direct cost base to be used (for example, “MTDC”), and the type of rate (“predetermined,” “final,” “fixed,” or “provisional”).

If using the Simplified Allocation Method for indirect costs, enter the applicable indirect cost rate and type of direct cost base in the first row of the table.

If using the Multiple Allocation Base Method, enter each major function of the organization for which a rate was developed and will be used under the award, the indirect cost rate applicable to that major function, and the type of direct cost base to which the rate will be applied.

If the Applicant/Recipient is a government and more than one agency or department will carry out activities under the award, enter each agency or department that will carry out activities under the award, the indirect cost rate(s) for that agency or department, and the type of direct cost base to which each rate will be applied.

To learn more about the indirect cost requirements, see 2 CFR part 200, subpart E, and the applicable appendix that is listed under 2 CFR 200.414(e).

Submission Type: Initial Submission

Effective Date: 07/09/2025

Certification of Authorized Representative for the Applicant/Recipient: **** Under penalty of perjury, I certify on behalf of the Applicant/Recipient that:** **(1) all information provided on this form is true, complete, and accurate, and** **(2) Applicant/Recipient will provide HUD with an update to this form immediately upon learning change in the information provided on this form, and** **(3) I am authorized to speak for the Applicant/Recipient regarding all information provided on this** ****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; 24 CFR § 28.10(b)(iii)).**	X

Authorized Representative:

Prefix:	Ms.
First Name:	Jennifer
Middle Name:	
Last Name:	Clarke
Suffix:	
Title:	Deputy Director
Telephone Number: (Format: 123-456-7890)	(508) 979-1500
Fax Number: (Format: 123-456-7890)	(508) 979-1575
Email:	Jennifer.Clarke@newbedford-ma.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	07/09/2025

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	Subrecipient Nonp...	08/04/2026
2) Other Attachment(s)	No		
3) Other Attachment(s)	No		

Attachment Details

Document Description: Subrecipient Nonprofit Documentation - Steppingstone, Inc.

Attachment Details

Document Description: Last Approved Esnaps Application for Welcome Home

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: 09/24/2026

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
1A. SF-424 Application Type	No Input Required
1B. SF-424 Legal Applicant	08/11/2026
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/23/2026
1E. SF-424 Compliance	08/11/2026
1F. SF-424 Declaration	08/11/2026
1G. HUD 2880	08/11/2026
1H. HUD 50070	08/11/2026
1I. Cert. Lobbying	08/11/2026
1J. SF-LLL	09/23/2026
IK. SF-424B	08/11/2026
1L. SF-424D	08/11/2026
2A. Subrecipients	08/11/2026
2B. Experience	08/11/2026
3A. Project Detail	09/23/2026
3B. Description	09/23/2026
3C. Expansion	08/11/2026
4A. Services	09/23/2026
4B. Housing Type	08/11/2026
5A. Households	09/23/2026
5B. Subpopulations	No Input Required
6A. Funding Request	08/11/2026
6C. Leased Units	08/11/2026
6F. Supp Srvcs Budget	09/23/2026
6G. Operating	09/23/2026
VAWA Budget	No Input Required
6I. Match	08/11/2026

6J. Summary Budget	No Input Required
Indirect Cost Information	09/23/2026
7A. Attachment(s)	08/11/2026
7D. Certification	09/23/2026

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

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

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 2026 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) 2026 Continuum of Care (CoC) Program Competition. For more information see FY 2026 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2026 CoC Program NOFO and the FY 2026 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 2026 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:	09/24/2026
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:	572 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: CPD-2600-DC-0025

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): (for multiple selections hold CTRL key) Massachusetts

15. Descriptive Title of Applicant's Project: Recovery Works Transitional HSG Program

16. Congressional District(s):

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

16b. Project: (for multiple selections hold CTRL key) MA-005

17. Proposed Project

a. Start Date: 10/01/2027

b. End Date: 09/30/2028

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: X

21. Authorized Representative

Prefix:	Ms.
First Name:	Jennifer
Middle Name:	
Last Name:	Clarke
Suffix:	
Title:	Deputy Director
Telephone Number: (Format: 123-456-7890)	(508) 979-1500
Fax Number: (Format: 123-456-7890)	(508) 979-1575
Email:	Jennifer.Clarke@newbedford-ma.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/24/2026

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Number: 2501-0044 Expiration Date: 02/28/2027

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: $357,113.00

(Requested amounts will be automatically entered within applications)

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

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

Part I Threshold Determinations

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

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

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

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

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
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: 09/24/2026

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

2. Sites for Work Performance.

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

I 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: (Format: 123-456-7890)	(508) 979-1500
Fax Number: (Format: 123-456-7890)	(508) 979-1575
Email:	Jennifer.Clarke@newbedford-ma.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/24/2026

1I. 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:	09/24/2026

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. 06/30/2028)

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:	572 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. X

Authorized Representative

Prefix:	Ms.
First Name:	Jennifer
Middle Name:	
Last Name:	Clarke
Suffix:	
Title:	Deputy Director
Telephone Number: (Format: 123-456-7890)	(508) 979-1500
Fax Number: (Format: 123-456-7890)	(508) 979-1575
Email:	Jennifer.Clarke@newbedford-ma.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/24/2026

IK. SF-424B

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

OMB Number: 4040-0007
Expiration Date: 07/31/2028

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: X

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:	09/24/2026

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.

1M. Project Eligibility Certification

1. The project applicant will not engage in racial preferences or other forms of illegal discrimination	X
2. The project applicant will not operate drug injection sites or “safe consumption sites,” knowingly distribute drug paraphernalia on or off of property under their control, permit the use or distribution of illicit drugs on property under their control, or conduct any of these activities under the pretext of “harm reduction.”	X

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: $357,113

Organization	Type	Sub-Award Amount
PAACA- Positive Action Against Chemical Addicti...	M. Nonprofit with 501C3 IRS Status	$357,113

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:	VC6000168898
e. Physical Address	
Street 1:	360 Coggeshall Street
Street 2:	
City:	New Beford
State:	Massachusetts
Zip Code:	02746
f. Congressional District(s): (for multiple selections hold CTRL key)	MA-009
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:	$357,113
j. Contact Person	
Prefix:	Mr.

First Name:	Carl
Middle Name:	J
Last Name:	Alves
Suffix:	
Title:	CEO
E-mail Address:	calves@paaca.org
Confirm E-mail Address:	calves@paaca.org
Phone Number:	774-762-4423
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 (PAACA) is a non-profit community center providing quality services to Greater New Bedford residents since 1983. The agency offers people (and their families) struggling or recovering from Substance Use Disorder, and mental and physical disabilities, a broad range of counseling, education, job training and employment placement, 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 are provided without regard to income. As such, many of these services have been supported through federal funds.

As a result of the above challenges, the majority of PAACA clients need 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 used HUD funds to operate the PSH Step-Up Housing program (and since 2025, the Step-Up RRH 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 Development's Section 8 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 grant funds for over twenty-five (25) years. Some of the funding sources include: the Department of Housing and Urban Development, the Department of Justice, the Department of Labor, the Department of Health and Human Services, the State Executive Office of Public Safety, the Bureau of Substance Abuse and 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 the 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's daily tasks (A/R, A/P. Banking, Insurance, and other financial matters). Two staff members 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 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 CoC
2. CoC Collaborative Applicant Name:	City of New Bedford
3. Project Name:	Recovery Works Transitional HSG Program
4. Project Status:	Standard
5. Component Type:	TH
6. What type of CoC funding is this project applying for in this CoC Program Competition?	Reallocation
7. Is your organization or expected subrecipient a victim service provider defined in 24 CFR 578.3 and uses a comparable HMIS database?	No
8. 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
9. Will funds requested in this new project application replace state or local government funds (24 CFR 578.87(a))?	No
10. Will this project include replacement reserves in the Operating budget?	No
11. 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.

PAACA proposes the Recovery Works Housing Program, a New Transitional Housing program providing 18 units of housing for elderly and disabled people experiencing chronic homelessness. The project combines stable housing with intensive, localized behavioral health and recovery community services and support to ensure long-term housing stability and self-sufficiency.

Services range from case management, life skills, education, and medical services to other services as needed. PAACA has established formal partnerships with the entire continuum of care, including our on-site partner Ignite Recovery and All Care medical services, for on-site behavioral health and substance use recovery services, ensuring participants have immediate access to necessary clinical care. Our model will feature 18 SRO units in scattered housing buildings around the region.

The new Recovery Works Transitional Housing program will feature a 20% increase in the number of units from 15 to 18 at essentially the same cost of operation as the previous program. We believe this new Transitional model will not only reduce per-unit cost, but also provide better transitions to independence by advancing recovery, accountability, and personal responsibility.

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	1			
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	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.

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	X	Survivors	
Veterans		Substance Abuse	
Youth (under 25)		Mental Illness	
Families		HIV/AIDS	
		Chronic Homeless	
		Other (Click 'Save' to update)	

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

3C. Project Expansion Information

1. Is this a "Project Expansion" of an eligible renewal project?	No

4A. Supportive Services for Participants

1a. What prior experience does the applicant have operating transitional housing or other projects that have successfully helped homeless individuals and families exit homelessness within 24 months or has a plan in place to ensure homeless individuals and families will exit homelessness within 24 months?

PAACA has been operating housing programs for over thirty (30) years, including a HUD-funded PSH program for over 28 years. PAACA currently operates over 40 units of scattered site transitional housing (101 beds). PAACA's transitional housing is integrated into a network of care by leveraging our RISE Recovery Center, Ignite Recovery, All Care Medical Services, and Inter-Church Council and Christian Fellowship Center. We provide the fellowship and peer-led guidance necessary for long-term success. The program specifically targets increased total income and employment—directly boosting BCCC system performance metrics—by utilizing an established network of local vocational partners to move participants into the workforce, thereby moving homeless individuals into permanent housing.

1b. The applicant has previously operated or currently operates transitional housing or another homelessness project, or has a plan in place to ensure that at least 50 percent of participants exit to a positive destination within 24 months and at least 50 percent of participants exit with employment income as reflected in HMIS or another data system used by the applicant.

. PAACA currently operates over 40 units of scattered-site transitional housing (101 beds). The program specifically targets increased total income and employment—directly boosting HMIS system performance metrics—by utilizing an established network of local vocational partners to move participants into the workforce.

PAACA's transitional housing program currently has a success rate above 90% of participants exiting to a positive destination within 24 months.

1c. Demonstrate that the project will provide and/or partner with other organizations to provide eligible supportive services that are necessary to assist program participants to obtain and maintain housing (i.e., case management, behavioral healthcare, employment training, etc.)

PAACA's Recovery Works (RWTH) capacity is bolstered by an 8-person multidisciplinary team including Counselors (LADC) and Recovery Coaches (CPRC). PAACA also provides case managers with lived experience who develop ISPs focused on the resources and skills needed to obtain and maintain housing.

PAACA's transitional housing is integrated into a network of care, by leveraging our RISE Recovery Center, Ignite Recovery, All Care Medical Services, and Inter-Church Council and Christian Fellowship Center. We provide the fellowship and peer-led guidance necessary for long-term success.

PAACA also has on-site workforce development staff that provide access to job training and placement through partners such as MassHire and MassAbility.

2. How will this project be supplemented with resources from other public or private sources, that may include mainstream health, social, and employment programs such as Medicare, Medicaid, SSI, and SNAP.

PAACA has longstanding relationships (over ten years) with Southcoast Health, which operates St. Luke's Hospital and satellite offices in New Bedford and the New Bedford Community Health Center. Likewise, PAACA has worked with High Point Treatment Center for over ten years, specializing in inpatient and outpatient Substance Use Disorder and Mental Health treatment. Both partners have experience accessing health benefits such as MassHealth, the Connector, and Medicare. PAACA works closely with MassAbility to access SSI, SNAP, and other public benefits.

3. TH Service Requirements

3a. How will this projects assess the service needs of program participants?

PAACA's Recovery Works capacity is bolstered by an 8-person multidisciplinary team including Counselors (LADC) and Recovery Coaches (CPRC). PAACA also provides case managers with lived experience who develop ISPs focused on the resources and skills needed to obtain and maintain housing.

3b. Describe how this project will provide individualized services for program participants during their time in Transitional Housing that will result in at least 20 hours per week of engagement in services, activities or employment for all program participants, except for a program participant over age 62 or who is an individual with handicaps as defined in 24 CFR 8.3 or a with a developmental disability as defined under 24 CFR 578.3?

(examples of services or activities include case management, counseling, treatment, volunteering, work therapy, education, job training, community-building activities, etc.) Employment may contribute to the 20 hours per week of engagement. The project description provided here does not constitute a reporting or documentation requirement.

PAACA case managers develop ISPs that focus on the necessary resources and skills to obtain and maintain housing. The focus of these ISPs will be to ensure that all participants spend at least 20 hours per week engaged in services, activities, or employment. PAACA's 8-person multidisciplinary team, including Counselors (LADC) and Recovery Coaches, will engage participants in case management and counseling. PAACA, in coordination with MassHire, Massability, and other partners, will focus on education, job training, and placement.

4. Indicate that the proposed project will create service plans for each program participant that include the services to be provided, when and how often services will be provided, by whom all services will be provided. Select the checkbox that your project will follow these requirements.	X
5. Indicate that the proposed project will create service plans for each program participant that include program participant goals, strategies for achieving those goals, and target dates for achievement to focus on improved health and wellness, housing stability, and increased employment income leading to financial stability and self-sufficiency. Select the checkbox that your project will follow these requirements.	X

6. 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			
Assistance with Moving Costs			
Case Management		Subrecipient	Weekly
Child Care			
Education Services			
Employment Assistance and Job Training		Subrecipient	Weekly
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		

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: 18

Total Beds: 18

Housing Type	Housing Type (JOINT)	Units	Beds	Dedicated CH Beds
Single Room Occupancy (SRO)...	---	18	18	0

4B. Housing Type and Location Detail

1. Housing Type: Single Room Occupancy (SRO) units

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

2a. Units: 18

2b. Beds: 18

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: 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

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		18		18

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		18		18
Persons ages 18-24				0
Accompanied Children under age 18				0
Unaccompanied Children under age 18				0
Total Persons	0	18	0	18

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	18			9		9		4		
Persons ages 18-24										
Total Persons	18	0	0	9	0	9	0	4	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, 2027?	Yes
4. Select a grant term:	1 Year

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

Acquisition/Rehabilitation/New Construction	
Leased Units	X
Leased Structures	
Rental Assistance	
Supportive Services	X
Operating	X
HMIS	
VAWA	X

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? (13 to 18 months)	No

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:	$259,848
Grant Term:	1 Year
Total Request for Grant Term:	$259,848
Total Units:	18

The number of beds for which funding has been requested in the Leased Units budget is 18.

FMR Area	Total Units Requested	Total Annual Assistance Requested	Total Budget Requested
MA - New Bedford,...	18	$259,848	$259,848

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)
0 Bedroom	18	x	$1,203	$1,203	x	12	=	$259,848
1 Bedroom		x	$1,230		x	12	=	$0
2 Bedroom		x	$1,527		x	12	=	$0
3 Bedroom		x	$1,831		x	12	=	$0
4 Bedroom		x	$2,289		x	12	=	$0
5 Bedroom		x	$2,632		x	12	=	$0
6 Bedroom		x	$2,976		x	12	=	$0
7 Bedroom		x	$3,319		x	12	=	$0
8 Bedroom		x	$3,662		x	12	=	$0
9 Bedroom		x	$4,006		x	12	=	$0
Total units and annual assistance requested:	18							$259,848
Grant term:								1 Year
Total request for grant term:								$259,848

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	.5 FTE Case manager	$22,200
4. Child Care		
5. Education Services		
6. Employment Assistance	.5 FTE Employment Coach Services	$21,000
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		$43,200
Grant Term		1 Year
Total Request for Grant Term		$43,200

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	Repairs and mantenance 1200 per unit x 18 units	$21,600
2. Property Taxes and Insurance		
3. Replacement Reserve		
4. Building Security		
5. Electricity, Gas, and Water		
6. Furniture		
7. Equipment (lease, buy)		
Total Annual Assistance Requested		$21,600
Grant Term		1 Year
Total Request for Grant Term		$21,600

Click the 'Save' button to automatically calculate totals.

VAWA Budget

VAWA Budget

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 new 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:	

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:	$24,316
Total Amount of In-Kind Commitments:	$0
Total Amount of All Commitments:	$24,316

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)

Occupancy charge paid by program participants according to HUD rules

1b. Estimate the amount of program income that will be used as Match for this project: $24,316

Type	Source	Name of Source	Amount of Commitments
Cash	Private	PAACA Housing Ope...	$24,316

Sources of Match Detail

1. Type of Match commitment:	Cash
2. Source:	Private
3. Name of Source: (Be as specific as possible and include the office or grant program as applicable)	PAACA Housing Operating Funds
4. Amount of Written Commitment:	$24,316

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)	$259,848	1 Year	$259,848
2b. Leased Structures (Screen 6D)	$0	1 Year	$0
3. Rental Assistance (Screen 6E)	$0	1 Year	$0
4. Supportive Services (Screen 6F)	$43,200	1 Year	$43,200
5. Operating (Screen 6G)	$21,600	1 Year	$21,600
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			$324,648
10. Admin (Up to 10% of Sub-total in #9)			$32,465
11. HUD funded Sub-total + Admin. Requested			$357,113
12. Cash Match (From Screen 6I)			$24,316
13. In-Kind Match (From Screen 6I)			$0
14. Total Match (From Screen 6I)			$24,316
15. Total Project Budget for this grant, including Match			$381,429

Click the 'Save' button to automatically calculate totals.

