

Before Starting the Project Application

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

Things to Remember

- Additional training resources can be found on the HUD Exchange at <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/> - Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2017 Continuum of Care (CoC) Program Competition. For more information see FY 2017 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2017 CoC Program NOFA and the FY 2016 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- 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 2016 Project Application will be imported into the FY 2017 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the FY 2016 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.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, 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 2017 CoC Program Competition NOFA.

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: 08/16/2017

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: MD0091

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

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

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: AIDS Interfaith Residential Services, Inc.

b. Employer/Taxpayer Identification Number (EIN/TIN): 52-1576701

	c. Organizational DUNS:	843327979	PLUS 4	
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d. Address

Street 1: 1800 N. Charles Street

Street 2: Suite 700

City: Baltimore

County: Baltimore City

State: Maryland

Country: United States

Zip / Postal Code: 21201

e. Organizational Unit (optional)

Department Name: Permanent Housing Program

Division Name:

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

Prefix: Ms.

First Name: Surbhi

Middle Name:

Last Name: Seth

Suffix:

Title: Controller

Organizational Affiliation: AIDS Interfaith Residential Services, Inc.

Telephone Number: (410) 576-5070

Extension: 11

Fax Number: (410) 576-5074

Email: Surbhi@airshome.org

1C. SF-424 Application Details

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

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

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: FR-6100-N-25

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

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

15. Descriptive Title of Applicant's Project: CoC SHP GYFLC FY17

16. Congressional District(s):

a. Applicant: MD-007, MD-003
(for multiple selections hold CTRL key)

b. Project: MD-007
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 06/01/2018

b. End Date: 05/31/2019

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: 01/21/2014

20. Is the Applicant delinquent on any Federal debt? No
If "YES," provide an explanation:

1F. SF-424 Declaration

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

I AGREE:

21. Authorized Representative

Prefix: Mr.

First Name: Anthony

Middle Name:

Last Name: Butler

Suffix:

Title: President & CEO

Telephone Number: (410) 576-5070
(Format: 123-456-7890)

Fax Number: (410) 576-5074
(Format: 123-456-7890)

Email: anthony@airshome.org

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

Date Signed: 08/16/2017

1G. HUD 2880

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

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: AIDS Interfaith Residential Services, Inc.

Prefix: Mr.

First Name: Anthony

Middle Name:

Last Name: Butler

Suffix:

Title: President & CEO

Organizational Affiliation: AIDS Interfaith Residential Services, Inc.

Telephone Number: (410) 576-5070

Extension: 13

Email: anthony@airshome.org

City: Baltimore

County: Baltimore City

State: Maryland

Country: United States

Zip/Postal Code: 21201

2. Employer ID Number (EIN): 52-1576701

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$213,296.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: CoC SHP GYFLC FY17 1800 N. Charles Street
Baltimore Maryland

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

Part I Threshold Determinations

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

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

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

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

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
AIDS Interfaith Residential Services- GYFLC 1800 N Charles Street, Baltimore MD 21201	Supportive Services for Transitional Housing Program	\$213,296.00	Services

Part III Interested Parties

You must disclose:

1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation	Financial Interest in Project/Activity (\$)	Financial Interest in Project/Activity (%)
NA	NA	NA	\$0.00	0%

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I certify that this information is true and complete.

I AGREE:

Name / Title of Authorized Official: Anthony Butler, President & CEO

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

Date Signed: 07/18/2017

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: AIDS Interfaith Residential Services, Inc.

Program/Activity Receiving Federal Grant Funding: CoC Program

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

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:	
a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.	e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the 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 hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and

X

accurate.

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

Authorized Representative

Prefix: Mr.

First Name: Anthony

Middle Name

Last Name: Butler

Suffix:

Title: President & CEO

Telephone Number: (410) 576-5070
(Format: 123-456-7890)

Fax Number: (410) 576-5074
(Format: 123-456-7890)

Email: anthony@airshome.org

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

Date Signed: 08/16/2017

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: AIDS Interfaith Residential Services, Inc.

Name / Title of Authorized Official: Anthony Butler, President & CEO

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

Date Signed: 08/16/2017

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES

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

Approved by OMB0348-0046

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

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

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

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

Legal Name: AIDS Interfaith Residential Services, Inc.

Street 1: 1800 N. Charles Street

Street 2: Suite 700

City: Baltimore

County: Baltimore City

State: Maryland

Country: United States

Zip / Postal Code: 21201

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: Mr.

First Name: Anthony

Middle Name:

Last Name: Butler

Suffix:

Title: President & CEO

Telephone Number: (410) 576-5070
(Format: 123-456-7890)

Fax Number: (410) 576-5074
(Format: 123-456-7890)

Email: anthony@airshome.org

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

Date Signed: 08/16/2017

Additional Information

Now that you have completed Part 1 of the application, please review Parts 2-7, which are in Read Only mode. Screen 3C, which is mandatory for all PH-PSH projects and screens 6D, 7A and 7B which are mandatory for all projects will be editable and must be answered prior to submission.