Indirect Cost Information

Indirect Cost Information Form
OMB Number: 2501-0044
Expiration Date: 2/28/2027

Program/Activity Receiving Federal Grant Funding:	CoC Program
Applicant Name:	City of New Bedford

Indirect Cost Rate Information for the Applicant/Recipient:

Please check the box that applies to the Applicant/Recipient and complete the table only as provided by the instructions accompanying this form.

The Applicant/Recipient will not charge indirect costs using an indirect cost rate.	
The Applicant/Recipient will calculate and charge indirect costs under the award by applying a de minimis rate as provided by 2 CFR 200.414(f), as may be amended from time to time.	X
The Applicant/Recipient will calculate and charge indirect costs under the award using the indirect cost rate(s) in the table below, and each rate in this table is included in an indirect cost rate proposal developed in accordance with the applicable appendix to 2 CFR part 200 and, if required, has been approved by the cognizant agency for indirect costs.	

Mark the one (and only one) checkbox that best reflects how the indirect costs of the Applicant/Recipient will be calculated and charged under the award. Do not include indirect cost rate information for subrecipients.

The table following the third checkbox must be completed only if that checkbox is checked. When listing a rate in the table, enter the percentage amount (for example, “15%”), the type of direct cost base to be used (for example, “MTDC”), and the type of rate (“predetermined,” “final,” “fixed,” or “provisional”).

If using the Simplified Allocation Method for indirect costs, enter the applicable indirect cost rate and type of direct cost base in the first row of the table.

If using the Multiple Allocation Base Method, enter each major function of the organization for which a rate was developed and will be used under the award, the indirect cost rate applicable to that major function, and the type of direct cost base to which the rate will be applied.

If the Applicant/Recipient is a government and more than one agency or department will carry out activities under the award, enter each agency or department that will carry out activities under the award, the indirect cost rate(s) for that agency or department, and the type of direct cost base to which each rate will be applied.

To learn more about the indirect cost requirements, see 2 CFR part 200, subpart E, and the applicable appendix that is listed under 2 CFR 200.414(e).

Submission Type: Initial Submission

Effective Date: 07/09/2025

Certification of Authorized Representative for the Applicant/Recipient: **** Under penalty of perjury, I certify on behalf of the Applicant/Recipient that:** **(1) all information provided on this form is true, complete, and accurate, and** **(2) Applicant/Recipient will provide HUD with an update to this form immediately upon learning change in the information provided on this form, and** **(3) I am authorized to speak for the Applicant/Recipient regarding all information provided on this** ****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; 24 CFR § 28.10(b)(iii)).**	X

Authorized Representative:

Prefix:	Ms.
First Name:	Jennifer
Middle Name:	
Last Name:	Clarke
Suffix:	
Title:	Deputy Director
Telephone Number: (Format: 123-456-7890)	(508) 979-1500
Fax Number: (Format: 123-456-7890)	(508) 979-1575
Email:	Jennifer.Clarke@newbedford-ma.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	07/09/2025

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	501c3 Letter of D...	08/04/2026
2) Other Attachment(s)	No		
3) Other Attachment(s)	No		

Attachment Details

Document Description: 501c3 Letter of Determination

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: 09/24/2026

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
1A. SF-424 Application Type	No Input Required
1B. SF-424 Legal Applicant	08/11/2026
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/23/2026
1E. SF-424 Compliance	08/11/2026
1F. SF-424 Declaration	08/11/2026
1G. HUD 2880	08/11/2026
1H. HUD 50070	08/11/2026
1I. Cert. Lobbying	08/11/2026
1J. SF-LLL	09/23/2026
IK. SF-424B	08/11/2026
1L. SF-424D	08/11/2026
2A. Subrecipients	08/11/2026
2B. Experience	08/11/2026
3A. Project Detail	08/11/2026
3B. Description	09/23/2026
3C. Expansion	08/11/2026
4A. Services	09/23/2026
4B. Housing Type	08/11/2026
5A. Households	09/23/2026
5B. Subpopulations	No Input Required
6A. Funding Request	08/11/2026
6C. Leased Units	08/11/2026
6F. Supp Srvcs Budget	09/23/2026
6G. Operating	09/23/2026
VAWA Budget	No Input Required
6I. Match	09/23/2026

6J. Summary Budget	No Input Required
Indirect Cost Information	09/23/2026
7A. Attachment(s)	08/11/2026
7D. Certification	09/23/2026

Internal Revenue Service

District
Director

Department of the Treasury

35 Tillary St., Brooklyn, NY 11201

Date: JAN 26 1990

Postive Action Against Chemical
Addiction, Inc.
Chestnut Place 127 Chestnut St.
New Bedford, MA 02770

Prson 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 2026 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) 2026 Continuum of Care (CoC) Program Competition. For more information see FY 2026 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2026 CoC Program NOFO and the FY 2026 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 2026 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:	09/24/2026
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:	572 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: CPD-2600-DC-0025

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): (for multiple selections hold CTRL key) Massachusetts

15. Descriptive Title of Applicant's Project: NB Street Outreach Program

16. Congressional District(s):

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

16b. Project: (for multiple selections hold CTRL key) MA-005

17. Proposed Project

a. Start Date: 09/01/2027

b. End Date: 08/31/2028

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: X

21. Authorized Representative

Prefix:	Ms.
First Name:	Jennifer
Middle Name:	
Last Name:	Clarke
Suffix:	
Title:	Deputy Director
Telephone Number: (Format: 123-456-7890)	(508) 979-1500
Fax Number: (Format: 123-456-7890)	(508) 979-1575
Email:	Jennifer.Clarke@newbedford-ma.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/24/2026

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Number: 2501-0044 Expiration Date: 02/28/2027

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: $250,000.00

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

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

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

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

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
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: 09/24/2026

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

2. Sites for Work Performance.

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

I 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: (Format: 123-456-7890)	(508) 979-1500
Fax Number: (Format: 123-456-7890)	(508) 979-1575
Email:	Jennifer.Clarke@newbedford-ma.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/24/2026

1I. 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:	09/24/2026

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. 06/30/2028)

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:	572 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. [X]

Authorized Representative

Prefix:	Ms.
First Name:	Jennifer
Middle Name:	
Last Name:	Clarke
Suffix:	
Title:	Deputy Director
Telephone Number: (Format: 123-456-7890)	(508) 979-1500
Fax Number: (Format: 123-456-7890)	(508) 979-1575
Email:	Jennifer.Clarke@newbedford-ma.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/24/2026

IK. SF-424B

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

OMB Number: 4040-0007
Expiration Date: 07/31/2028

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: [X]

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:	09/24/2026

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.

1M. Project Eligibility Certification

1. The project applicant will not engage in racial preferences or other forms of illegal discrimination	X
2. The project applicant will not operate drug injection sites or “safe consumption sites,” knowingly distribute drug paraphernalia on or off of property under their control, permit the use or distribution of illicit drugs on property under their control, or conduct any of these activities under the pretext of “harm reduction.”	X

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: $250,000

Organization	Type	Sub-Award Amount
City of New Bedford - Health Department	C. City or Township Government	$250,000

2A. Project Subrecipients Detail

a. Organization Name:	City of New Bedford - Health Department
b. Organization Type:	C. City or Township Government
If "Other" specify:	
c. Employer or Tax Identification Number:	04-6001402
d. Unique Entity Identifier:	MUQVPRRNQM94
e. Physical Address	
Street 1:	1213 Pleasant Street
Street 2:	
City:	New Bedford
State:	Massachusetts
Zip Code:	02740
f. Congressional District(s): (for multiple selections hold CTRL key)	MA-009
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:	$250,000
j. Contact Person	
Prefix:	Ms.

First Name:	Stephanie
Middle Name:	
Last Name:	Sloan
Suffix:	
Title:	Director
E-mail Address:	Stephanie.Sloan@newbedford-ma.gov
Confirm E-mail Address:	Stephanie.Sloan@newbedford-ma.gov
Phone Number:	508-991-6199
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.

Under this application, the City of New Bedford Office of Housing and Community Development (OHCD) will serve as the Recipient/Applicant and the City of New Bedford's Department of Health and Human Services (HHS) will be the Subrecipient administering the Supportive Services Only (SSO) – Street Outreach project.

OHCD has extensive experience administering federal grant programs and ensuring compliance with all applicable federal regulations. As the Collaborative Applicant and Lead Agency for the Bristol County Continuum of Care (CoC), OHCD oversees the planning, administration, and monitoring of U.S. Department of Housing and Urban Development (HUD) CoC funding to support programs that prevent and end homelessness.

OHCD has successfully managed federal funds for many years, including CoC, Emergency Solutions Grants (ESG), Community Development Block Grant (CDBG), HOME Investment Partnerships Program (HOME), and other HUD-funded initiatives. The department has established financial management systems, internal controls, and monitoring procedures to ensure that federal funds are administered in accordance with HUD regulations and grant requirements.

HHS also has deep experience administering a variety of federal and state grant programs. The Department was recently created by combining the city's Community Services Department, long a frontline leader in direct services to those experiencing homelessness, with the Health Department, which has more specific expertise with public health matters including opioid and other substance use disorders. The Health Department's experience includes operating other federal grants geared toward substance use disorder treatment and recovery, including those with outreach components similar in scope to the program proposed here. In addition, HHS has extensive direct experience coordinating responses to encampments and street homelessness via the City's Homeless Encampment Action Response Team (HEART). The HEART Protocol is a collaborative initiative to improve how the community responds to homelessness through coordinated outreach, engagement, and connections to shelter, treatment, housing, and supportive services. The protocol is intended to ensure that city departments, service providers, healthcare organizations, public safety agencies, and community partners work together using a consistent and effective approach.
OHCD staff will work closely with HHS to ensure successful implementation of the program, including ongoing subrecipient oversight and monitoring.

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

The City of New Bedford, through OHCD and HHS, has extensive experience leveraging Federal, State, local, and private-sector resources to address housing, community development, public health, and human-service needs throughout the City.

The City strategically combines multiple funding sources to maximize the impact of public investments and expand services available to New Bedford residents. HUD resources administered through OHCD, including CoC, ESG, CDBG, and HOME, are coordinated with State, local, and other public and private resources to support eligible housing, neighborhood revitalization, economic development, public service, and community improvement activities.

HHS likewise has experience leveraging Federal, State, local, and private-sector resources to support individuals and families experiencing homelessness and housing instability. Through its role in coordinating health and human services, the Department works with governmental agencies, community-based organizations, housing providers, healthcare partners, nonprofit organizations, and philanthropic stakeholders to maximize available resources and strengthen the local homeless response system.

The intent of the subrecipient relationship between City departments is to maximize the leveraging of federal, state, local, and private sector funds, as well as the broad capacity of City staff. The structure of the proposed program recognizes the synergies and complementary funding streams of existing HHS grants, the CoC program, and OHCD's goals in expanded street outreach.

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

The City of New Bedford maintains a centralized financial management system with established policies and internal controls to ensure the proper use and oversight of Federal, State, local, and private funds. OHCD and HHS work with the City's Finance Department to manage budgets, track expenditures, process payments, and complete required financial reporting.

Grant funds are tracked separately to ensure expenditures are allowable, properly documented, and consistent with approved program requirements. The City maintains appropriate segregation of duties, financial records, procurement procedures, and monitoring processes. When subrecipients are utilized, the City requires appropriate agreements, financial documentation, reporting, and compliance with applicable funding requirements, and OHCD conducts subrecipient risk assessment and monitoring consistent with 2 CFR 200.332.

This structure ensures accountability, accurate financial reporting, and responsible stewardship of funds throughout the grant period. Both OHCD and HHS will follow written fiscal policies and procedures that comply with Uniform Guidance (2 CFR Part 200), CoC Program requirements at 24 CFR Part 578, and all applicable federal and state regulations.

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 CoC
2. CoC Collaborative Applicant Name:	City of New Bedford
3. Project Name:	NB Street Outreach Program
4. Project Status:	Standard
5. Component Type:	SSO
5a. Select the type of SSO Project:	Street Outreach
6. What type of CoC funding is this project applying for in this CoC Program Competition?	Reallocation
7. Is your organization or expected subrecipient a victim service provider defined in 24 CFR 578.3 and uses a comparable HMIS database?	No
8. 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
9. Will funds requested in this new project application replace state or local government funds (24 CFR 578.87(a))?	No
11. 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 City of New Bedford, through OHCD and HHS, proposes to provide CoC-funded Street Outreach services to individuals experiencing unsheltered homelessness.

HHS will use the HEART protocol to deliver Street Outreach services and provide a coordinated, compassionate response to individuals experiencing unsheltered homelessness that also protects public health and safety.

The HEART protocol is a collaborative partnership involving City government, Law Enforcement Assisted Diversion (LEAD), the Community Crisis Intervention Team (CCIT), public safety (Police and Fire), health services (including Greater New Bedford Community Health Center and St. Luke's Hospital), and community partners, with outreach focused on engaging unsheltered individuals and connecting them to shelter, treatment, housing, and supportive services.

The Street Outreach team will engage individuals experiencing homelessness in New Bedford, with a focus on those living in encampments, public parks, and other public spaces. Outreach staff will build trust, assess individual needs, and connect participants with available shelter, treatment, supportive services, healthcare, transitional and permanent housing, and other community resources. The goal is to ensure that encampment closures are accompanied by meaningful outreach and service coordination that move individuals off the street and into shelter, treatment, or housing, while protecting the health and safety of both participants and the broader community.

The project will coordinate closely with the CoC, shelters, treatment providers, housing providers, healthcare organizations, and community-based agencies to promote access to shelter, treatment, and housing. Outreach activities will be person-centered and focused on building relationships and supporting participants toward recovery, self-sufficiency, and housing stability.

Street outreach in New Bedford is currently carried out primarily by non-profit providers with limited budgets and broad responsibilities that can eclipse outreach in priority. This project will allow the City to expand its in-house capacity to respond more promptly to encampments, connect individuals with services sooner, and collect reliable data to inform CoC decision-making.

The project will support the City's goal of reducing unsheltered homelessness through ongoing outreach, coordinated service delivery, and connections to shelter, treatment, and housing. The HEART protocol provides the framework for ensuring that outreach is consistent, collaborative, and responsive to both the needs of individuals experiencing homelessness and the health and safety of the broader New Bedford community.

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	60			
Begin program participant enrollment	60			
Program participants occupy leased or rental assistance units or structure(s), or supportive services begin				
Leased or rental assistance units or structure, and supportive services near 100% capacity				
Closing on purchase of land, structure(s), or execution of structure lease				
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	X	Survivors	
Veterans		Substance Abuse	
Youth (under 25)		Mental Illness	
Families		HIV/AIDS	
		Chronic Homeless	
		Other (Click 'Save' to update)	

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

3C. Project Expansion Information

1. Is this a "Project Expansion" of an eligible renewal project?	No

4A. Supportive Services for Participants

2. How will this project be supplemented with resources from other public or private sources, that may include mainstream health, social, and employment programs such as Medicare, Medicaid, SSI, and SNAP.

The project will leverage existing public and private resources to supplement CoC funding and provide comprehensive support to individuals experiencing homelessness. OHCD and HHS will work through the HEART protocol and with community partners to connect participants with available housing, health, treatment, and supportive services.

Outreach team staff are experienced in helping participants access mainstream benefits and programs, including Medicare, Medicaid (MassHealth), SSI/SSDI, SNAP, and other public assistance programs for which they are eligible. Staff will provide referrals to services, application assistance, documentation support, and follow-up to help individuals obtain and maintain these benefits. For participants able to work, staff will also make referrals to MassHire and other workforce programs to support employment and self-sufficiency.

OHCD and HHS will also coordinate with public safety, healthcare providers, behavioral health and substance use disorder treatment providers, employment programs, housing providers, food assistance programs, and local nonprofit organizations. These partnerships will maximize available resources and address the housing, health, income, food, and employment needs of individuals experiencing homelessness.

By combining CoC funding with other public and private resources, the project will expand service capacity, reduce duplication, and support individuals in achieving self-sufficiency and stable housing.

3. Describe the strategy for providing supportive services to eligible program participants (including those with history of unsheltered homelessness and those who do not traditionally engage with supportive services).

HHS will deliver supportive services through the HEART protocol, using an engagement strategy tailored to two groups: those with a history of unsheltered homelessness and those who have not traditionally engaged with services.

For participants with a history of unsheltered homelessness, staff will focus on establishing consistent contact and building trust over time. Outreach will occur in locations where participants are accessible, including shelters, encampments, community locations, and other appropriate settings. Staff will assist participants with immediate and longer-term needs, including obtaining identification and benefits, accessing health care, behavioral health, and substance use disorder treatment, addressing transportation needs, locating housing, and maintaining housing stability. Staff will remain persistent and respectful when participants are difficult to reach or have previously declined services, while making clear that remaining in an encampment is not a viable long-term option and consistently encouraging acceptance of shelter and treatment.