Once you are done reviewing, you will be guided to a "Submissions without Changes" screen. At this screen if you decide no edits or updates are required to any screens other than the mandatory questions for 3C and/or 6D,7A and 7B, you are allowed to submit the application without ever needing to edit the rest of the application. However, if you determine that changes need to be made to the application, we have given you the ability to open up individual screens for edit, instead of the entire application.

Once you select the screens you want to edit via checkboxes, you will click "Save", and those screens will be available for edit. An important reminder, once you make those selections and click "Save", you cannot uncheck those boxes. You are allowed to select additional boxes even after saving your initial selections. Again, you must click "Save" for those newly selected screens to be available for edit.

If your project is a First Time Renewal, your project will not be able to utilize the "Submit Without Changes" function. The Submissions Without Changes page will be automatically set to "Make Changes" and you will be required to input data into the application for all required fields relevant to the component type.

2A. Project Subrecipients

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

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

Total Expected Sub-Awards: \$0

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

2B. Recipient Performance

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

- 1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?** Yes

- 2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?** No

- 3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?** Yes

- 4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?** No

3A. Project Detail

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

1. Expiring Grant Number: MD0091

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

2a. CoC Number and Name: MD-501 - Baltimore CoC

2b. CoC Collaborative Applicant Name: City of Baltimore - Mayor's Office

3. Project Name: CoC SHP GYFLC FY17

4. Project Status: Standard

5. Component Type: TH

6. Does this project use one or more properties that have been conveyed through the Title V process? No

3B. Project Description

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

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

The AIRS Geraldine Young Family Life Center- Formerly operated by the YMCA - evolved out of a profound need for services to treat multiple issues that directly relate to and often sustain homelessness of women and their children.

Many of the women referred to the program are chronic substance abusers, victims of domestic violence and have mental health needs. In order to break the cycle of homelessness, women need more than affordable housing. A host of supportive services is necessary to treat the root causes of homelessness and toward reaching their goals in securing employment and permanent housing.

This transitional housing program addresses the multiple challenges that young mothers face; through intensive case management, these young women are provided the support and the resources to be strong, independent and self sufficient, with the skills to raise their children in a safe and loving environment.

The facility is integrated into an active neighborhood, and is adjacent to the YMCA recreational facility. Referrals for housing come directly from emergency shelters and transitional housing via the City's Coordinated Access System.

AIRS participates with Housing Association of Baltimore City to provide "conversion vouchers" for women at GYFLC to receive tenant-based Housing Choice Vouchers that are made available to them by their 24th, and final month in the program.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

Chronic Homeless	<input checked="" type="checkbox"/>	Domestic Violence	<input checked="" type="checkbox"/>
Veterans	<input checked="" type="checkbox"/>	Substance Abuse	<input checked="" type="checkbox"/>

Youth (under 25)	<input checked="" type="checkbox"/>	Mental Illness	<input checked="" type="checkbox"/>
Families with Children	<input checked="" type="checkbox"/>	HIV/AIDS	<input checked="" type="checkbox"/>
		Other (Click 'Save' to update)	<input type="checkbox"/>

Other:

3. Housing First

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

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

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

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

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

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

4A. Supportive Services for Participants

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

**1. For all supportive services available to participants, indicate who will provide them and how often they will be provided.
Click 'Save' to update.**

Supportive Services	Provider	Frequency
Assessment of Service Needs	Applicant	As needed
Assistance with Moving Costs	Non-Partner	As needed
Case Management	Applicant	Bi-weekly
Child Care	Partner	As needed
Education Services	Applicant	Monthly
Employment Assistance and Job Training	Applicant	As needed
Food	Non-Partner	As needed
Housing Search and Counseling Services	Applicant	As needed
Legal Services	Non-Partner	As needed
Life Skills Training	Applicant	Monthly
Mental Health Services	Non-Partner	As needed
Outpatient Health Services	Non-Partner	As needed
Outreach Services	Applicant	As needed
Substance Abuse Treatment Services	Non-Partner	As needed
Transportation	Applicant	Monthly
Utility Deposits	Non-Partner	As needed

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

2b. Use of a single application form for four or more mainstream programs? Yes

2c. At least annual follow-ups with participants to ensure mainstream benefits Yes

are received and renewed?

3. Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Yes

3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Yes

4B. Housing Type and Location

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

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

Total Units: 12

Total Beds: 27

Housing Type	Units	Beds
Clustered apartments	12	27

4B. Housing Type and Location Detail

1. Housing Type: Clustered apartments

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

a. Units: 12

b. Beds: 27

3. Address

Street 1: 1621 Druid Hill Avenue

Street 2: Baltimore

City: Maryland

State: Maryland

ZIP Code: 21217

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

249005 Baltimore County

5A. Project Participants - Households

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

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	12	0	0	12

Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Adults over age 24	0	0		0
Adults ages 18-24	12	0		12
Accompanied Children under age 18	15		0	15
Unaccompanied Children under age 18			0	0
Total Persons	27	0	0	27

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

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

Persons in Households with at Least One Adult and One Child

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24										
Adults ages 18-24	12			1		2	1	3		
Children under age 18	15					1		1		
Total Persons	27	0	0	1	0	3	1	4	0	0

Click Save to automatically calculate totals

Persons in Households without Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24										
Adults ages 18-24										
Total Persons	0	0	0	0	0	0	0	0	0	0

Persons in Households with Only Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Accompanied Children under age 18										
Unaccompanied Children under age 18										
Total Persons	0			0	0	0	0	0	0	0

5C. Outreach for Participants

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

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

5%	Directly from the street or other locations not meant for human habitation.
55%	Directly from emergency shelters.
	Persons at imminent risk of losing their night time residence within 14 days, have no subsequent housing identified, and lack the resources to obtain other housing (TH and SSO Projects Only)
5%	Directly from safe havens.
25%	Persons fleeing domestic violence.
10%	Directly from transitional housing.
	Directly from the TH Portion of a Joint TH and PH-RRH Component project.
	Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program.
100%	Total of above percentages

6A. Funding Request

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

1. Do any of the properties in this project have an active restrictive covenant? No

2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? No

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

4. Renewal Grant Term: 1 Year

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

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

6D. Sources of Match

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

Summary for Match

Total Value of Cash Commitments:	\$20,000
Total Value of In-Kind Commitments:	\$33,400
Total Value of All Commitments:	\$53,400

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

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

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Private	AIRS Kreiger-\$20K	09/28/2017	\$20,000
Yes	In-Kind	Private	Yo! Baltimore In-...	09/28/2017	\$23,400
Yes	In-Kind	Private	Tender Tots Child...	09/28/2017	\$10,000

Sources of Match Detail

- 1. Will this commitment be used towards Match? Yes
- 2. Type of Commitment: Cash
- 3. Type of Source: Private
- 4. Name the Source of the Commitment: AIRS Kreiger-\$20K
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment: 09/28/2017
- 6. Value of Written Commitment: \$20,000

Sources of Match Detail

- 1. Will this commitment be used towards Match? Yes
- 2. Type of Commitment: In-Kind
- 3. Type of Source: Private
- 4. Name the Source of the Commitment: Yo! Baltimore In-Kind-\$23,800
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment: 09/28/2017
- 6. Value of Written Commitment: \$23,400

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

Sources of Match Detail

- 1. Will this commitment be used towards Match? Yes
- 2. Type of Commitment: In-Kind

3. Type of Source: Private

4. Name the Source of the Commitment: Tender Tots Child Care Svcs-\$10K
(Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 09/28/2017

6. Value of Written Commitment: \$10,000

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

6E. Summary Budget

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

The following 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 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, 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	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	\$0
1b. Leased Structures	\$0
2. Rental Assistance	\$0
3. Supportive Services	\$199,445
4. Operating	\$0
5. HMIS	\$0
6. Sub-total Costs Requested	\$199,445
7. Admin (Up to 10%)	\$13,851
8. Total Assistance plus Admin Requested	\$213,296
9. Cash Match	\$20,000
10. In-Kind Match	\$33,400
11. Total Match	\$53,400
12. Total Budget	\$266,696

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	AIRS 501(c)3	08/11/2016
2) Other Attachmenbt	No	Match Documentation	08/14/2017
3) Other Attachment	No	Certificate of Go...	08/14/2017

Attachment Details

Document Description: AIRS 501(c)3

Attachment Details

Document Description: Match Documentation

Attachment Details

Document Description: Certificate of Good Standing

7A. In-Kind Match MOU Attachment

Document Type	Required?	Document Description	Date Attached
In-Kind Match MOU	No	In-Kind Match Doc...	08/15/2017

Attachment Details

Document Description: In-Kind Match Documents

7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

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

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

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

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

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

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

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

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

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

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

Additional for Rental Assistance Projects:

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

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

For applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

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

C. Explanation.

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

Name of Authorized Certifying Official Anthony Butler

Date: 08/16/2017

Title: President & CEO

Applicant Organization: AIDS Interfaith Residential Services, Inc.

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant

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

Submission Without Changes

- 1. Are the requested renewal funds reduced from the previous award as a result of 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.** Submit without changes

The applicant has selected “Submit without changes” to Question 2 above. If the applicant has identified project information on the preceding screens that does not match the current contract, select “Make changes” above and update the relevant project information.