For individuals who have not traditionally engaged with supportive services, staff will identify and address barriers that may have prevented participation in the past. Flexible appointment times, phone and text communication, reminders, transportation assistance, and accompaniment to appointments will be used to make services easier to access. Staff will take time to establish relationships, understand individual circumstances, and work with participants to set concrete goals toward treatment, income, and housing, and to accept the services needed to reach them.

The program will maintain regular follow-up with participants and adjust service strategies as needs change. Staff will document outreach efforts, service connections, and outcomes in HMIS to identify gaps and improve engagement.

4 Demonstrate that the applicant has a history of, or a plan for, partnering with first responders and law enforcement to engage people living in places not meant for human habitation to access emergency shelter, treatment programs, reunification with family, transitional housing or independent living. The applicant must cooperate and not interfere or impede with the enforcement of local laws such as public camping and public drug use laws and assist/be willing to assist first responders in their efforts to engage homeless individuals.

HHS will deliver Street Outreach through the HEART protocol, the City's established framework for partnering outreach staff with first responders and law enforcement. HEART brings together City government, LEAD, CCIT, the New Bedford Police and Fire Departments, health care providers, and other community partners. Outreach will focus on engaging individuals living in places not meant for human habitation and connecting them to emergency shelter, treatment programs, reunification with family, transitional housing, independent living, and other supportive services.

Under HEART, outreach staff work alongside first responders and law enforcement to safely engage individuals living in places not meant for human habitation and assist with connections to appropriate services. HHS and its outreach staff will cooperate with first responders and law enforcement and will not interfere with or impede enforcement of applicable local laws, including public camping and public drug use laws. Staff will assist first responders in their efforts to engage homeless individuals by providing outreach, service information, referrals, and follow-up to help individuals access shelter, treatment, housing, and supportive services.

5. Does the applicant have experience providing outreach services, or a plan for providing outreach services, consistent with the activity description at 24 CFR 578.53(e)(13) Yes

6. Describe a plan for or past work at helping people successfully exit from places not meant for human habitation to emergency shelter, treatment programs, transitional housing or permanent housing programs.

HHS has experience helping individuals experiencing unsheltered homelessness move from places not meant for human habitation into emergency shelter, treatment programs, transitional housing, and permanent housing. Through coordinated outreach, case management, and partnerships with local service providers, the Department works to identify individuals' immediate needs, build trust, address barriers to housing, and connect people with appropriate services and housing opportunities.

A key component of this collaborative response is the HEART Protocol, a partnership involving City government, LEAD, CCIT, and the CoC's Coordinated Entry system. The HEART Protocol brings together municipal resources, public safety personnel, and behavioral health and community-based professionals to respond to individuals experiencing homelessness and other complex needs. This collaborative model allows the City to coordinate outreach, assess individual circumstances, connect people to appropriate services, and develop pathways to shelter, treatment, transitional housing, and permanent housing.

The HEART approach pairs the closure of encampments with active engagement, so that individuals are not simply displaced from one location to another but are directed into shelter, treatment, or housing. Team members and partnering agencies work to establish trust, understand the circumstances contributing to an individual's housing instability, and identify the most appropriate intervention. Depending on the person's needs, this may include transportation to emergency shelter, connection to behavioral health or substance use disorder treatment and recovery services, assistance obtaining identification and benefits, housing navigation, referrals to supportive services, and connection to transitional or permanent housing programs.

The Department also works with community partners to provide ongoing case management and follow-up after placement. Staff assist individuals in addressing barriers that could interfere with housing stability and coordinate with housing and service providers to help ensure continuity of care. This coordinated system of outreach, crisis response, diversion, treatment referral, and housing navigation provides the City with an established framework for helping individuals successfully transition from places not meant for human habitation into safe and stable housing.

The City will build upon this existing experience and the partnerships established through the HEART Protocol to provide a consistent, person-centered pathway from unsheltered homelessness to appropriate shelter, treatment, transitional housing, or permanent housing, with an emphasis on recovery, self-sufficiency, and long-term housing stability.

6. 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		Partner	As needed
Case Management		Subrecipient	Weekly

Child Care	Non-Partner	As needed
Education Services	Non-Partner	As needed
Employment Assistance and Job Training	Partner	As needed
Food	Partner	As needed
Housing Search and Counseling Services	Partner	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	Subrecipient	Daily
Substance Abuse Treatment Services	Partner	As needed
Transportation	Partner	As needed
Utility Deposits	Non-Partner	As needed

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		100		100

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		90		90
Persons ages 18-24		10		10
Accompanied Children under age 18				0
Unaccompanied Children under age 18				0
Total Persons	0	100	0	100

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				90		90				
Persons ages 18-24				10		10				
Total Persons	0	0	0	100	0	100	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, 2027?	Yes
4. Select a grant term:	1 Year

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

Acquisition/Rehabilitation/New Construction	
Leased Structures	
Supportive Services	X
HMIS	
VAWA	X

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? (13 to 18 months)	No

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		
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	4 FTE Outreach workers salaries plus tax and fringe	$227,273
14. Substance Abuse Treatment Services		
15. Transportation		
16. Utility Deposits		
17. Operating Costs		
Total Annual Assistance Requested		$227,273
Grant Term		1 Year
Total Request for Grant Term		$227,273

Click the 'Save' button to automatically calculate totals.

VAWA Budget

VAWA Budget

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 new 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

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:	$62,500
Total Amount of In-Kind Commitments:	$0
Total Amount of All Commitments:	$62,500

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	City of New Bedford	$62,500

Sources of Match Detail

1. Type of Match commitment:	Cash
2. Source:	Government
3. Name of Source: (Be as specific as possible and include the office or grant program as applicable)	City of New Bedford
4. Amount of Written Commitment:	$62,500

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)	$0	1 Year	$0
4. Supportive Services (Screen 6F)	$227,273	1 Year	$227,273
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			$227,273
10. Admin (Up to 10% of Sub-total in #9)			$22,727
11. HUD funded Sub-total + Admin. Requested			$250,000
12. Cash Match (From Screen 6I)			$62,500
13. In-Kind Match (From Screen 6I)			$0
14. Total Match (From Screen 6I)			$62,500
15. Total Project Budget for this grant, including Match			$312,500

Click the 'Save' button to automatically calculate totals.

Indirect Cost Information

Indirect Cost Information Form
OMB Number: 2501-0044
Expiration Date: 2/28/2027

Program/Activity Receiving Federal Grant Funding:	CoC Program
Applicant Name:	City of New Bedford

Indirect Cost Rate Information for the Applicant/Recipient:

Please check the box that applies to the Applicant/Recipient and complete the table only as provided by the instructions accompanying this form.

The Applicant/Recipient will not charge indirect costs using an indirect cost rate.	
The Applicant/Recipient will calculate and charge indirect costs under the award by applying a de minimis rate as provided by 2 CFR 200.414(f), as may be amended from time to time.	X
The Applicant/Recipient will calculate and charge indirect costs under the award using the indirect cost rate(s) in the table below, and each rate in this table is included in an indirect cost rate proposal developed in accordance with the applicable appendix to 2 CFR part 200 and, if required, has been approved by the cognizant agency for indirect costs.	

Mark the one (and only one) checkbox that best reflects how the indirect costs of the Applicant/Recipient will be calculated and charged under the award. Do not include indirect cost rate information for subrecipients.

The table following the third checkbox must be completed only if that checkbox is checked. When listing a rate in the table, enter the percentage amount (for example, “15%”), the type of direct cost base to be used (for example, “MTDC”), and the type of rate (“predetermined,” “final,” “fixed,” or “provisional”).

If using the Simplified Allocation Method for indirect costs, enter the applicable indirect cost rate and type of direct cost base in the first row of the table.

If using the Multiple Allocation Base Method, enter each major function of the organization for which a rate was developed and will be used under the award, the indirect cost rate applicable to that major function, and the type of direct cost base to which the rate will be applied.

If the Applicant/Recipient is a government and more than one agency or department will carry out activities under the award, enter each agency or department that will carry out activities under the award, the indirect cost rate(s) for that agency or department, and the type of direct cost base to which each rate will be applied.

To learn more about the indirect cost requirements, see 2 CFR part 200, subpart E, and the applicable appendix that is listed under 2 CFR 200.414(e).

Submission Type: Initial Submission

Effective Date: 07/09/2025

Certification of Authorized Representative for the Applicant/Recipient: **** Under penalty of perjury, I certify on behalf of the Applicant/Recipient that:** **(1) all information provided on this form is true, complete, and accurate, and** **(2) Applicant/Recipient will provide HUD with an update to this form immediately upon learning change in the information provided on this form, and** **(3) I am authorized to speak for the Applicant/Recipient regarding all information provided on this** ****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; 24 CFR § 28.10(b)(iii)).**	X

Authorized Representative:

Prefix:	Ms.
First Name:	Jennifer
Middle Name:	
Last Name:	Clarke
Suffix:	
Title:	Deputy Director
Telephone Number: (Format: 123-456-7890)	(508) 979-1500
Fax Number: (Format: 123-456-7890)	(508) 979-1575
Email:	Jennifer.Clarke@newbedford-ma.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	07/09/2025

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: 09/24/2026

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
1A. SF-424 Application Type	No Input Required

1B. SF-424 Legal Applicant	08/11/2026
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/23/2026
1E. SF-424 Compliance	08/11/2026
1F. SF-424 Declaration	08/11/2026
1G. HUD 2880	08/11/2026
1H. HUD 50070	08/11/2026
1I. Cert. Lobbying	08/11/2026
1J. SF-LLL	09/23/2026
IK. SF-424B	08/11/2026
1L. SF-424D	08/11/2026
2A. Subrecipients	09/23/2026
2B. Experience	09/22/2026
3A. Project Detail	08/11/2026
3B. Description	09/23/2026
3C. Expansion	08/11/2026
4A. Services	09/23/2026
5A. Households	09/22/2026
5B. Subpopulations	No Input Required
6A. Funding Request	08/11/2026
6F. Supp Srvcs Budget	09/23/2026
VAWA Budget	No Input Required
6I. Match	09/21/2026
6J. Summary Budget	No Input Required
Indirect Cost Information	09/23/2026
7A. Attachment(s)	No Input Required
7D. Certification	09/23/2026

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 2026 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) 2026 Continuum of Care (CoC) Program Competition. For more information see FY 2026 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2026 CoC Program NOFO and the FY 2026 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 2026 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:	09/24/2026
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: 572 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: CPD-2600-DC-0025

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): (for multiple selections hold CTRL key) Massachusetts

15. Descriptive Title of Applicant's Project: Northern Bristol County Street Outreach

16. Congressional District(s):

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

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

17. Proposed Project

a. Start Date: 09/01/2027

b. End Date: 08/31/2028

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: X

21. Authorized Representative

Prefix:	Ms.
First Name:	Jennifer
Middle Name:	
Last Name:	Clarke
Suffix:	
Title:	Deputy Director
Telephone Number: (Format: 123-456-7890)	(508) 979-1500
Fax Number: (Format: 123-456-7890)	(508) 979-1575
Email:	Jennifer.Clarke@newbedford-ma.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/24/2026

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Number: 2501-0044 Expiration Date: 02/28/2027

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: $173,800.00

(Requested amounts will be automatically entered within applications)

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

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

Part I Threshold Determinations

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

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

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

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

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
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: 09/24/2026

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

2. Sites for Work Performance.

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

I 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: (Format: 123-456-7890)	(508) 979-1500
Fax Number: (Format: 123-456-7890)	(508) 979-1575
Email:	Jennifer.Clarke@newbedford-ma.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/24/2026

1I. 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:	09/24/2026

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. 06/30/2028)

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:	572 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. X

Authorized Representative

Prefix:	Ms.
First Name:	Jennifer
Middle Name:	
Last Name:	Clarke
Suffix:	
Title:	Deputy Director
Telephone Number: (Format: 123-456-7890)	(508) 979-1500
Fax Number: (Format: 123-456-7890)	(508) 979-1575
Email:	Jennifer.Clarke@newbedford-ma.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/24/2026

IK. SF-424B

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

OMB Number: 4040-0007
Expiration Date: 07/31/2028

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: X

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:	09/24/2026

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.

1M. Project Eligibility Certification

1. The project applicant will not engage in racial preferences or other forms of illegal discrimination	X
2. The project applicant will not operate drug injection sites or “safe consumption sites,” knowingly distribute drug paraphernalia on or off of property under their control, permit the use or distribution of illicit drugs on property under their control, or conduct any of these activities under the pretext of “harm reduction.”	X

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: $173,800

Organization	Type	Sub-Award Amount
Community Counseling of Bristol County, Inc.	M. Nonprofit with 501C3 IRS Status	$173,800

2A. Project Subrecipients Detail

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

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

c. Employer or Tax Identification Number: 04-3035697

d. Unique Entity Identifier: SFK3BEGX2W89

e. Physical Address
Street 1: One Washington Street
Street 2:
City: Taunton
State: Massachusetts
Zip Code: 02780

f. Congressional District(s): (for multiple selections hold CTRL key) MA-004, MA-008, MA-009

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: $173,800

j. Contact Person
Prefix: Ms.

First Name:	Ellen
Middle Name:	Merle
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:	508-977-8123
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.

Community Counseling of Bristol County, Inc. (CCBC) has been providing supportive services and housing for individuals experiencing homelessness for more than 30 years. CCBC was the Collaborative Applicant (CA) for the Attleboro/Taunton/Bristol County Continuum of Care (CoC) where our Vice President oversaw the coordination of the CoC, prior to the successful merger with the New Bedford CoC which led to the Bristol County Continuum of Care.

CCBC has been the recipient of a Permanent Supportive Housing (PSH) project serving 42 individuals who had been homeless as well as CoC Planning Grants, and Coordinated Entry projects. CCBC effectively utilized the federal funding according to approved accounting principles and performed all required services in this project. The accounting principles were audited annually by CCBC's internal financial department and outside auditor and also reviewed by the New Bedford Office of Housing and Community Development, the Collaborative Applicant for the CoC.

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. CAs 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 additionally works with many of the local police department as ride along counselors providing vital services in the community. through these relationships outreach is the logical next step to target the unhoused in the community.

CCBC works in collaboration with many partners in the effort to provide advocacy and community planning efforts to address homelessness and the creation of affordable housing. In addition to the PS 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 developed housing supports for five years using flexible funds through MassHealth to help individuals and families obtain or maintain housing and currently through the health Related social Needs (HRSN) program. 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 developed 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. 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 and is now developing a similar project along with another vendor to serve 13 additional older adults who are homeless and 13 veterans where the City of Taunton is contributing over two million towards the rehabilitation.

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

CCBC has been successful in leveraging Federal, State, local and private sector funds from a number of sources over the 56 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 $857,064 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 $3 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 is also a Community Behavioral Health Center in Massachusetts and 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 over15,000 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 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 CoC
2. CoC Collaborative Applicant Name:	City of New Bedford
3. Project Name:	Northern Bristol County Street Outreach
4. Project Status:	Standard
5. Component Type:	SSO
5a. Select the type of SSO Project:	Street Outreach
6. What type of CoC funding is this project applying for in this CoC Program Competition?	Reallocation
7. Is your organization or expected subrecipient a victim service provider defined in 24 CFR 578.3 and uses a comparable HMIS database?	No
8. 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
9. Will funds requested in this new project application replace state or local government funds (24 CFR 578.87(a))?	No
11. 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 new outreach team will fill a significant gap in the northern part of the Continuum of Care by engaging directly with individuals experiencing unsheltered homelessness, while working closely with local police departments and municipalities to help ensure community safety for all.

The outreach team will partner closely with police in one of the two cities in the coverage area that already conducts regular outreach to unhoused individuals. The team will also work with the other city police department to identify areas of concern and address through outreach efforts. These partnership will give police a direct connection to case managers who can offer shelter, treatment, and housing options. The team will also engage with smaller towns in the coverage area through local police departments and Councils on Aging to identify unhoused individuals in the community and connect them with appropriate programs to begin their path toward stability and housing.

In addition, the outreach team will serve as a dedicated point of contact for the area's two hospitals, supporting individuals — often identified through Emergency Departments — who are seeking shelter rather than emergency medical care. The team will work in close coordination with the Coordinated Entry team, housed within the same department and agency, to help ensure individuals move into treatment and housing as quickly as possible, supporting safety and stability for the entire community.

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	30			
Program participants occupy leased or rental assistance units or structure(s), or supportive services begin				
Leased or rental assistance units or structure, and supportive services near 100% capacity				
Closing on purchase of land, structure(s), or execution of structure lease				
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	X	Survivors	
Veterans		Substance Abuse	
Youth (under 25)		Mental Illness	
Families		HIV/AIDS	
		Chronic Homeless	
		Other (Click 'Save' to update)	

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

3C. Project Expansion Information

1. Is this a "Project Expansion" of an eligible renewal project?	No

4A. Supportive Services for Participants

2. How will this project be supplemented with resources from other public or private sources, that may include mainstream health, social, and employment programs such as Medicare, Medicaid, SSI, and SNAP.

The outreach team brings extensive knowledge of, and connections to, mainstream resources that will supplement this project. The team will work closely with local churches interested in serving this population to help provide needed goods and opportunities for social connection.