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	08/14/2017
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	08/15/2017

1E. SF-424 Compliance	08/14/2017
1F. SF-424 Declaration	08/14/2017
1G. HUD-2880	08/15/2017
1H. HUD-50070	08/14/2017
1I. Cert. Lobbying	08/14/2017
1J. SF-LLL	08/14/2017
2A. Subrecipients	No Input Required
2B. Recipient Performance	08/14/2017
3A. Project Detail	08/14/2017
3B. Description	08/14/2017
4A. Services	08/14/2017
4B. Housing Type	08/14/2017
5A. Households	08/14/2017
5B. Subpopulations	No Input Required
5C. Outreach	08/14/2017
6A. Funding Request	08/14/2017
6D. Match	08/14/2017
6E. Summary Budget	No Input Required
7A. Attachment(s)	08/14/2017
7A. In-Kind Match MOU Attachment	08/15/2017
7B. Certification	08/16/2017
Submission Without Changes	08/15/2017

Section 501(c)(3) Determination Letter

INTERNAL REVENUE SERVICE
DISTRICT DIRECTOR
31 HOPKINS PLAZA
BALTIMORE, MD 21201

DEPARTMENT OF THE TREASURY

Date: APR 5 1994

Employer Identification Number:

52-1576701

Case Number:

524015007

Contact Person:

MRS. M. SMITH

Contact Telephone Number:

(410) 962-7963

Our Letter Dated:

August 17, 1989

Addendum Applies:

Yes

AIDS INTERFAITH RESIDENTIAL
SERVICES INC
5000 YORK ROAD
BALTIMORE, MD 21212

Dear Applicant:

This modifies our letter of the above date in which we stated that you would be treated as an organization that is not a private foundation until the expiration of your advance ruling period.

Your exempt status under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3) is still in effect. Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the Code because you are an organization of the type described in section 509(a)(1) and 170(b)(1)(A)(vi).

Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(1) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act, or the substantial or material change on the part of the organization that resulted in your loss of such status, or if he or she acquired knowledge that the Internal Revenue Service had given notice that you would no longer be classified as a section 509(a)(1) organization.

If we have indicated in the heading of this letter that an addendum applies, the addendum enclosed is an integral part of this letter.

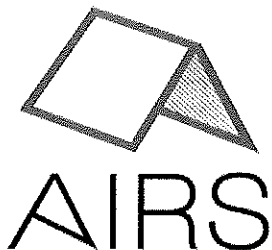
Because this letter could help resolve any questions about your private foundation status, please keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown above.

Sincerely yours,


District Director

Enclosure:
Addendum



1800 NORTH CHARLES STREET, SUITE 700, BALTIMORE, MD 21201
PHONE 410.576.5070 FAX 410.576.5074 WEB www.airshome.org

September 28, 2017

Charles E. Halm, CPD Director
U.S. Department of Housing and Urban Development
10 S. Howard St., 5th Flr.
Baltimore, MD 21201

RE: **AIRS Cash Match**
CoC- Geraldine Young Family Life Center
MD0091L3B01160
Grant Period: 6/1/18-5/31/19

Dear Mr. Halm,

AIRS is pleased to provide support for AIRS' renewal application of its **Continuum of Care CoC – Geraldine Young Family Life Center Program, MD 0091L3B011609.**

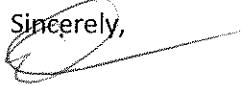
Please let this letter serve as our commitment to provide **Cash Match** in the amount of **\$20,000** for supportive services, should AIRS continue receiving funds under the **CoC –Geraldine Young Family Life Center.**

This **Cash Match** will be used to provide supportive services and workforce development programming to unstably housed and/or previously homeless youth with fund granted by **The Zanvyl and Isabelle Krieger Fund** for qualifying AIRS residents.

This **Cash Match** will be made available from **6/1/18-5/31/19.**

We are pleased to offer this continued support to the residents of AIRS' supportive housing programs and services and look forward to collaborating in our efforts to assist those experiencing homelessness.

Sincerely,


Ernestina Simmons
COO/EVP Permanent Housing



Historic East Baltimore
Community Action Coalition, Inc.

1212 N. Wolfe Street, Baltimore, MD 21213

September 28, 2017

Anthony I. Butler, President & CEO
AIRS/Empire Homes of Maryland
1800 N. Charles St., Ste. 700
Baltimore, MD 21201

RE: AIRS Match - In-Kind Letter
CoC - SHP Supportive Housing Project - Geraldine Young Family Life Center Program,
MD0091L3B011609
Grant Period: 6/1/18-5/31/19

Dear Mr. Butler,

Historic East Baltimore Community Action Coalition's Youth Opportunity Program - YO! Baltimore is pleased to provide support for AIRS' renewal application of its Continuum of Care CoC - SHP Supportive Housing Project - Geraldine Young Family Life Center Program, MD0091L3B011609.

Please let this letter serve as our commitment to provide **Match - In-Kind** in the amount of **\$23,800** for supportive services, should AIRS continue receiving funds under the **CoC - SHP Supportive Housing Project - Geraldine Young Family Life Center Program, grant number MD0091L3B011609**, used to provide supportive services to unstably housed and previously homeless persons. Support services are offered through/by **YO! Baltimore will provide for GED preparation, case management services, career services and mental health assessment services for qualifying AIRS residents.**

This Match - In-Kind will be made available from 6/1/18-5/31/19.

We are pleased to offer this continued support to the residents of AIRS' supportive housing programs and services and look forward to collaborating in our efforts to assist those experiencing homelessness.

Sincerely,

Burgundi Allison
Program Director, YO!

**Memorandum of Understanding
Continuum of Care Program
In-Kind Services Match**

This Memorandum of Understanding (MOU) is entered into by AIRS and Historic East Baltimore Community Action Coalition Inc's (HEBAC) Youth Opportunity Program (YOI). The purpose of this MOU is to set forth the services to be provided by HEBAC, YOI, the value of which will be used to satisfy the match requirement of the U.S. Department of Housing and Urban Development's Continuum of Care (CoC) Program.

As a match to **CoC - SHP Supportive Housing Project - Geraldine Young Family Life Center Program MD0091L3B011609**, Historic East Baltimore Community Action Coalition unconditionally commits, except for the award of the grant, to provide the following services to AIRS at GYFLC:

To provide services for GED preparation, case management and mental health assessment to enrolled residents, a re-referral for AIRS residents. The value of the services is \$ 23,800 per year, based upon \$1700 per referred resident at 14 residents. The services will be available beginning 6/1/18-5/31/19("Services Term"). The services will be provided by qualified staff, who will provide GED preparation, case management, career services, and mental health assessment to enrolled residents. The services will be received by the following number of program participants: 14 persons over the grant term.


During the Services Term, AIRS agrees to maintain and make available for inspection records documenting the hours of service provided in order to fulfill recordkeeping requirements of the CoC Program. A request for such documentation or inspection must be provided in a timely manner.

AIRS' address is 1800 N. Charles St., Ste 700, Baltimore, MD 21201, phone number is 410-576-5070, and point of contact is Anthony I. Butler,, President & CEO,

HEBAC's address is 1212 N. Wolfe St., Baltimore, MD phone number is (410) 732-2661, and point of contact is Burgundi Allison.

[GRANT RECIPIENT/SUBRECIPIENT]

AIRS

By:  (signature)

Name: Anthony I. Butler,

Title: President & CEO

Date: 9/28/17

[THIRD PARTY SERVICE PROVIDER]

Historic East Baltimore Community Action Coalition Inc's (HEBAC)

By:  (signature)

Name: Burgundi Allison

Date: 9.28.17

TENDER TOTS

Come grow with us

September 28, 2017

Anthony I. Butler, President & CEO
AIRS/Empire Homes of Maryland
1800 N. Charles St., Ste. 700
Baltimore, MD 21201

RE: **Match - In-Kind**

**CoC - SHP Supportive Housing Project - Geraldine Young Family Life Center Program,
MD0091L3B011609
FY2017, 6/1/18-5/31/19**

Dear Mr. Butler,

Tender Tots is pleased to provide AIRS with supportive services for its' CoC - SHP Supportive Housing Project - Geraldine Young Family Life Center Program

This service will provide day care and child supervision services for **twelve (12)** clients in GYFLC. These supervision sessions will be held once a week and each session is valued at \$833 per client.

These services, valued at \$10,000 (non-HUD dollars), will be available for the duration of **6/1/18-5/31/19**.

We are pleased to offer this continued partnership with AIRS and we look forward to working with you in your efforts to assist those experiencing homelessness.

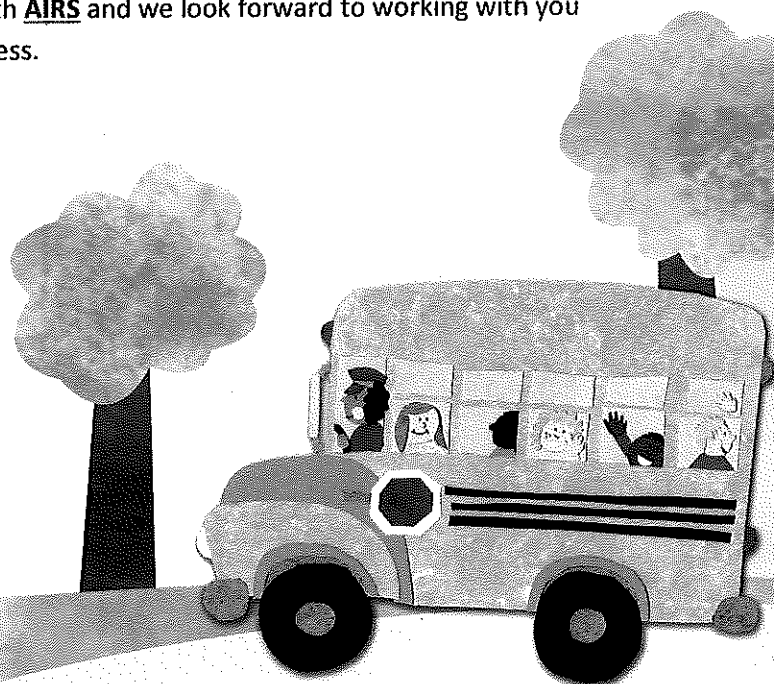
Sincerely,


Aletheia McCaskill

Executive Director/Owner

3203 Mayfair Road
Gwynn Oak, Maryland 21207
410 281 7813

email: tendertots@verizon.net
www.tendertotskids.org
Provider #75258



**Memorandum of Understanding
Continuum of Care Program
In-Kind Services Match**

This Memorandum of Understanding (MOU) is entered into by AIRS and Tender Tots. The purpose of this MOU is to set forth the services to be provided by Tender Tots, the value of which will be used to satisfy the match requirement of the U.S. Department of Housing and Urban Development's Continuum of Care (CoC) Program.