The team will also assist unhoused individuals in accessing Medicaid and Medicare through Certified Application Counselors (CaC's) on the outreach team as well as SHINE counselors when someone may qualify for medicare services. The team will ensure each household begins to move toward independence through obtaining retirement or disability benefits through SSI where applicable, and connecting with veteran programs whenever possible to help increase participant income. Additionally, the team will help participants obtain SNAP benefits and other food assistance as needed. Together, these resources help build trust and lay the groundwork for longer-term treatment engagement.

The outreach team serves as the critical first step toward self-sufficiency. Once basic needs are met, participants can begin to focus on healing, and from there, start looking toward the future through employment and education.

When the outreach team encounters families with children, they will work to ensure each child's educational and medical needs are met, and that the family has access to appropriate benefits, including childcare, to help parents pursue work or educational opportunities. The team will also help families secure shelter, allowing them to shift focus from meeting daily basic needs to building a stable future.

The outreach team will continue building and strengthening relationships with local nonprofits, private volunteer organizations, churches, and businesses. Homelessness affects the entire community, and connecting individuals and families with these resources supports the safety and well-being of everyone in the community.

3. Describe the strategy for providing supportive services to eligible program participants (including those with history of unsheltered homelessness and those who do not traditionally engage with supportive services).

Community Counseling of Bristol County is a trusted, experienced provider of mental health and substance use treatment services, uniquely positioned to engage individuals who have historically not connected with traditional services. By hiring outreach staff with demonstrated experience, including staff who have built trust through local religious and community affiliations, the team will achieve measurable increases in engagement among unsheltered households, reducing encampments and public safety risks while connecting participants to treatment and pathways to recovery.

Successful engagement requires understanding both the root causes of homelessness and the barriers that perpetuate it. The program will leverage internal clinical expertise alongside existing relationships with local organizations providing food and basic-needs assistance, using these touchpoints to generate warm referrals and measurable engagement outcomes for individuals who would not otherwise access supportive services. These partnerships directly increase the number of unsheltered individuals moving into treatment, recovery, and permanent housing.

Leveraging established relationships with both unhoused individuals and treatment providers, the outreach team will apply a consistent, evidence-based engagement strategy focused on measurable rapport-building milestones that translate into documented movement toward treatment enrollment and permanent housing placement.

The outreach team will also formalize partnerships with local hospitals, since individuals who avoid supportive services frequently present in Emergency Departments instead which is a high-cost, ineffective use of emergency medical resources. This partnership creates a direct, cost-effective diversion pathway: hospitals gain a dedicated point of contact to connect unhoused individuals to treatment and permanent housing, reducing unnecessary ED utilization and improving both individual and community outcomes. Expansion of transitional housing capacity within the Continuum will further strengthen this pipeline, increasing exits to self-sufficiency.

Finally, the outreach team will build formalized, documented partnerships with local businesses, city officials, and police departments, establishing a single point of contact for encounters with unsheltered individuals. This coordinated, public-safety-oriented approach reduces street homelessness, supports law enforcement's public safety mission, and improves quality of life and safety for all residents.

4 Demonstrate that the applicant has a history of, or a plan for, partnering with first responders and law enforcement to engage people living in places not meant for human habitation to access emergency shelter, treatment programs, reunification with family, transitional housing or independent living. The applicant must cooperate and not interfere or impede with the enforcement of local laws such as public camping and public drug use laws and assist/be willing to assist first responders in their efforts to engage homeless individuals.

Community Counseling of Bristol County (CCBC) has an established, ongoing history of partnering with law enforcement through its Mobile Crisis and ride-along therapist programs, in which CCBC clinicians work directly alongside police officers in multiple municipalities. These existing relationships give the outreach team an immediate, functioning foundation of trust and collaboration with first responders rather than a partnership that must be built from scratch.

The agency understands and respects the critical role of first responders and operates alongside them to connect the community with the services and programs needed to promote safety, security, and stability for both unhoused individuals and the broader community. The new outreach team will build directly on these established Mobile Crisis and ride-along relationships, integrating into existing lines of communication and trust between CCBC clinicians and local police departments to mobilize efforts that connect unhoused individuals with emergency shelter, treatment, family reunification, and pathways to stable housing.

CCBC's outreach team will fully cooperate with, and will not interfere or impede, the enforcement of local laws, including those addressing public camping and public drug use. Because CCBC's Mobile Crisis and ride-along staff already work side-by-side with officers on a regular basis, this understanding of, and respect for, public safety priorities is not new to the agency, but a demonstrated part of its daily practice. As members of the community they serve, outreach staff share the same investment in safe neighborhoods and homes for all residents.

Through the credibility and rapport already established via Mobile Crisis and ride-along engagement, combined with active, consistent outreach, the team will build trust with unhoused individuals and help them identify and access appropriate housing options, including emergency shelter, transitional housing, and independent living.

5. Does the applicant have experience providing outreach services, or a plan for providing outreach services, consistent with the activity description at 24 CFR 578.53(e)(13) Yes

6. Describe a plan for or past work at helping people successfully exit from places not meant for human habitation to emergency shelter, treatment programs, transitional housing or permanent housing programs.

Community Counseling of Bristol County (CCBC) has a long, demonstrated history of successfully moving people from all points of the homeless services system toward self-sufficiency and permanent housing.

Through the Coordinated Entry program, many participants have been successfully diverted from entering the homeless system altogether by being reunified with family or friends through targeted mediation efforts that resolve the underlying conflict or barrier preventing them from remaining housed. This diversion-first approach reduces unnecessary entries into shelter and preserves capacity for those with no other housing options.

For households who do enter emergency shelter or transitional housing, CCBC provides continued, hands-on case management to connect participants with treatment, mental health services, and employment support during their stay. This wraparound approach positions households to exit successfully into permanent housing in their own community, rather than simply cycling through the system.

Within Permanent Supportive Housing, non-elderly participants who no longer need the intensive level of support PSH provides are actively engaged in move-on planning, helping them transition to other appropriate housing opportunities. This frees up PSH units for those with the highest and most immediate need, maximizing the impact of limited housing resources.

CCBC has also renewed its focus on employment and education as core drivers of successful, lasting exits from homelessness. Through active partnership with the local community college, the agency connects households with education and job-training opportunities, alongside appropriately matched interim housing, to build the stability and income needed to sustain permanent housing long-term.

6. 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	Monthly
Assistance with Moving Costs		Partner	As needed
Case Management		Applicant	Bi-weekly
Child Care		Non-Partner	As needed
Education Services		Partner	As needed
Employment Assistance and Job Training		Partner	As needed
Food		Partner	As needed
Housing Search and Counseling Services		Applicant	Weekly
Legal Services		Non-Partner	As needed
Life Skills Training		Applicant	Bi-weekly
Mental Health Services		Applicant	As needed
Outpatient Health Services		Partner	As needed
Outreach Services		Applicant	Daily

Substance Abuse Treatment Services	Applicant	As needed
Transportation	Applicant	As needed
Utility Deposits	Partner	As needed

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	50	0	55

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	7	40		47
Persons ages 18-24	0	10		10
Accompanied Children under age 18	7		0	7
Unaccompanied Children under age 18			0	0
Total Persons	14	50	0	64

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	6	1		4		3	2	2	1	
Persons ages 18-24										
Children under age 18	7					2		1	1	
Total Persons	13	1	0	4	0	5	2	3	2	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	36	1	3	20	3	24	2	5	2	
Persons ages 18-24	10			7		8		2	1	
Total Persons	46	1	3	27	3	32	2	7	3	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, 2027?	Yes
4. Select a grant term:	1 Year

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

Acquisition/Rehabilitation/New Construction	
Leased Structures	
Supportive Services	X
HMIS	
VAWA	X

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? (13 to 18 months)	No

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		
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	2.25 Outreach workers salaries plus tax and fringe	$137,000
14. Substance Abuse Treatment Services		
15. Transportation		
16. Utility Deposits		
17. Operating Costs	Operational costs for the 2.25 staff to provide the new SSO-Street Outreach Service	$21,000
Total Annual Assistance Requested		$158,000
Grant Term		1 Year
Total Request for Grant Term		$158,000

Click the 'Save' button to automatically calculate totals.

VAWA Budget

VAWA Budget

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 new 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:	

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:	$43,450
Total Amount of In-Kind Commitments:	$0
Total Amount of All Commitments:	$43,450

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	Community Counsel...	$43,450

Sources of Match Detail

1. Type of Match commitment:	Cash
2. Source:	Private
3. Name of Source: **(Be as specific as possible and include the office or grant program as applicable)**	Community Counseling of Bristol County
4. Amount of Written Commitment:	$43,450

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)	$0	1 Year	$0
4. Supportive Services (Screen 6F)	$158,000	1 Year	$158,000
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			$158,000
10. Admin (Up to 10% of Sub-total in #9)			$15,800
11. HUD funded Sub-total + Admin. Requested			$173,800
12. Cash Match (From Screen 6I)			$43,450
13. In-Kind Match (From Screen 6I)			$0
14. Total Match (From Screen 6I)			$43,450
15. Total Project Budget for this grant, including Match			$217,250

Click the 'Save' button to automatically calculate totals.

Indirect Cost Information

Indirect Cost Information Form
OMB Number: 2501-0044
Expiration Date: 2/28/2027

Program/Activity Receiving Federal Grant Funding:	CoC Program
Applicant Name:	City of New Bedford

Indirect Cost Rate Information for the Applicant/Recipient:

Please check the box that applies to the Applicant/Recipient and complete the table only as provided by the instructions accompanying this form.

The Applicant/Recipient will not charge indirect costs using an indirect cost rate.	
The Applicant/Recipient will calculate and charge indirect costs under the award by applying a de minimis rate as provided by 2 CFR 200.414(f), as may be amended from time to time.	X
The Applicant/Recipient will calculate and charge indirect costs under the award using the indirect cost rate(s) in the table below, and each rate in this table is included in an indirect cost rate proposal developed in accordance with the applicable appendix to 2 CFR part 200 and, if required, has been approved by the cognizant agency for indirect costs.	

Mark the one (and only one) checkbox that best reflects how the indirect costs of the Applicant/Recipient will be calculated and charged under the award. Do not include indirect cost rate information for subrecipients.

The table following the third checkbox must be completed only if that checkbox is checked. When listing a rate in the table, enter the percentage amount (for example, “15%”), the type of direct cost base to be used (for example, “MTDC”), and the type of rate (“predetermined,” “final,” “fixed,” or “provisional”).

If using the Simplified Allocation Method for indirect costs, enter the applicable indirect cost rate and type of direct cost base in the first row of the table.

If using the Multiple Allocation Base Method, enter each major function of the organization for which a rate was developed and will be used under the award, the indirect cost rate applicable to that major function, and the type of direct cost base to which the rate will be applied.

If the Applicant/Recipient is a government and more than one agency or department will carry out activities under the award, enter each agency or department that will carry out activities under the award, the indirect cost rate(s) for that agency or department, and the type of direct cost base to which each rate will be applied.

To learn more about the indirect cost requirements, see 2 CFR part 200, subpart E, and the applicable appendix that is listed under 2 CFR 200.414(e).

Submission Type: Initial Submission

Effective Date: 07/09/2025

Certification of Authorized Representative for the Applicant/Recipient: **** Under penalty of perjury, I certify on behalf of the Applicant/Recipient that:** **(1) all information provided on this form is true, complete, and accurate, and** **(2) Applicant/Recipient will provide HUD with an update to this form immediately upon learning change in the information provided on this form, and** **(3) I am authorized to speak for the Applicant/Recipient regarding all information provided on this** ****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; 24 CFR § 28.10(b)(iii)).**	X

Authorized Representative:

Prefix:	Ms.
First Name:	Jennifer
Middle Name:	
Last Name:	Clarke
Suffix:	
Title:	Deputy Director
Telephone Number: (Format: 123-456-7890)	(508) 979-1500
Fax Number: (Format: 123-456-7890)	(508) 979-1575
Email:	Jennifer.Clarke@newbedford-ma.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	07/09/2025

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:	09/24/2026
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
1A. SF-424 Application Type	No Input Required

1B. SF-424 Legal Applicant	08/11/2026
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/23/2026
1E. SF-424 Compliance	08/11/2026
1F. SF-424 Declaration	08/11/2026
1G. HUD 2880	08/11/2026
1H. HUD 50070	08/11/2026
1I. Cert. Lobbying	08/11/2026
1J. SF-LLL	09/23/2026
IK. SF-424B	08/11/2026
1L. SF-424D	08/11/2026
2A. Subrecipients	09/23/2026
2B. Experience	08/11/2026
3A. Project Detail	08/11/2026
3B. Description	09/23/2026
3C. Expansion	08/11/2026
4A. Services	09/23/2026
5A. Households	09/23/2026
5B. Subpopulations	No Input Required
6A. Funding Request	08/11/2026
6F. Supp Srvcs Budget	09/23/2026
VAWA Budget	No Input Required
6I. Match	08/11/2026
6J. Summary Budget	No Input Required
Indirect Cost Information	09/23/2026
7A. Attachment(s)	No Input Required
7D. Certification	08/11/2026

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 2026 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) 2026 Continuum of Care (CoC) Program Competition. For more information see FY 2026 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2026 CoC Program NOFO and the FY 2026 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 2026 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:	09/24/2026
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:	572 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: CPD-2600-DC-0025

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): (for multiple selections hold CTRL key) Massachusetts

15. Descriptive Title of Applicant's Project: Steppingstone Street Outreach Project

16. Congressional District(s):

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

16b. Project: (for multiple selections hold CTRL key) MA-005

17. Proposed Project

a. Start Date: 09/01/2027

b. End Date: 08/31/2028

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: X

21. Authorized Representative

Prefix:	Ms.
First Name:	Jennifer
Middle Name:	
Last Name:	Clarke
Suffix:	
Title:	Deputy Director
Telephone Number: (Format: 123-456-7890)	(508) 979-1500
Fax Number: (Format: 123-456-7890)	(508) 979-1575
Email:	Jennifer.Clarke@newbedford-ma.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/24/2026

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Number: 2501-0044 Expiration Date: 02/28/2027

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: $150,000.00

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

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

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

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

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
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: 09/24/2026

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

2. Sites for Work Performance.

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

I 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: (Format: 123-456-7890)	(508) 979-1500
Fax Number: (Format: 123-456-7890)	(508) 979-1575
Email:	Jennifer.Clarke@newbedford-ma.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/24/2026

1I. 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:	09/24/2026

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. 06/30/2028)

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:	572 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. [X]

Authorized Representative

Prefix:	Ms.
First Name:	Jennifer
Middle Name:	
Last Name:	Clarke
Suffix:	
Title:	Deputy Director
Telephone Number: (Format: 123-456-7890)	(508) 979-1500
Fax Number: (Format: 123-456-7890)	(508) 979-1575
Email:	Jennifer.Clarke@newbedford-ma.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/24/2026

IK. SF-424B

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

OMB Number: 4040-0007
Expiration Date: 07/31/2028

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: [X]

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:	09/24/2026

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.

1M. Project Eligibility Certification

1. The project applicant will not engage in racial preferences or other forms of illegal discrimination	X
2. The project applicant will not operate drug injection sites or “safe consumption sites,” knowingly distribute drug paraphernalia on or off of property under their control, permit the use or distribution of illicit drugs on property under their control, or conduct any of these activities under the pretext of “harm reduction.”	X

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: $150,000

Organization	Type	Sub-Award Amount
Steppingstone, Inc.	M. Nonprofit with 501C3 IRS Status	$150,000

2A. Project Subrecipients Detail

a. Organization Name:	Steppingstone, Inc.
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 N. Main Street
Street 2:	
City:	Fall River
State:	Massachusetts
Zip Code:	02720
f. Congressional District(s): (for multiple selections hold CTRL key)	MA-005, MA-008, MA-009
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:	$150,000
j. Contact Person	
Prefix:	Mrs.

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.

Steppingstone, Inc. (SS), incorporated in 1972, has more than 50 years of experience administering federal, state, and local grants that provide housing, behavioral health, and recovery support services to individuals experiencing homelessness and other vulnerable populations. SS has been a Massachusetts Department of Public Health (MDPH)-licensed substance use treatment provider since 1972 and a licensed mental health provider since 2009. The agency has extensive experience serving individuals experiencing homelessness, substance use disorders, co-occurring disorders, physical and developmental disabilities, older adults, and individuals with criminal justice involvement.

SS has successfully managed numerous federally funded street outreach and behavioral health initiatives. For seven years, the agency has operated the ESG-funded FAIHR Street Outreach Project in New Bedford, including an ESG-CV supplemental outreach component, as well as EOHLC-funded emergency street outreach and winter overflow projects. SS has also administered three five-year SAMHSA-funded Treatment for Individuals Experiencing Homelessness projects and operates the Community Support Program for Homeless Individuals (CSP-HI), providing outreach, care coordination, housing navigation, behavioral health treatment, recovery support, and housing stabilization services. Through these initiatives, SS has demonstrated the administrative, fiscal, and programmatic capacity to effectively utilize federal funds while maintaining compliance with fiscal, reporting, HMIS, monitoring, and performance requirements.

SS's experience directly aligns with the proposed Steppingstone Supportive Services Only (SSO) Street Outreach Project. Staff conduct assertive outreach, comprehensive assessments, individualized service planning, intensive case management, crisis intervention, housing navigation, benefits assistance, and referrals to shelter, permanent housing, healthcare, behavioral health treatment, and substance use disorder treatment. Outreach staff utilize Critical Time Intervention (CTI) and Motivational Interviewing to engage participants and promote recovery and housing stability.

Through partnerships with the New Bedford Police Department's Community Crisis Intervention Team (CCIT), Law Enforcement Assisted Diversion (LEAD), Police Co-Response Team, HEART Team, hospitals, shelters, behavioral health providers, housing authorities, workforce development agencies, and other community organizations, participants receive coordinated, recovery-oriented services. Additional supports include CSP-HI, Health-Related Social Needs (HRSN) services, residential rehabilitation, peer recovery support, mainstream benefits, including SSI, SSDI, SNAP, MassHealth/Medicaid, Medicare, EAEDC, and employment services through MassHire, SER Jobs for Progress, Bristol Community College, and MassRehab.

This experience, combined with established financial management systems, qualified multidisciplinary staff, strong internal controls, and extensive community partnerships, demonstrates SS's capacity to effectively utilize CoC funding and successfully implement the proposed SSO Street Outreach Project while achieving positive outcomes related to outreach and engagement, treatment and recovery, housing placement, income growth, and long-term housing stability.

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

Steppingstone, Inc. (SS) has extensive experience leveraging federal, state, local, and private funding to maximize services for individuals experiencing homelessness and expand resources beyond those supported through HUD Continuum of Care (CoC) funding. The agency strategically coordinates multiple funding streams to provide a comprehensive continuum of housing, behavioral health, medical, employment, and recovery support services while avoiding duplication of funding.

The agency has extensive experience leveraging federal funding, including HUD Emergency Solutions Grant (ESG) funding administered through local municipalities for street outreach, emergency shelter, and homelessness prevention activities. SS also leverages Medicaid and Medicare reimbursement through programs such as Community Support Program for Homeless Individuals (CSP-HI), Health-Related Social Needs (HRSN) services, outpatient substance use and mental health treatment, and recovery coaching. In addition, SS has successfully administered SAMHSA grants since 2009, receiving ten awards, and has leveraged U.S. Office of Justice Programs, Bureau of Justice Assistance funding to support reentry services.

At the state level, SS has managed several Massachusetts Bureau of Substance Addiction Services (BSAS) projects since 1972 and currently operates four residential treatment programs, two outpatient programs, and a Peer Recovery Support Center. The agency also leverages Massachusetts Executive Office of Housing and Livable Communities funding for emergency shelter, street outreach, and winter response services.

SS further leverages mainstream benefits and community resources by assisting participants in obtaining MassHealth, Medicare, SSI/SSDI, SNAP, and other public benefits, while coordinating referrals to MassHire, workforce development agencies, housing authorities, educational institutions, healthcare providers, and other community-based organizations. These partnerships expand access to employment, education, healthcare, transportation, and permanent housing resources without increasing CoC costs.

Through this coordinated funding approach, SS maximizes available resources, strengthens long-term housing stability, and ensures participants receive comprehensive, integrated services that extend beyond those supported solely through the CoC grant.

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

Steppingstone, Inc. (SS) maintains a comprehensive financial management structure designed to ensure effective stewardship of federal, state, local, and private grant funds. The agency follows written fiscal policies and procedures that comply with Uniform Guidance (2 CFR Part 200), HUD Continuum of Care (CoC) requirements, and all applicable federal and state regulations.

Financial oversight is provided by the Director of Finance and Administration in collaboration with the Finance Department, which includes a Senior Accountant, Billing Coordinators, and Finance Specialists. Financial responsibilities are appropriately segregated among finance and program staff to maintain strong internal controls and ensure accountability. Duties related to budgeting, purchasing, accounts payable, payroll, cash management, financial reporting, and grant reimbursement are assigned to separate staff, reducing financial risk and ensuring compliance with applicable regulations. Program managers monitor grant expenditures and verify that costs are necessary, reasonable, allowable, and adequately documented, while finance staff oversee budget reconciliations, financial reporting, and reimbursement requests.

SS utilizes an integrated accounting system to track revenues and expenditures by funding source, ensuring accurate cost allocation, timely financial reporting, and effective grant management. Financial performance is reviewed regularly by agency leadership and the Board of Directors, and grant expenditures are monitored throughout each project period to ensure compliance with approved budgets and funding requirements.

The agency undergoes an annual independent financial audit in accordance with applicable federal requirements. Established internal controls, procurement procedures, documentation standards, and financial monitoring processes safeguard organizational assets, ensure accountability, and support the effective administration of CoC funding.

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 CoC
2. CoC Collaborative Applicant Name:	City of New Bedford
3. Project Name:	Steppingstone Street Outreach Project
4. Project Status:	Standard
5. Component Type:	SSO
5a. Select the type of SSO Project:	Street Outreach
6. What type of CoC funding is this project applying for in this CoC Program Competition?	Reallocation
7. Is your organization or expected subrecipient a victim service provider defined in 24 CFR 578.3 and uses a comparable HMIS database?	No
8. 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
9. Will funds requested in this new project application replace state or local government funds (24 CFR 578.87(a))?	No
11. 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.

Steppingstone's Supportive Services Only (SSO) Street Outreach Project will provide coordinated street outreach, engagement, assessment, intensive case management, housing navigation, and referrals to adults experiencing unsheltered homelessness throughout the rural communities of Acushnet, Dartmouth, Fairhaven, Freetown, Somerset, and Westport. The project is designed to identify, engage, and build trusting relationships with individuals living in encampments, vehicles, abandoned buildings, parks, wooded areas, and other places not meant for human habitation. Services will be delivered by a multidisciplinary team consisting of 1.0 FTE Clinician and 1.5 FTE Outreach Workers.

The project will establish and maintain collaborative partnerships with New Bedford's HEART Team, Law Enforcement Assisted Diversion (LEAD), Community Crisis Intervention Team (CCIT), Police Co-Response Team, local police departments, emergency medical services, fire departments, local health departments, hospitals, emergency shelters, behavioral health providers, housing authorities, workforce development agencies, and other community stakeholders to coordinate outreach efforts, facilitate referrals, identify emerging needs, and ensure a coordinated community response to unsheltered homelessness.

Outreach Workers will conduct regular outreach by proactively visiting known locations where unhoused individuals reside and responding to referrals from community partners. Using trauma-informed, person-centered, and recovery-oriented practices, including Motivational Interviewing, staff will establish rapport, build trust, and enhance participants' motivation and readiness to engage in services.

As engagement is established, Outreach Workers will provide crisis intervention, comprehensive assessments, individualized service planning, and housing-focused case management to address housing barriers, healthcare and behavioral health needs, substance use disorders, income and benefit needs, employment goals, and other factors affecting housing stability. The project utilizes Critical Time Intervention (CTI), Motivational Interviewing, and coordinated case management to support engagement, promote recovery, and facilitate successful transitions to permanent housing.

Participants will be connected to emergency shelter, Coordinated Entry, permanent housing resources, healthcare, behavioral health and substance use disorder treatment, medication-assisted treatment, residential treatment, peer recovery services, employment and vocational programs, and mainstream benefits, including SSI, SSDI, SNAP, MassHealth/Medicaid, Medicare, and EAEDC. Partnerships with MassHire Greater New Bedford Career Center, SER Jobs for Progress, Bristol Community College, MassAbility, and MassRehab support participants in increasing income and achieving greater self-sufficiency.

Through intensive outreach, recovery-focused engagement, and coordinated community partnerships, the project will promote housing stability, improved health, increased income, sustained recovery, and successful transitions from unsheltered homelessness to permanent housing.

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	1			
Program participants occupy leased or rental assistance units or structure(s), or supportive services begin	1			
Leased or rental assistance units or structure, and supportive services near 100% capacity				
Closing on purchase of land, structure(s), or execution of structure lease				
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		Survivors	X
Veterans	X	Substance Abuse	X
Youth (under 25)		Mental Illness	X
Families	X	HIV/AIDS	X
		Chronic Homeless	X
		Other (Click 'Save' to update)	X

Other:	Unhoused
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

3C. Project Expansion Information

1. Is this a "Project Expansion" of an eligible renewal project?	No

4A. Supportive Services for Participants

2. How will this project be supplemented with resources from other public or private sources, that may include mainstream health, social, and employment programs such as Medicare, Medicaid, SSI, and SNAP.

Steppingstone's Supportive Services Only (SSO) Street Outreach Project will be supplemented by public and private resources that expand services beyond CoC funding. Supplemental resources include City of New Bedford HUD Emergency Solutions Grant (ESG) funding, which supports an Outreach Worker and expands the agency's street outreach capacity. Third-party insurance reimbursement supports clinical assessments, outpatient therapy, and Community Support Program for Homeless Individuals (CSP-HI) services funded through Medicaid and Medicare. Participants also have access to Health-Related Social Needs (HRSN) services, which provide assistance with moving expenses, security deposits, furnishings, and other housing-related needs.

Participants will also have access to Steppingstone's comprehensive continuum of behavioral health and recovery services, including outpatient substance use and mental health treatment, psychiatric services, counseling, cognitive behavioral therapy, medication-assisted treatment (MAT), medication management, residential rehabilitation, and peer recovery support. In addition, the SAMHSA-funded Treatment for Individuals Experiencing Homelessness (TIEH) Program supports additional Outreach Workers who provide outreach, engagement, and housing stability services.

Project staff will assist participants in accessing mainstream benefits and community resources, including MassHealth, Medicare, Medicaid, SSI, SSDI, SNAP, EAEDC, MassHire workforce development services, SER Jobs for Progress, Bristol Community College, MassAbility, public housing authorities, and other federal, state, local, nonprofit, and private resources. These supplemental resources expand access to healthcare, behavioral health treatment, recovery support, employment and educational opportunities, income supports, and permanent housing resources, promoting recovery, long-term housing stability, and self-sufficiency.

3. Describe the strategy for providing supportive services to eligible program participants (including those with history of unsheltered homelessness and those who do not traditionally engage with supportive services).

Steppingstone's Supportive Services Only (SSO) Street Outreach Project utilizes a low-barrier, housing-focused, trauma-informed, and recovery-oriented approach to engage individuals experiencing unsheltered homelessness, including those who have historically declined or disengaged from supportive services. Outreach Workers recognize that building trust often requires repeated contacts over time and will consistently engage individuals in a respectful, nonjudgmental manner that honors participant choice and self-determination.

Using Motivational Interviewing, Outreach Workers will meet participants where they are physically and emotionally, focusing initially on immediate needs such as food, clothing, hygiene supplies, medical care, transportation, and safety. As trust develops, staff will complete comprehensive assessments and collaborate with participants to develop individualized service plans that identify housing goals, healthcare needs, behavioral health and substance use treatment needs, income and benefits, employment goals, and other barriers to housing stability.

The project utilizes the Critical Time Intervention (CTI) model to provide intensive, individualized support during periods of transition from unsheltered homelessness to shelter, treatment, or permanent housing. Services include intensive case management, crisis intervention, housing navigation, Coordinated Entry referrals, benefits assistance, healthcare coordination, peer recovery support, and connections to outpatient behavioral health treatment, medication-assisted treatment (MAT), residential treatment, and other community resources.

Supportive services are participant-centered and tailored to each individual's readiness to engage. Staff will maintain frequent contact with participants, adjust service intensity based on changing needs, and coordinate closely with healthcare providers, behavioral health providers, emergency shelters, housing authorities, law enforcement partners, and other community organizations to ensure seamless service delivery. Participants will also receive assistance accessing mainstream benefits, employment and educational opportunities, transportation resources, and permanent housing programs that promote long-term housing stability, recovery, increased income, and self-sufficiency.

Through persistent outreach, relationship-building, and coordinated service delivery, the project will successfully engage individuals who have historically been disconnected from services and support their transition from unsheltered homelessness to permanent housing and improved health outcomes.

4 Demonstrate that the applicant has a history of, or a plan for, partnering with first responders and law enforcement to engage people living in places not meant for human habitation to access emergency shelter, treatment programs, reunification with family, transitional housing or independent living. The applicant must cooperate and not interfere or impede with the enforcement of local laws such as public camping and public drug use laws and assist/be willing to assist first responders in their efforts to engage homeless individuals.

Steppingstone, Inc. has an established history of partnering with first responders, law enforcement, healthcare providers, and other community agencies to engage individuals experiencing unsheltered homelessness and connect them to housing, treatment, and supportive services. The agency maintains active partnerships with the New Bedford Police Department's Community Crisis Intervention Team (CCIT), Law Enforcement Assisted Diversion (LEAD) Program, Police Co-Response Team, HEART Team, local police departments, fire departments, emergency medical services, hospitals, emergency shelters, and behavioral health providers.

Project staff will coordinate closely with these partners to identify individuals living in places not meant for human habitation, respond to referrals, conduct joint outreach when appropriate, and provide immediate engagement and assessment. Using trauma-informed, person-centered, and recovery-oriented practices, Outreach Workers will build trusting relationships while assisting individuals in accessing emergency shelter, behavioral health and substance use disorder treatment, medical care, reunification with family when appropriate, Coordinated Entry, transitional housing, permanent supportive housing, and other permanent housing resources.

Steppingstone recognizes the important role of first responders and law enforcement in addressing public safety concerns and is committed to working collaboratively in support of local efforts. Project staff will cooperate with law enforcement and first responders, will not interfere with the enforcement of local laws or ordinances, and will assist whenever appropriate in engaging individuals experiencing homelessness and connecting them to voluntary housing and supportive services. Through ongoing communication, coordinated outreach, cross-system collaboration, and shared problem-solving, the project will help ensure individuals experiencing unsheltered homelessness are safely connected to housing, treatment, and community resources while supporting coordinated community responses.

5. Does the applicant have experience providing outreach services, or a plan for providing outreach services, consistent with the activity description at 24 CFR 578.53(e)(13) Yes

6. Describe a plan for or past work at helping people successfully exit from places not meant for human habitation to emergency shelter, treatment programs, transitional housing or permanent housing programs.

Steppingstone, Inc. has extensive experience helping individuals successfully transition from unsheltered homelessness to emergency shelter, treatment programs, transitional housing, and permanent housing through coordinated street outreach, intensive case management, housing navigation, and strong community partnerships. This experience has been demonstrated through the agency's ESG-funded FAIHR Street Outreach Project, Community Support Program for Homeless Individuals (CSP-HI), SAMHSA-funded Treatment for Individuals Experiencing Homelessness (TIEH) Program, and other housing and behavioral health initiatives.

The proposed Supportive Services Only (SSO) Street Outreach Project will utilize a housing-focused, trauma-informed, and recovery-oriented approach to engage individuals living in places not meant for human habitation. Outreach Workers will use persistent engagement, Motivational Interviewing, and Critical Time Intervention (CTI) to build trust, assess participants' needs, and reduce barriers to accepting services and housing opportunities.

Based on each participant's needs and readiness, staff will facilitate placement into emergency shelter, detoxification and residential treatment programs, outpatient behavioral health and substance use disorder treatment, transitional housing, or permanent housing through Coordinated Entry and other community housing resources. Staff will assist participants in obtaining identification documents, completing housing and benefit applications, securing mainstream benefits, arranging transportation, coordinating healthcare, and maintaining communication with service providers to support successful transitions.

Following placement, Outreach Workers will continue providing intensive case management, care coordination, and follow-up services to promote housing stability, treatment engagement, and successful retention in housing. Through coordinated partnerships with emergency shelters, healthcare providers, behavioral health agencies, housing providers, law enforcement, first responders, and other community organizations, the project will ensure participants receive the ongoing supports necessary to exit unsheltered homelessness and achieve long-term housing stability, recovery, and self-sufficiency.

6. 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		Non-Partner	As needed
Education Services		Subrecipient	As needed
Employment Assistance and Job Training		Subrecipient	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	Subrecipient	As needed
Outreach Services	Non-Partner	As needed
Substance Abuse Treatment Services	Subrecipient	As needed
Transportation	Subrecipient	Weekly
Utility Deposits	Non-Partner	As needed

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		60		60

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		55		55
Persons ages 18-24		5		5
Accompanied Children under age 18				0
Unaccompanied Children under age 18				0
Total Persons	0	60	0	60

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	47		8	55	7	55	3			
Persons ages 18-24	5			5	2	5	1			
Total Persons	52	0	8	60	9	60	4	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, 2027?	Yes
4. Select a grant term:	1 Year

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

Acquisition/Rehabilitation/New Construction	
Leased Structures	
Supportive Services	X
HMIS	
VAWA	X

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? (13 to 18 months)	No

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	1.5 FTE Outreach Workers + 13% Fringe and Taxes; 1.0 FTE Clinician + 13% Fringe and Taxes	$117,821
4. Child Care		
5. Education Services	Education Services for Program Participants	$1,125
6. Employment Assistance		
7. Food	Food Assistance for Program Participants	$13,698
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	Transportation Assistance for Program Participants	$750
16. Utility Deposits		
17. Operating Costs	Monthly Cell Phone Charges and Monthly Hot Spot Charges	$2,970
Total Annual Assistance Requested		$136,364
Grant Term		1 Year
Total Request for Grant Term		$136,364

Click the 'Save' button to automatically calculate totals.