As a match to **CoC - SHP Supportive Housing Project - Geraldine Young Family Life Center Program MD0091L3B011609**, Tender Tots unconditionally commits, except for the award of the grant, to provide the following services to AIRS at GYFLC: Child care services and supportive assistance to the residents of the Geraldine Young Family Life Center. The value of the services is \$ 10,000 per year, based upon 100 hours (50 visits @ 2hrs each) at a rate of \$10 per hour. The services will be available beginning 6/1/18-5/31/19("Services Term"). The services will be provided by qualified staff, who will provide child care supervision while residents participate in programs and trainings. The services will be received by the following number of program participants: 12 persons (point in time), and 600 total persons over the grant term.

During the Services Term, AIRS agrees to maintain and make available for inspection records documenting the hours of service provided in order to fulfill recordkeeping requirements of the CoC Program. A request for such documentation or inspection must be provided in a timely manner.

AIRS' address is 1800 N. Charles St., Ste 700, Baltimore, MD 21201, phone number is 410-576-5070, and point of contact is Anthony I. Butler, President & CEO.

Tender Tots' address is 3203 Mayfair Rd, Gwynn Oak, MD 21207, phone number is (410) 281-7813, and the point of contact is Aletheia McCaskill.

[GRANT RECIPIENT/SUBRECIPIENT]

AIRS

By:  (signature)

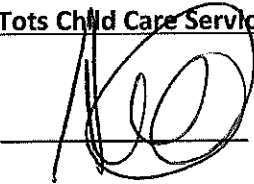
Name: Anthony I. Butler,

Title: President & CEO

Date: 9/28/17

[THIRD PARTY SERVICE PROVIDER]

Tender Tots Child Care Services

By:  (signature)

Name: Aletheia McCaskill

Date: 09/28/2017

STATE OF MARYLAND
Department of Assessments and Taxation

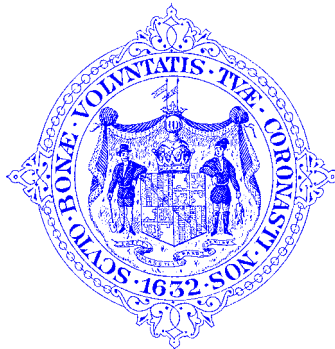
I, MICHAEL L. HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR THE RIGHTS OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT AIDS INTERFAITH RESIDENTIAL SERVICES, INC., INCORPORATED FEBRUARY 10, 1989, IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

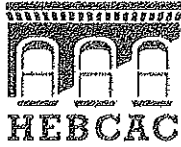
IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS JANUARY 23, 2017.



Michael L. Higgs
Acting Director



301 West Preston Street, Baltimore, Maryland 21201
Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice
Fax (410) 333-7097



Historic East Baltimore
Community Action Coalition, Inc.

1212 N. Wolfe Street, Baltimore, MD 21213

September 28, 2017

Anthony I. Butler, President & CEO
AIRS/Empire Homes of Maryland
1800 N. Charles St., Ste. 700
Baltimore, MD 21201

RE: AIRS Match - In-Kind Letter

CoC - SHP Supportive Housing Project - Geraldine Young Family Life Center Program,
MD0091L3B011609
Grant Period: 6/1/18-5/31/19

Dear Mr. Butler,

Historic East Baltimore Community Action Coalition's Youth Opportunity Program - YO! Baltimore is pleased to provide support for AIRS' renewal application of its Continuum of Care CoC - SHP Supportive Housing Project - Geraldine Young Family Life Center Program, MD0091L3B011609.

Please let this letter serve as our commitment to provide Match - In-Kind in the amount of \$23,800 for supportive services, should AIRS continue receiving funds under the **CoC - SHP Supportive Housing Project - Geraldine Young Family Life Center Program, grant number MD0091L3B011609**, used to provide supportive services to unstably housed and previously homeless persons. Support services are offered through/by YO! Baltimore will provide for **GED preparation, case management services, career services and mental health assessment services** for qualifying AIRS residents.

This Match - In-Kind will be made available from 6/1/18-5/31/19.

We are pleased to offer this continued support to the residents of AIRS' supportive housing programs and services and look forward to collaborating in our efforts to assist those experiencing homelessness.

Sincerely,

Burgundi Allison
Program Director, YO!