VAWA Budget

VAWA Budget

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 new 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:	

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:	$37,500
Total Amount of In-Kind Commitments:	$0
Total Amount of All Commitments:	$37,500

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	Cash on Hand Reso...	$37,500

Sources of Match Detail

1. Type of Match commitment:	Cash
2. Source:	Private
3. Name of Source: (Be as specific as possible and include the office or grant program as applicable)	Cash on Hand Resources
4. Amount of Written Commitment:	$37,500

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)	$0	1 Year	$0
4. Supportive Services (Screen 6F)	$136,364	1 Year	$136,364
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			$136,364
10. Admin (Up to 10% of Sub-total in #9)			$13,636
11. HUD funded Sub-total + Admin. Requested			$150,000
12. Cash Match (From Screen 6I)			$37,500
13. In-Kind Match (From Screen 6I)			$0
14. Total Match (From Screen 6I)			$37,500
15. Total Project Budget for this grant, including Match			$187,500

Click the 'Save' button to automatically calculate totals.

Indirect Cost Information

Indirect Cost Information Form
OMB Number: 2501-0044
Expiration Date: 2/28/2027

Program/Activity Receiving Federal Grant Funding:	CoC Program
Applicant Name:	City of New Bedford

Indirect Cost Rate Information for the Applicant/Recipient:

Please check the box that applies to the Applicant/Recipient and complete the table only as provided by the instructions accompanying this form.

The Applicant/Recipient will not charge indirect costs using an indirect cost rate.	
The Applicant/Recipient will calculate and charge indirect costs under the award by applying a de minimis rate as provided by 2 CFR 200.414(f), as may be amended from time to time.	X
The Applicant/Recipient will calculate and charge indirect costs under the award using the indirect cost rate(s) in the table below, and each rate in this table is included in an indirect cost rate proposal developed in accordance with the applicable appendix to 2 CFR part 200 and, if required, has been approved by the cognizant agency for indirect costs.	

Mark the one (and only one) checkbox that best reflects how the indirect costs of the Applicant/Recipient will be calculated and charged under the award. Do not include indirect cost rate information for subrecipients.

The table following the third checkbox must be completed only if that checkbox is checked. When listing a rate in the table, enter the percentage amount (for example, “15%”), the type of direct cost base to be used (for example, “MTDC”), and the type of rate (“predetermined,” “final,” “fixed,” or “provisional”).

If using the Simplified Allocation Method for indirect costs, enter the applicable indirect cost rate and type of direct cost base in the first row of the table.

If using the Multiple Allocation Base Method, enter each major function of the organization for which a rate was developed and will be used under the award, the indirect cost rate applicable to that major function, and the type of direct cost base to which the rate will be applied.

If the Applicant/Recipient is a government and more than one agency or department will carry out activities under the award, enter each agency or department that will carry out activities under the award, the indirect cost rate(s) for that agency or department, and the type of direct cost base to which each rate will be applied.

To learn more about the indirect cost requirements, see 2 CFR part 200, subpart E, and the applicable appendix that is listed under 2 CFR 200.414(e).

Submission Type: Initial Submission

Effective Date: 07/09/2025

Certification of Authorized Representative for the Applicant/Recipient: **** Under penalty of perjury, I certify on behalf of the Applicant/Recipient that:** **(1) all information provided on this form is true, complete, and accurate, and** **(2) Applicant/Recipient will provide HUD with an update to this form immediately upon learning change in the information provided on this form, and** **(3) I am authorized to speak for the Applicant/Recipient regarding all information provided on this** ****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; 24 CFR § 28.10(b)(iii)).**	X

Authorized Representative:

Prefix:	Ms.
First Name:	Jennifer
Middle Name:	
Last Name:	Clarke
Suffix:	
Title:	Deputy Director
Telephone Number: (Format: 123-456-7890)	(508) 979-1500
Fax Number: (Format: 123-456-7890)	(508) 979-1575
Email:	Jennifer.Clarke@newbedford-ma.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	07/09/2025

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	Subrecipient Nonp...	08/05/2026
2) Other Attachment(s)	No		
3) Other Attachment(s)	No		

Attachment Details

Document Description: Subrecipient Nonprofit Documentation - Steppingstone, Inc.

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: 09/24/2026

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
1A. SF-424 Application Type	No Input Required

1B. SF-424 Legal Applicant	08/11/2026
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/23/2026
1E. SF-424 Compliance	08/11/2026
1F. SF-424 Declaration	08/11/2026
1G. HUD 2880	08/11/2026
1H. HUD 50070	08/11/2026
1I. Cert. Lobbying	08/11/2026
1J. SF-LLL	09/23/2026
IK. SF-424B	08/11/2026
1L. SF-424D	08/11/2026
2A. Subrecipients	08/11/2026
2B. Experience	08/11/2026
3A. Project Detail	08/11/2026
3B. Description	09/23/2026
3C. Expansion	08/11/2026
4A. Services	09/23/2026
5A. Households	09/23/2026
5B. Subpopulations	No Input Required
6A. Funding Request	08/11/2026
6F. Supp Srvcs Budget	09/23/2026
VAWA Budget	No Input Required
6I. Match	09/23/2026
6J. Summary Budget	No Input Required
Indirect Cost Information	09/23/2026
7A. Attachment(s)	08/11/2026
7D. Certification	09/23/2026

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

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

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 2026 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) 2026 Continuum of Care (CoC) Program Competition. For more information see FY 2026 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2026 CoC Program NOFO and the FY 2026 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 2026 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:	09/24/2026
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:	572 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: CPD-2600-DC-0025

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): (for multiple selections hold CTRL key) Massachusetts

15. Descriptive Title of Applicant's Project: TWC Bristol County Transitional Housing Program

16. Congressional District(s):

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

16b. Project: (for multiple selections hold CTRL key) MA-005

17. Proposed Project

a. Start Date: 09/01/2027

b. End Date: 08/31/2028

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: X

21. Authorized Representative

Prefix:	Ms.
First Name:	Jennifer
Middle Name:	
Last Name:	Clarke
Suffix:	
Title:	Deputy Director
Telephone Number: (Format: 123-456-7890)	(508) 979-1500
Fax Number: (Format: 123-456-7890)	(508) 979-1575
Email:	Jennifer.Clarke@newbedford-ma.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/24/2026

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Number: 2501-0044 Expiration Date: 02/28/2027

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: $256,225.00

(Requested amounts will be automatically entered within applications)

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

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

Part I Threshold Determinations

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

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

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

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

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
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: 09/24/2026

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

2. Sites for Work Performance.

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

I 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: (Format: 123-456-7890)	(508) 979-1500
Fax Number: (Format: 123-456-7890)	(508) 979-1575
Email:	Jennifer.Clarke@newbedford-ma.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/24/2026

1I. 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:	09/24/2026

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. 06/30/2028)

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:	572 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. [X]

Authorized Representative

Prefix:	Ms.
First Name:	Jennifer
Middle Name:	
Last Name:	Clarke
Suffix:	
Title:	Deputy Director
Telephone Number: (Format: 123-456-7890)	(508) 979-1500
Fax Number: (Format: 123-456-7890)	(508) 979-1575
Email:	Jennifer.Clarke@newbedford-ma.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/24/2026

IK. SF-424B

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

OMB Number: 4040-0007
Expiration Date: 07/31/2028

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: X

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:	09/24/2026

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.

1M. Project Eligibility Certification

1. The project applicant will not engage in racial preferences or other forms of illegal discrimination	X
2. The project applicant will not operate drug injection sites or “safe consumption sites,” knowingly distribute drug paraphernalia on or off of property under their control, permit the use or distribution of illicit drugs on property under their control, or conduct any of these activities under the pretext of “harm reduction.”	X

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: $256,225

Organization	Type	Sub-Award Amount
The New Bedford Women's Center, Inc	M. Nonprofit with 501C3 IRS Status	$256,225

2A. Project Subrecipients Detail

a. Organization Name: The New Bedford Women's Center, Inc

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 ST 4TH FLOOR
Street 2: NEW BEDFORD
City: New Bedford, MA
State: Massachusetts
Zip Code: 02740

f. Congressional District(s): (for multiple selections hold CTRL key) MA-004, MA-009

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: $256,225

j. Contact Person
Prefix: Mrs.

First Name:	Heather
Middle Name:	
Last Name:	Gervais
Suffix:	
Title:	Finance & Administration 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.

The New Bedford Women's Center, Inc. (TWC) is a new applicant to HUD's Continuum of Care Program and has not previously administered CoC Program grant funds directly. TWC has 3 decades of experience receiving and administering federal-origin funds passed through Massachusetts state agencies including VOCA, FVPSA, VAWA, and funds administered through the Massachusetts Department of Public Health in support of its emergency shelter, transitional housing, and supportive services programs for survivors of domestic violence, dating violence, sexual assault, or stalking. TWC's Finance & Administration Director oversees compliance with applicable federal cost principles under 2 CFR Part 200, including allowable cost determinations and documentation of time and effort. TWC currently operates a 10-unit transitional housing program serving survivors across Bristol County, funded through organizational, state, and private sources, providing an established operational foundation directly relevant to the activities proposed in this application.

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

TWC has a demonstrated history of leveraging diverse funding sources to sustain its survivor services, including state funding through the Massachusetts Department of Public Health (DPH), Massachusetts Office of Victim Assistance's SAFEPLAN-related state grant, private philanthropic support, and unrestricted organizational revenue. TWC builds on these resources to develop community partnerships which provide additional support to survivors at no cost to the program. Partners where TWC clients and participants receive free services for include:

Child and Family Services and Crisis Center

Children's Advocacy Center of Bristol County

Community Counseling of Bristol County

Community Economic Development Center

Family Resource Center of Fall River

Family Resource Center of New Bedford

Greater New Bedford Community Health Center

Healing Trauma Center

Health Imperatives

Highpoint Treatment Center

Inclusion Family Counseling

New Bedford Family Resource and Development Center

New Bedford Healthy Families

People Acting in Community Endeavors (PACE)

Seven Hills Behavioral Treatment

Southcoast Health including 3 hospital emergency departments

Steppingstone

United Neighbors of Fall River

United Way of Greater New Bedford

United Way of Greater Fall River

Walt's Mobile Closet

The Women's Center at SStar

YMCA Southcoast

YWCA of Southeastern Massachusetts

St. Peter’s Episcopal Church and The Bridge for Healing

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

TWC's financial management structure is led by its Finance & Administration Director under the oversight of the Executive Director and the Board of Directors' Finance Committee. TWC maintains documented financial policies and procedures consistent with 2 CFR Part 200, including internal controls for allowable-cost determinations, procurement standards under 2 CFR 200.318, and segregation of duties for payment processing. TWC undergoes an annual independent audit with no unresolved findings. Grant funds are tracked in a dedicated general ledger with award-specific cost centers to ensure funds are expended only on eligible, budgeted activities and are not commingled with unrestricted revenue.

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 CoC
2. CoC Collaborative Applicant Name:	City of New Bedford
3. Project Name:	TWC Bristol County Transitional Housing Program
4. Project Status:	Standard
5. Component Type:	TH
6. What type of CoC funding is this project applying for in this CoC Program Competition?	DV Bonus
6a. 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)? (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.)	Yes
7. Is your organization or expected subrecipient a victim service provider defined in 24 CFR 578.3 and uses a comparable HMIS database?	Yes
8. 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
9. Will funds requested in this new project application replace state or local government funds (24 CFR 578.87(a))?	No

11. 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.

New Bedford Women's Center, Inc. (TWC) proposes the TWC Bristol County Transitional Housing Program, a DV Bonus-funded transitional housing project providing up to 11 units (30 beds) of tenant-based rental assistance paired with intensive supportive services for survivors of domestic violence, dating violence, sexual assault, or stalking across Bristol County, Massachusetts. Building on TWC's 50+ years of survivor-centered service delivery and its existing 10-unit, organizationally- and state-funded transitional housing program, this project will secure safe, scattered-site rental units and pair each household with an individualized service plan addressing safety planning, housing stability, trauma recovery, income growth, and connection to mainstream benefits. TWC's housing advocates will provide case management, housing search and counseling, and life skills training, coordinating with community partners including The Bridge: A Center for Hope and Healing and MassHire Greater New Bedford Career Center, among many others. Consistent with 24 CFR 578.37 and VAWA confidentiality requirements, project locations and participant information remain confidential to protect survivor safety. The project's goal is to help at least 50 percent of participants exit to a permanent housing destination with employment income within 24 months.

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	30			
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	60			
Closing on purchase of land, structure(s), or execution of structure lease	30			
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.

This project does not request funding for acquisition, rehabilitation, or new construction (all $0 on Screen 6B). All units will be secured through tenant-based rental assistance in existing rental housing; no development activities are proposed.

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	X	Survivors	X
Veterans		Substance Abuse	
Youth (under 25)		Mental Illness	
Families		HIV/AIDS	
		Chronic Homeless	
		Other (Click 'Save' to update)	

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

3C. Project Expansion Information

1. Is this a "Project Expansion" of an eligible renewal project?	No

4A. Supportive Services for Participants

1a. What prior experience does the applicant have operating transitional housing or other projects that have successfully helped homeless individuals and families exit homelessness within 24 months or has a plan in place to ensure homeless individuals and families will exit homelessness within 24 months?

TWC has operated organizationally- and state-funded transitional housing for survivors of domestic violence, dating violence, sexual assault, or stalking, for 20 years. Its current 10-unit program targets stays of up to 18 months, with individualized service plans and structured case management designed to move survivors into permanent housing as quickly as safety and readiness allow. TWC will apply this same staffing structure and service model to the proposed CoC-funded units.

1b. The applicant has previously operated or currently operates transitional housing or another homelessness project, or has a plan in place to ensure that at least 50 percent of participants exit to a positive destination within 24 months and at least 50 percent of participants exit with employment income as reflected in HMIS or another data system used by the applicant.

TWC currently operates transitional housing and has a plan in place to ensure that at least 50 percent of participants exit to a positive housing destination within 24 months, and at least 50 percent exit with employment income, as tracked in TWC's HMIS-comparable database.

1c. Demonstrate that the project will provide and/or partner with other organizations to provide eligible supportive services that are necessary to assist program participants to obtain and maintain housing (i.e., case management, behavioral healthcare, employment training, etc.)

TWC will directly provide case management, housing search and counseling, life skills training, childcare, legal services, mental health services, substance abuse treatment services, and transportation through in-house advocates, and will partner with MassHire Greater New Bedford Career Center for employment training and job placement, and with The Bridge: A Center for Hope and Healing (the mental health clinic affiliated with St. Peter's Episcopal Church) among many other community partners, ensuring survivors have access to the full range of supportive services necessary to obtain and maintain housing.

2. How will this project be supplemented with resources from other public or private sources, that may include mainstream health, social, and employment programs such as Medicare, Medicaid, SSI, and SNAP.

This project will be supplemented with mainstream benefits including MassHealth, SNAP, SSI/SSDI, TANF, and childcare subsidies, which TWC's advocates screen for and help participants access at intake and throughout their stay. TWC also draws on Massachusetts DPH grant funding and private philanthropic support to sustain wraparound services beyond what CoC funds cover.

3. TH Service Requirements

3a. How will this projects assess the service needs of program participants?

TWC's advocates conduct a comprehensive, trauma-informed needs assessment at intake and update each participant's individualized service plan on a weekly ongoing basis to reflect changes in safety, housing, income, health, and legal needs specific to each survivor's circumstances.

3b. Describe how this project will provide individualized services for program participants during their time in Transitional Housing that will result in at least 20 hours per week of engagement in services, activities or employment for all program participants, except for a program participant over age 62 or who is an individual with handicaps as defined in 24 CFR 8.3 or a with a developmental disability as defined under 24 CFR 578.3?

(examples of services or activities include case management, counseling, treatment, volunteering, work therapy, education, job training, community-building activities, etc.) Employment may contribute to the 20 hours per week of engagement. The project description provided here does not constitute a reporting or documentation requirement.

Each participant's individualized service plan is structured to provide at least 20 hours per week of engagement in services, activities, or employment, drawing on the frequency table on this screen. This includes daily assessment and housing search support, weekly case management, education, and employment services, and as-needed legal, transportation, and life skills services with the exception, consistent with 24 CFR 8.3 and 578.3, of participants over age 62 or with a disability or developmental disability.

4. Indicate that the proposed project will create service plans for each program participant that include the services to be provided, when and how often services will be provided, by whom all services will be provided. Select the checkbox that your project will follow these requirements.	X

5. Indicate that the proposed project will create service plans for each program participant that include program participant goals, strategies for achieving those goals, and target dates for achievement to focus on improved health and wellness, housing stability, and increased employment income leading to financial stability and self-sufficiency. Select the checkbox that your project will follow these requirements.	X

6. 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		Partner	As needed
Education Services		Partner	As needed
Employment Assistance and Job Training		Partner	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		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		Applicant	As needed

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: 10

Total Beds: 27

Housing Type	Housing Type (JOINT)	Units	Beds	Dedicated CH Beds
Scattered-site apartments (...	---	10	27	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.