**Memorandum of Understanding
Continuum of Care Program
In-Kind Services Match**

This Memorandum of Understanding (MOU) is entered into by AIRS and Historic East Baltimore Community Action Coalition Inc's (HEBAC) Youth Opportunity Program (YOI). The purpose of this MOU is to set forth the services to be provided by HEBAC, YOI, the value of which will be used to satisfy the match requirement of the U.S. Department of Housing and Urban Development's Continuum of Care (CoC) Program.

As a match to CoC - SHP Supportive Housing Project - Geraldine Young Family Life Center Program MD0091L3B011609, Historic East Baltimore Community Action Coalition unconditionally commits, except for the award of the grant, to provide the following services to AIRS at GYFLC:

To provide services for GED preparation, case management and mental health assessment to enrolled residents, a re-referral for AIRS residents. The value of the services is \$ 23,800 per year, based upon \$1700 per referred resident at 14 residents. The services will be available beginning 6/1/18-5/31/19 ("Services Term"). The services will be provided by qualified staff, who will provide GED preparation, case management, career services, and mental health assessment to enrolled residents.

The services will be received by the following number of program participants: 14 persons over the grant term.


During the Services Term, AIRS agrees to maintain and make available for inspection records documenting the hours of service provided in order to fulfill recordkeeping requirements of the CoC Program. A request for such documentation or inspection must be provided in a timely manner.

AIRS' address is 1800 N. Charles St., Ste 700, Baltimore, MD 21201, phone number is 410-576-5070, and point of contact is Anthony I. Butler,, President & CEO.

HEBAC's address is 1212 N. Wolfe St., Baltimore, MD phone number is (410) 732-2661, and point of contact is Burgundi Allison.

[GRANT RECIPIENT/SUBRECIPIENT]

AIRS

By:  (signature)

Name: Anthony I. Butler,

Title: President & CEO

Date: 9/28/17

[THIRD PARTY SERVICE PROVIDER]

Historic East Baltimore Community Action Coalition Inc's (HEBAC)

By:  (signature)

Name: Burgundi Allison

Date: 9.28.17

TENDER TOTS

Come grow with us

September 28, 2017

Anthony I. Butler, President & CEO
AIRS/Empire Homes of Maryland
1800 N. Charles St., Ste. 700
Baltimore, MD 21201

RE: Match - In-Kind

CoC - SHP Supportive Housing Project - Geraldine Young Family Life Center Program,
MD0091L3B011609
FY2017, 6/1/18-5/31/19

Dear Mr. Butler,

Tender Tots is pleased to provide AIRS with supportive services for its' CoC - SHP Supportive Housing Project - Geraldine Young Family Life Center Program

This service will provide day care and child supervision services for twelve (12) clients in GYFLC. These supervision sessions will be held once a week and each session is valued at \$833 per client.

These services, valued at \$10,000 (non-HUD dollars), will be available for the duration of 6/1/18-5/31/19.

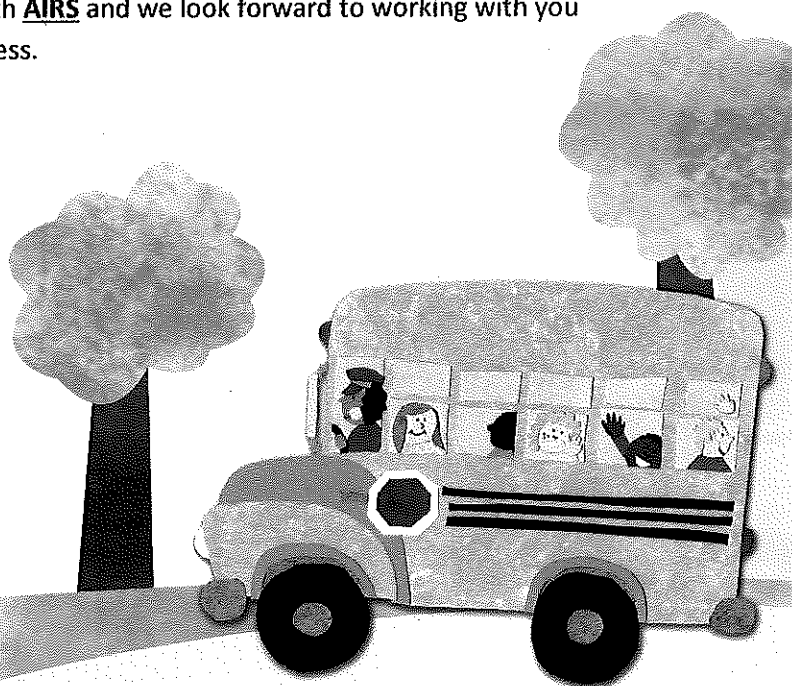
We are pleased to offer this continued partnership with AIRS and we look forward to working with you in your efforts to assist those experiencing homelessness.