2a. Units: 10

2b. Beds: 27

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: 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)

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	7	3	0	10

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	2		7
Persons ages 18-24	2	1		3
Accompanied Children under age 18	17		0	17
Unaccompanied Children under age 18			0	0
Total Persons	24	3	0	27

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							5			
Persons ages 18-24							2			
Children under age 18							17			
Total Persons	0	0	0	0	0	0	24	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			
Persons ages 18-24							1			
Total Persons	0	0	0	0	0	0	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

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, 2027?	Yes
4. Select a grant term:	1 Year

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

Leased Units	
Leased Structures	
Rental Assistance	X
Supportive Services	
Operating	
HMIS	
VAWA	X

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? (13 to 18 months)	No

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:	$232,932
Grant Term:	1 Year
Total Request for Grant Term:	$232,932
Total Units:	10

The number of beds for which funding has been requested in the Rental Assistance budget is 27.

Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	MA - New Bedford, MA HUD Metro FMR Ar...	7	$146,508
TRA	MA - Taunton-Mansfield-Norton, MA HUD...	3	$86,424

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)
0 Bedroom		x	$1,203	x	12	=	$0
1 Bedroom		x	$1,230	x	12	=	$0
2 Bedrooms	2	x	$1,527	x	12	=	$36,648

3 Bedrooms	5	x	$1,831	x	12		=	$109,860
4 Bedrooms		x	$2,289	x	12		=	$0
5 Bedrooms		x	$2,632	x	12		=	$0
6 Bedrooms		x	$2,976	x	12		=	$0
7 Bedrooms		x	$3,319	x	12		=	$0
8 Bedrooms		x	$3,662	x	12		=	$0
9 Bedrooms		x	$4,006	x	12		=	$0
Total Units and Annual Assistance Requested	7							$146,508
Grant Term								1 Year
Total Request for Grant Term								$146,508

Click the 'Save' button to automatically calculate totals.

Rental Assistance Budget Detail

Instructions:

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

Metropolitan or non-metropolitan fair market rent area: This is a required field. Select the FY 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 - Taunton-Mansfield-Norton, MA HUD Metro FMR Area (2500505280)

Size of Units	# of Units (Applicant)		FMR Area (Applicant)		12 Months		Total Request (Applicant)
0 Bedroom		x	$1,433	x	12	=	$0
1 Bedroom		x	$1,584	x	12	=	$0
2 Bedrooms	1	x	$2,078	x	12	=	$24,936
3 Bedrooms	2	x	$2,562	x	12	=	$61,488
4 Bedrooms		x	$2,751	x	12	=	$0
5 Bedrooms		x	$3,164	x	12	=	$0
6 Bedrooms		x	$3,576	x	12	=	$0
7 Bedrooms		x	$3,989	x	12	=	$0
8 Bedrooms		x	$4,402	x	12	=	$0

9 Bedrooms		x	$4,814	x	12	=	$0
Total Units and Annual Assistance Requested	3						$86,424
Grant Term							1 Year
Total Request for Grant Term							$86,424

Click the 'Save' button to automatically calculate totals.

VAWA Budget

VAWA Budget

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 new 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:	

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:	$302,397
Total Amount of In-Kind Commitments:	$0
Total Amount of All Commitments:	$302,397

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...	$302,397

Sources of Match Detail

1. Type of Match commitment:	Cash
2. Source:	Government
3. Name of Source: **(Be as specific as possible and include the office or grant program as applicable)**	Department of Public Health
4. Amount of Written Commitment:	$302,397

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)	$232,932	1 Year	$232,932
4. Supportive Services (Screen 6F)	$0	1 Year	$0
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			$232,932
10. Admin (Up to 10% of Sub-total in #9)			$23,293
11. HUD funded Sub-total + Admin. Requested			$256,225
12. Cash Match (From Screen 6I)			$302,397
13. In-Kind Match (From Screen 6I)			$0
14. Total Match (From Screen 6I)			$302,397
15. Total Project Budget for this grant, including Match			$558,622

Click the 'Save' button to automatically calculate totals.

Indirect Cost Information

Indirect Cost Information Form
OMB Number: 2501-0044
Expiration Date: 2/28/2027

Program/Activity Receiving Federal Grant Funding:	CoC Program
Applicant Name:	City of New Bedford

Indirect Cost Rate Information for the Applicant/Recipient:

Please check the box that applies to the Applicant/Recipient and complete the table only as provided by the instructions accompanying this form.

The Applicant/Recipient will not charge indirect costs using an indirect cost rate.	
The Applicant/Recipient will calculate and charge indirect costs under the award by applying a de minimis rate as provided by 2 CFR 200.414(f), as may be amended from time to time.	X
The Applicant/Recipient will calculate and charge indirect costs under the award using the indirect cost rate(s) in the table below, and each rate in this table is included in an indirect cost rate proposal developed in accordance with the applicable appendix to 2 CFR part 200 and, if required, has been approved by the cognizant agency for indirect costs.	

Mark the one (and only one) checkbox that best reflects how the indirect costs of the Applicant/Recipient will be calculated and charged under the award. Do not include indirect cost rate information for subrecipients.

The table following the third checkbox must be completed only if that checkbox is checked. When listing a rate in the table, enter the percentage amount (for example, “15%”), the type of direct cost base to be used (for example, “MTDC”), and the type of rate (“predetermined,” “final,” “fixed,” or “provisional”).

If using the Simplified Allocation Method for indirect costs, enter the applicable indirect cost rate and type of direct cost base in the first row of the table.

If using the Multiple Allocation Base Method, enter each major function of the organization for which a rate was developed and will be used under the award, the indirect cost rate applicable to that major function, and the type of direct cost base to which the rate will be applied.

If the Applicant/Recipient is a government and more than one agency or department will carry out activities under the award, enter each agency or department that will carry out activities under the award, the indirect cost rate(s) for that agency or department, and the type of direct cost base to which each rate will be applied.

To learn more about the indirect cost requirements, see 2 CFR part 200, subpart E, and the applicable appendix that is listed under 2 CFR 200.414(e).

Submission Type: Initial Submission

Effective Date: 07/09/2025

Certification of Authorized Representative for the Applicant/Recipient: **** Under penalty of perjury, I certify on behalf of the Applicant/Recipient that:** **(1) all information provided on this form is true, complete, and accurate, and** **(2) Applicant/Recipient will provide HUD with an update to this form immediately upon learning change in the information provided on this form, and** **(3) I am authorized to speak for the Applicant/Recipient regarding all information provided on this** ****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; 24 CFR § 28.10(b)(iii)).**	X

Authorized Representative:

Prefix:	Ms.
First Name:	Jennifer
Middle Name:	
Last Name:	Clarke
Suffix:	
Title:	Deputy Director
Telephone Number: (Format: 123-456-7890)	(508) 979-1500
Fax Number: (Format: 123-456-7890)	(508) 979-1575
Email:	Jennifer.Clarke@newbedford-ma.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	07/09/2025

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	501c3	08/06/2026
2) Other Attachment(s)	No		
3) Other Attachment(s)	No		

Attachment Details

Document Description: 501c3

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: 09/24/2026

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

1A. SF-424 Application Type	No Input Required
1B. SF-424 Legal Applicant	08/11/2026
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/23/2026
1E. SF-424 Compliance	08/11/2026
1F. SF-424 Declaration	08/11/2026
1G. HUD 2880	08/11/2026
1H. HUD 50070	08/11/2026
1I. Cert. Lobbying	08/11/2026
1J. SF-LLL	09/22/2026
IK. SF-424B	08/11/2026
1L. SF-424D	08/11/2026
2A. Subrecipients	09/22/2026
2B. Experience	08/11/2026
3A. Project Detail	08/11/2026
3B. Description	09/23/2026
3C. Expansion	08/11/2026
4A. Services	09/23/2026
4B. Housing Type	09/22/2026
5A. Households	09/23/2026
5B. Subpopulations	No Input Required
6A. Funding Request	09/22/2026
6E. Rental Assistance	09/22/2026
VAWA Budget	No Input Required
6I. Match	08/11/2026
6J. Summary Budget	No Input Required
Indirect Cost Information	09/23/2026
7A. Attachment(s)	08/11/2026
7D. Certification	08/11/2026

Attachment 10

Internal Revenue Service

District
Director

Department of the Treasury
P.O. Box 9088
JFK Federal Bldg., Boston, Mass 02203

Person to Contact: G. WATTS
Telephone Number: (617) 523-1040
1-800-392-6288 (Mass)
1-800-343-9000 (Conn)

Refer Reply to: Taxpayer Service

Date: January 3, 1983

NEW BEDFORD WOMENS CENTER, INC.
252 County St.
New Bedford, MA 02740

Dear Sir or Madam:

This is in reply to your recent letter requesting a copy of an exemption letter for the above named organization.

[X] Records in this office show that a determination letter was issued in December of 1975 ruling that the organization was exempt from Federal income tax under Section (now) 501(c)(3) of the Internal Revenue Code of 1954.

[ ] Records in this office show that the organization is exempt under Section _____ of the Internal Revenue Code as part of a Group Ruling issued to _____.

[X] Further, the organization is not a private foundation because it is an organization described under Section 509(a)(1) & 170(b)(1)(A)(vi).

[ ] Further, the organization is a private foundation as described in Section 590(a) of the Internal Revenue Code of 1954.

This ruling remains in effect as long as there have been no changes in the character, purposes or method of operation of the organization.

I trust the foregoing information will serve your purpose.

If you have any questions, you may contact the person whose name and telephone number are shown in the heading of this letter.

Sincerely,

HELEN HERZER
Group Manager

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 2026 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) 2026 Continuum of Care (CoC) Program Competition. For more information see FY 2026 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2026 CoC Program NOFO and the FY 2026 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 2026 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:	09/24/2026
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:	572 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: CPD-2600-DC-0025

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): (for multiple selections hold CTRL key) Massachusetts

15. Descriptive Title of Applicant's Project: TWC Bristol County Supportive Services Program

16. Congressional District(s):

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

16b. Project: (for multiple selections hold CTRL key) MA-005

17. Proposed Project

a. Start Date: 09/01/2027

b. End Date: 08/31/2028

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: X

21. Authorized Representative

Prefix:	Ms.
First Name:	Jennifer
Middle Name:	
Last Name:	Clarke
Suffix:	
Title:	Deputy Director
Telephone Number: (Format: 123-456-7890)	(508) 979-1500
Fax Number: (Format: 123-456-7890)	(508) 979-1575
Email:	Jennifer.Clarke@newbedford-ma.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/24/2026

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Number: 2501-0044 Expiration Date: 02/28/2027

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: $121,652.00

(Requested amounts will be automatically entered within applications)

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

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

Part I Threshold Determinations

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

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

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

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

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
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: 09/24/2026

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

2. Sites for Work Performance.

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

I 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: (Format: 123-456-7890)	(508) 979-1500
Fax Number: (Format: 123-456-7890)	(508) 979-1575
Email:	Jennifer.Clarke@newbedford-ma.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/24/2026

1I. 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:	09/24/2026

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. 06/30/2028)

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:	572 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. X

Authorized Representative

Prefix:	Ms.
First Name:	Jennifer
Middle Name:	
Last Name:	Clarke
Suffix:	
Title:	Deputy Director
Telephone Number: (Format: 123-456-7890)	(508) 979-1500
Fax Number: (Format: 123-456-7890)	(508) 979-1575
Email:	Jennifer.Clarke@newbedford-ma.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/24/2026

IK. SF-424B

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

OMB Number: 4040-0007
Expiration Date: 07/31/2028

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: X

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:	09/24/2026

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.

1M. Project Eligibility Certification

1. The project applicant will not engage in racial preferences or other forms of illegal discrimination	X
2. The project applicant will not operate drug injection sites or “safe consumption sites,” knowingly distribute drug paraphernalia on or off of property under their control, permit the use or distribution of illicit drugs on property under their control, or conduct any of these activities under the pretext of “harm reduction.”	X

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: $121,652

Organization	Type	Sub-Award Amount
New Bedford Womens Center Inc	M. Nonprofit with 501C3 IRS Status	$121,652

2A. Project Subrecipients Detail

a. Organization Name: New Bedford Womens Center Inc

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 St 4th Floor
Street 2:
City: New Bedford
State: Massachusetts
Zip Code: 02740

f. Congressional District(s): (for multiple selections hold CTRL key) MA-009

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: $121,652

j. Contact Person
Prefix: Mrs.

First Name:	Heather
Middle Name:	
Last Name:	Gervais
Suffix:	
Title:	Finance & Administration Directo
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.

The New Bedford Women's Center, Inc. (TWC) is a new applicant to HUD's Continuum of Care Program and has not previously administered CoC Program grant funds. TWC has 3 decades of experience receiving and administering federal-origin funds passed through Massachusetts state agencies including VOCA, FVPSA, VAWA, and funds administered through the Massachusetts Department of Public Health, in support of its emergency shelter, transitional housing, and supportive services programs for survivors of domestic violence, dating violence, sexual assault, or stalking. TWC's Finance & Administration Director oversees compliance with applicable federal cost principles under 2 CFR Part 200, including allowable cost determinations and documentation of time and effort. TWC currently operates three confidentially located emergency shelters and 10 organizationally- and state-funded transitional housing units across 18 Bristol County cities and towns, and provides survivor-centered assessment and referral consistent with the standardized coordinated entry process this project will support, providing an established operational foundation directly relevant to the activities proposed in this application.

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

TWC has a demonstrated history of leveraging diverse funding sources to sustain its survivor services, including state funding through the Massachusetts Department of Public Health (DPH), Massachusetts Office of Victim Assistance's SAFEPLAN-related state grant, private philanthropic support, and unrestricted organizational revenue. TWC builds on these resources to develop community partnerships which provide additional support to survivors at no cost to the program. Partners where TWC clients and participants receive free services include:
¿Child and Family Services and Crisis Center
¿Children's Advocacy Center of Bristol County
¿Community Counseling of Bristol County
¿Community Economic Development Center
¿Family Resource Center of Fall River
¿Family Resource Center of New Bedford
¿Greater New Bedford Community Health Center
¿Healing Trauma Center
¿Health Imperatives
¿Highpoint Treatment Center
¿Inclusion Family Counseling
¿New Bedford Family Resource and Development Center
¿New Bedford Healthy Families
¿People Acting in Community Endeavors (PACE)
¿Seven Hills Behavioral Treatment
¿Southcoast Health, including 3 hospital emergency departments
¿Steppingstone
¿United Neighbors of Fall River
¿United Way of Greater New Bedford
¿United Way of Greater Fall River
¿Walt's Mobile Closet
¿The Women's Center at SStar
¿YMCA Southcoast
¿YWCA of Southeastern Massachusetts
¿St. Peter's Episcopal Church and The Bridge for Healing

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

TWC's financial management structure is led by its Finance & Administration Director, under the oversight of the Executive Director and the Board of Directors' Finance Committee. TWC maintains documented financial policies and procedures consistent with 2 CFR Part 200, including internal controls for allowable-cost determinations, procurement standards under 2 CFR 200.318, and segregation of duties for payment processing. TWC undergoes an annual independent audit with no unresolved findings. Grant funds are tracked in a dedicated general ledger with award-specific cost centers to ensure funds are expended only on eligible, budgeted activities and are not commingled with unrestricted revenue.

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 CoC
2. CoC Collaborative Applicant Name:	City of New Bedford
3. Project Name:	TWC Bristol County Supportive Services Program
4. Project Status:	Standard
5. Component Type:	SSO
5a. Select the type of SSO Project:	Coordinated Entry
6. What type of CoC funding is this project applying for in this CoC Program Competition?	DV Bonus
6a. 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)? (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.)	Yes
7. Is your organization or expected subrecipient a victim service provider defined in 24 CFR 578.3 and uses a comparable HMIS database?	Yes
8. 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

9. Will funds requested in this new project application replace state or local government funds (24 CFR 578.87(a))?	No
11. 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.

New Bedford Women's Center, Inc. (TWC) proposes the TWC Bristol County Supportive Services Program, a DV Bonus-funded Coordinated Entry project serving survivors of domestic violence, dating violence, sexual assault, or stalking throughout Bristol County, Massachusetts. As a victim service provider under 24 CFR 578.3 using an HMIS-comparable database, TWC will provide a standardized, trauma-informed assessment and referral process that connects survivors to emergency shelter, transitional housing, and permanent housing resources within the Bristol County CoC's coordinated entry system, while maintaining the confidentiality protections required by VAWA and the Family Violence Prevention and Services Act. TWC's advocates will conduct comprehensive needs assessments, safety planning, and warm-handoff referrals to housing and services - including TWC's own emergency shelters and transitional housing, as well as partner organizations such as The Bridge: A Center for Hope and Healing for childcare, education services, employment assistance and job training, legal services, mental health services, substance abuse treatment services, transportation, and moving costs.. TWC will ensure survivors are not required to disclose their circumstances through the CoC's general coordinated entry access points if doing so would compromise their safety.

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	30			
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	X	Survivors	X
Veterans		Substance Abuse	X
Youth (under 25)		Mental Illness	
Families		HIV/AIDS	
		Chronic Homeless	
		Other (Click 'Save' to update)	

4. As an SSO-Coodinated Entry project answer the following questions:

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

4b. Will the coordinated entry process be easily available and reachable 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.

TWC will advertise the availability of its coordinated entry access point through its 24-hour hotline, its website, and outreach materials distributed to hospitals, courts, law enforcement, schools, and other Bristol County community partners likely to encounter survivors of domestic violence, dating violence, sexual assault, or stalking. Materials will be available in multiple languages reflecting the demographics of Bristol County and will explicitly describe TWC's confidential, survivor-specific access point as an alternative to the CoC's general coordinated entry process, consistent with 24 CFR 578.3, so that individuals with the highest barriers to disclosing their circumstances - and the highest safety risk in doing so - can access assistance directly and confidentially.

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

4e. Describe the standardized assessment and referral process that directs individuals and families to appropriate housing and services.

TWC uses a standardized, trauma-informed assessment tool administered by trained advocates to identify each survivor's housing barriers, safety risks, and service needs. Assessment results directly inform referrals to the most appropriate intervention - TWC's emergency shelter, transitional housing, rapid re-housing partners, or permanent supportive housing resources within the Bristol County CoC - with survivor safety, lethality risk, and confidentiality needs weighted throughout the referral decision, consistent with HUD's Notice on coordinated entry for victim service providers.

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 groups: No

(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?

3C. Project Expansion Information

1. Is this a "Project Expansion" of an eligible renewal project?	No

6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 15, 2027?	Yes
4. Select a grant term:	1 Year

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

Supportive Services	X
HMIS	
VAWA	X

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? (13 to 18 months)	Yes
6a. Select the number of additional months requested for the initial grant term:	15 months

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	Salaries of our housing advocate along with supervision programmatically and clinically. To included employer paid taxes and fringe benefits	$110,593
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		$110,593
Grant Term		1 Year
Total Request for Grant Term		$110,593

Click the 'Save' button to automatically calculate totals.

VAWA Budget

VAWA Budget

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 new 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:	

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:	$630,424
Total Amount of In-Kind Commitments:	$0
Total Amount of All Commitments:	$630,424

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...	$630,424

Sources of Match Detail

1. Type of Match commitment:	Cash
2. Source:	Government
3. Name of Source: (Be as specific as possible and include the office or grant program as applicable)	Department of Public Health
4. Amount of Written Commitment:	$630,424

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)	$0	1 Year	$0
4. Supportive Services (Screen 6F)	$110,593	1 Year	$110,593
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			$110,593
10. Admin (Up to 10% of Sub-total in #9)			$11,059
11. HUD funded Sub-total + Admin. Requested			$121,652
12. Cash Match (From Screen 6I)			$630,424
13. In-Kind Match (From Screen 6I)			$0
14. Total Match (From Screen 6I)			$630,424
15. Total Project Budget for this grant, including Match			$752,076

Click the 'Save' button to automatically calculate totals.

Indirect Cost Information

Indirect Cost Information Form
OMB Number: 2501-0044
Expiration Date: 2/28/2027

Program/Activity Receiving Federal Grant Funding:	CoC Program
Applicant Name:	City of New Bedford

Indirect Cost Rate Information for the Applicant/Recipient:

Please check the box that applies to the Applicant/Recipient and complete the table only as provided by the instructions accompanying this form.

The Applicant/Recipient will not charge indirect costs using an indirect cost rate.	
The Applicant/Recipient will calculate and charge indirect costs under the award by applying a de minimis rate as provided by 2 CFR 200.414(f), as may be amended from time to time.	X
The Applicant/Recipient will calculate and charge indirect costs under the award using the indirect cost rate(s) in the table below, and each rate in this table is included in an indirect cost rate proposal developed in accordance with the applicable appendix to 2 CFR part 200 and, if required, has been approved by the cognizant agency for indirect costs.	

Mark the one (and only one) checkbox that best reflects how the indirect costs of the Applicant/Recipient will be calculated and charged under the award. Do not include indirect cost rate information for subrecipients.

The table following the third checkbox must be completed only if that checkbox is checked. When listing a rate in the table, enter the percentage amount (for example, “15%”), the type of direct cost base to be used (for example, “MTDC”), and the type of rate (“predetermined,” “final,” “fixed,” or “provisional”).

If using the Simplified Allocation Method for indirect costs, enter the applicable indirect cost rate and type of direct cost base in the first row of the table.

If using the Multiple Allocation Base Method, enter each major function of the organization for which a rate was developed and will be used under the award, the indirect cost rate applicable to that major function, and the type of direct cost base to which the rate will be applied.

If the Applicant/Recipient is a government and more than one agency or department will carry out activities under the award, enter each agency or department that will carry out activities under the award, the indirect cost rate(s) for that agency or department, and the type of direct cost base to which each rate will be applied.

To learn more about the indirect cost requirements, see 2 CFR part 200, subpart E, and the applicable appendix that is listed under 2 CFR 200.414(e).

Submission Type: Initial Submission

Effective Date: 07/09/2025

Certification of Authorized Representative for the Applicant/Recipient: **** Under penalty of perjury, I certify on behalf of the Applicant/Recipient that:** **(1) all information provided on this form is true, complete, and accurate, and** **(2) Applicant/Recipient will provide HUD with an update to this form immediately upon learning change in the information provided on this form, and** **(3) I am authorized to speak for the Applicant/Recipient regarding all information provided on this** ****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; 24 CFR § 28.10(b)(iii)).**	X

Authorized Representative:

Prefix:	Ms.
First Name:	Jennifer
Middle Name:	
Last Name:	Clarke
Suffix:	
Title:	Deputy Director
Telephone Number: (Format: 123-456-7890)	(508) 979-1500
Fax Number: (Format: 123-456-7890)	(508) 979-1575
Email:	Jennifer.Clarke@newbedford-ma.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	07/09/2025

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	501c3	08/06/2026
2) Other Attachment(s)	No		
3) Other Attachment(s)	No		

Attachment Details

Document Description: 501c3

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: 09/24/2026

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
1A. SF-424 Application Type	No Input Required
1B. SF-424 Legal Applicant	08/11/2026
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/23/2026

1E. SF-424 Compliance	08/11/2026
1F. SF-424 Declaration	08/11/2026
1G. HUD 2880	08/11/2026
1H. HUD 50070	08/11/2026
1I. Cert. Lobbying	08/11/2026
1J. SF-LLL	09/23/2026
IK. SF-424B	08/11/2026
1L. SF-424D	08/11/2026
2A. Subrecipients	09/23/2026
2B. Experience	08/11/2026
3A. Project Detail	08/11/2026
3B. Description	09/23/2026
3C. Expansion	08/11/2026
6A. Funding Request	08/11/2026
6F. Supp Srvcs Budget	09/23/2026
VAWA Budget	No Input Required
6I. Match	08/11/2026
6J. Summary Budget	No Input Required
Indirect Cost Information	09/23/2026
7A. Attachment(s)	08/11/2026
7D. Certification	08/11/2026

Attachment 10

Internal Revenue Service

District
Director

Department of the Treasury
P.O. Box 9088
JFK Federal Bldg., Boston, Mass 02203

Person to Contact: G. WATTS
Telephone Number: (617) 523-1040
1-800-392-6288 (Mass)
1-800-343-9000 (Conn)

Refer Reply to: Taxpayer Service

Date: January 3, 1983

NEW BEDFORD WOMENS CENTER, INC.
252 County St.
New Bedford, MA 02740

Dear Sir or Madam:

This is in reply to your recent letter requesting a copy of an exemption letter for the above named organization.

[X] Records in this office show that a determination letter was issued in December of 1975 ruling that the organization was exempt from Federal income tax under Section (now) 501(c)(3) of the Internal Revenue Code of 1954.

[ ] Records in this office show that the organization is exempt under Section _____ of the Internal Revenue Code as part of a Group Ruling issued to _____.

[X] Further, the organization is not a private foundation because it is an organization described under Section 509(a)(1) & 170(b)(1)(A)(vi).

[ ] Further, the organization is a private foundation as described in Section 590(a) of the Internal Revenue Code of 1954.

This ruling remains in effect as long as there have been no changes in the character, purposes or method of operation of the organization.

I trust the foregoing information will serve your purpose.

If you have any questions, you may contact the person whose name and telephone number are shown in the heading of this letter.

Sincerely,

HELEN HERZER
Group Manager

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 2026 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 2026 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 2026 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2026 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 2026 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:	09/24/2026
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:	572 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: CPD-2600-DC-0025

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): (for multiple selections hold CTRL+Key) Massachusetts

15. Descriptive Title of Applicant's Project: CoC Planning Project Application FY2026

16. Congressional District(s):

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

b. Project: MA-005
(for multiple selections hold CTRL+Key)

17. Proposed Project

a. Start Date: 09/01/2027

b. End Date: 08/31/2028

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: X

21. Authorized Representative

Prefix:	Ms.
First Name:	Jennifer
Middle Name:	
Last Name:	Clarke
Suffix:	
Title:	Deputy Director
Telephone Number: (Format: 123-456-7890)	(508) 979-1500
Fax Number: (Format: 123-456-7890)	(508) 979-1575
Email:	Jennifer.Clarke@newbedford-ma.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/24/2026

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: $252,698.00

(Requested amounts will be automatically entered within applications)

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

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

Part I Threshold Determinations

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

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

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

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

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
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: 09/24/2026

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

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: (Format: 123-456-7890)	(508) 979-1500
Fax Number: (Format: 123-456-7890)	(508) 979-1575
Email:	Jennifer.Clarke@newbedford-ma.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/24/2026

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:	09/24/2026

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. 02/28/2026)

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:	572 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. [X]

Authorized Representative

Prefix:	Ms.
First Name:	Jennifer
Middle Name:	
Last Name:	Clarke
Suffix:	
Title:	Deputy Director
Telephone Number: (Format: 123-456-7890)	(508) 979-1500
Fax Number: (Format: 123-456-7890)	(508) 979-1575
Email:	Jennifer.Clarke@newbedford-ma.gov
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/24/2026

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: X

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:	09/24/2026

1M. Project Eligibility Certification

1. The project applicant will not engage in racial preferences or other forms of illegal discrimination	X
2. The project applicant will not operate drug injection sites or “safe consumption sites,” knowingly distribute drug paraphernalia on or off of property under their control, permit the use or distribution of illicit drugs on property under their control, or conduct any of these activities under the pretext of “harm reduction.”	X

2A. Project Detail

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

2. Collaborative Applicant Name: City of New Bedford

3. Project Name: CoC Planning Project Application FY2026

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 MA-505 proposes to use the FY2026 Planning Grant for several planning activities:
(1) HUD COMPLIANCE ACTIVITIES to continue HMIS data services originally outlined in the CoC's FY2022-2024 CoC Planning Grants;
(2) PROJECT EVALUATION and PROJECT MONITORING ACTIVITIES to continue ensuring appropriate oversight of personnel/consultant performance of related CoC Planning Activities;
(3) DEVELOPING A COC SYSTEM using CoC Planning funds to support stipends for those with lived experience to ensure participation in CoC work, and
(4) COORDINATION ACTIVITIES to fund a position 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 CoC 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.
--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 planning activities it proposes, the MA-505 anticipates adhering to the following schedule, methodology and timeliness commitment as follows:
(1)HUD COMPLIANCE ACTIVITIES will continue existing 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 FY26 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) PROJECT EVALUATION and PROJECT MONITORING ACTIVITIES will continue ensuring appropriate oversight of personnel/consultant performance of related CoC Planning Activities on an ongoing basis consistent with the timing of all CoC Planning Activities;
(3) DEVELOPING A COC SYSTEM will allow the CoC to better connect with those individuals/households with lived experience to ensure participation in CoC work thereby improving outcomes, and
(4) COORDINATION ACTIVITIES to continue funding the existing CoC position.

All 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 activities are properly executed and initiated and are both consistent with relevant procurement requirements and prescribed HUD expectations. In both circumstances, the work will be the responsibility of the MA-505 through the OHCD who will provide ongoing support, supervision and involvement.

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 four stated activities is rooted in its commitment to, and interest in, improving the performance of the overall CoC system and its CoC and ESG projects, specifically. The requested funds for data specialist services 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 recognizes 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. Tying much of this together in a cogent package that includes the voice of those who are homeless "at the table" would, to a great extent, rest with a newly hired CoC Coordinator. Such a position remains particularly timely now that the CoC has been merged for two years, and its size and scope has significantly changed and evolved. Dedicated personnel is a critical piece of improving the merged 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:	X
Votes, including electing Coc Board:	X
Sits on CoC Board:	X
None:	

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 Committee	Role of the Committee (max 750 characters)	Meeting Frequency	Name of Individuals and/or Organizations Represented
Executive Board	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 Health and Human Services, Police Department, Veterans Transition House, Coastline Elderly, Carney Foundation, Dartmouth COA, Community Resident, OHCD
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 Amount of Cash Commitments:	$63,175
Total Amount of In-Kind Commitments:	$0
Total Amount of All Commitments:	$63,175

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	Government	City of New Bedford	$63,175

Sources of Match Details

1. Type of Match Commitment:	Cash
2. Source:	Government
3. Name of source: (Be as specific as possible and include the office or grant program as applicable)	City of New Bedford
4. Amount of Written Commitment:	$63,175

4B. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 15, 2027? Yes

2. 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. (1 FTE x $86,300 annual salary/fee + benefits $26,294) = $112,594))	$112,594
2. Project Evaluation	Supervision and evaluation of personnel/consultant performance—monthly (12) times during grant period. (12 units x $150 = $1,800)	$1,800
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	Stipends for those with Lived Experience for participation in CoC Activities	$16,000
8. HUD Compliance Activities	Continue undertaking Data Specialist activities for HMIS data collection efforts. (Contract price = $10,042 monthly = 12 months x $10,042 =$120,504) CoC Coordinator will work to ensure compliance with all HUD reporting, data compliance and timely, accurate submissions.	$120,504
Total Costs Requested		$252,698
Cash Match		$63,175
In-Kind Match		$0
Total Match		$63,175
Total Budget		$315,873

Click the 'Save' button to automatically calculate the Total Assistance

Indirect Cost Information

Indirect Cost Information Form
OMB Number: 2501-0044
Expiration Date: 2/28/2027

Program/Activity Receiving Federal Grant Funding:	CoC Program
Applicant Name:	City of New Bedford

Indirect Cost Rate Information for the Applicant/Recipient:

Please check the box that applies to the Applicant/Recipient and complete the table only as provided by the instructions accompanying this form.

The Applicant/Recipient will not charge indirect costs using an indirect cost rate.	
The Applicant/Recipient will calculate and charge indirect costs under the award by applying a de minimis rate as provided by 2 CFR 200.414(f), as may be amended from time to time.	X
The Applicant/Recipient will calculate and charge indirect costs under the award using the indirect cost rate(s) in the table below, and each rate in this table is included in an indirect cost rate proposal developed in accordance with the applicable appendix to 2 CFR part 200 and, if required, has been approved by the cognizant agency for indirect costs.	

Mark the one (and only one) checkbox that best reflects how the indirect costs of the Applicant/Recipient will be calculated and charged under the award. Do not include indirect cost rate information for subrecipients.

The table following the third checkbox must be completed only if that checkbox is checked. When listing a rate in the table, enter the percentage amount (for example, “15%”), the type of direct cost base to be used (for example, “MTDC”), and the type of rate (“predetermined,” “final,” “fixed,” or “provisional”).

If using the Simplified Allocation Method for indirect costs, enter the applicable indirect cost rate and type of direct cost base in the first row of the table.

If using the Multiple Allocation Base Method, enter each major function of the organization for which a rate was developed and will be used under the award, the indirect cost rate applicable to that major function, and the type of direct cost base to which the rate will be applied.

If the Applicant/Recipient is a government and more than one agency or department will carry out activities under the award, enter each agency or department that will carry out activities under the award, the indirect cost rate(s) for that agency or department, and the type of direct cost base to which each rate will be applied.

To learn more about the indirect cost requirements, see 2 CFR part 200, subpart E, and the applicable appendix that is listed under 2 CFR 200.414(e).

Submission Type: Initial Submission

Effective Date: 07/09/2025

Certification of Authorized Representative for the Applicant/Recipient: **** Under penalty of perjury, I certify on behalf of the Applicant/Recipient that:** **(1) all information provided on this form is true, complete, and accurate, and** **(2) Applicant/Recipient will provide HUD with an update to this form immediately upon learning change in the information provided on this form, and** **(3) I am authorized to speak for the Applicant/Recipient regarding all information provided on this** ****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; 24 CFR § 28.10(b)(iii)).**	X

Authorized Representative:

Prefix:	Ms.
First Name:	Jennifer
Middle Name:	
Last Name:	Clarke
Suffix:	
Title:	Deputy Director
Telephone Number: (Format: 123-456-7890)	(508) 979-1500
Fax Number: (Format: 123-456-7890)	(508) 979-1575
Email:	Jennifer.Clarke@newbedford-ma.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	07/09/2025

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:

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:	09/24/2026
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	08/05/2026
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/21/2026
1E. SF-424 Compliance	08/05/2026
1F. SF-424 Declaration	08/05/2026
1G. HUD 2880	08/05/2026
1H. HUD 50070	08/05/2026
1I. Cert. Lobbying	08/05/2026

1J. SF-LLL	09/24/2026
IK. SF-424B	08/05/2026
2A. Project Detail	09/21/2026
2B. Description	09/24/2026
3A. Governance and Operations	09/24/2026
3B. Committees	09/24/2026
4A. Match	09/24/2026
4B. Funding Request	09/24/2026
Indirect Cost Information	09/24/2026
5A. Attachment(s)	No Input Required
5B. Certification	09/24/2026