Sincerely,


Aletheia McCaskill
Executive Director/Owner

3203 Mayfair Road
Gwynn Oak, Maryland 21207
410 281 7813

email: tendertots@verizon.net
www.tendertotskids.org
Provider #75258



**Memorandum of Understanding
Continuum of Care Program
In-Kind Services Match**

This Memorandum of Understanding (MOU) is entered into by AIRS and Tender Tots. The purpose of this MOU is to set forth the services to be provided by Tender Tots, the value of which will be used to satisfy the match requirement of the U.S. Department of Housing and Urban Development's Continuum of Care (CoC) Program.

As a match to **CoC - SHP Supportive Housing Project - Geraldine Young Family Life Center Program MD0091L3B011609**, Tender Tots unconditionally commits, except for the award of the grant, to provide the following services to AIRS at GYFLC: Child care services and supportive assistance to the residents of the Geraldine Young Family Life Center. The value of the services is \$ 10,000 per year, based upon 100 hours (50 visits @ 2hrs each) at a rate of \$10 per hour. The services will be available beginning 6/1/18-5/31/19("Services Term"). The services will be provided by qualified staff, who will provide child care supervision while residents participate in programs and trainings. The services will be received by the following number of program participants: 12 persons (point in time), and 600 total persons over the grant term.

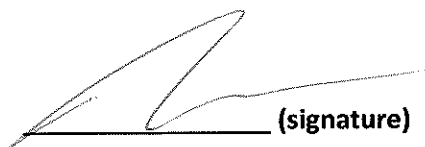
During the Services Term, AIRS agrees to maintain and make available for inspection records documenting the hours of service provided in order to fulfill recordkeeping requirements of the CoC Program. A request for such documentation or inspection must be provided in a timely manner.

AIRS' address is 1800 N. Charles St., Ste 700, Baltimore, MD 21201, phone number is 410-576-5070, and point of contact is Anthony I. Butler, President & CEO.

Tender Tots' address is 3203 Mayfair Rd, Gwynn Oak, MD 21207, phone number is (410) 281-7813, and the point of contact is Aletheia McCaskill.

[GRANT RECIPIENT/SUBRECIPIENT]

AIRS

By:  (signature)

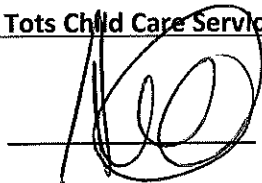
Name: Anthony I. Butler,

Title: President & CEO

Date: 9/28/17

[THIRD PARTY SERVICE PROVIDER]

Tender Tots Child Care Services

By:  (signature)

Name: Aletheia McCaskill

Date: 09/28/2017

Before Starting the Project Application

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

Things to Remember

- Additional training resources can be found on the HUD Exchange at <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/> - Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2017 Continuum of Care (CoC) Program Competition. For more information see FY 2017 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2017 CoC Program NOFA and the FY 2016 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- 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 2016 Project Application will be imported into the FY 2017 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the FY 2016 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.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, 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 2017 CoC Program Competition NOFA.

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: 08/16/2017

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: MD0014

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

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

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: AIDS Interfaith Residential Services, Inc.

b. Employer/Taxpayer Identification Number (EIN/TIN): 52-1576701

	c. Organizational DUNS:	843327979	PLUS 4	
--	--------------------------------	-----------	---------------	--

d. Address

Street 1: 1800 N. Charles Street

Street 2: Suite 700

City: Baltimore

County: Baltimore City

State: Maryland

Country: United States

Zip / Postal Code: 21201

e. Organizational Unit (optional)

Department Name: Permanent Housing Program

Division Name:

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

Prefix: Ms.

First Name: Surbhi

Middle Name:

Last Name: Seth

Suffix:

Title: Controller

Organizational Affiliation: AIDS Interfaith Residential Services, Inc.

Telephone Number: (410) 576-5070

Extension: 11
Fax Number: (410) 576-5074
Email: Surbhi@airshome.org

1C. SF-424 Application Details

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

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

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: FR-6100-N-25

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

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

15. Descriptive Title of Applicant's Project: CoC SHP- Adult Case Management FY17

16. Congressional District(s):

a. Applicant: MD-007, MD-003
(for multiple selections hold CTRL key)

b. Project: MD-007
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 08/01/2018

b. End Date: 07/31/2019

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: 01/13/2014

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

If "YES," provide an explanation:

1F. SF-424 Declaration

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

I AGREE:

21. Authorized Representative

Prefix: Mr.

First Name: Anthony

Middle Name:

Last Name: Butler

Suffix:

Title: President & CEO

Telephone Number: (410) 576-5070
(Format: 123-456-7890)

Fax Number: (410) 576-5074
(Format: 123-456-7890)

Email: anthony@airshome.org

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

Date Signed: 08/16/2017

1G. HUD 2880

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

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: AIDS Interfaith Residential Services, Inc.

Prefix: Mr.

First Name: Anthony

Middle Name:

Last Name: Butler

Suffix:

Title: President & CEO

Organizational Affiliation: AIDS Interfaith Residential Services, Inc.

Telephone Number: (410) 576-5070

Extension: 13

Email: anthony@airshome.org

City: Baltimore

County: Baltimore City

State: Maryland

Country: United States

Zip/Postal Code: 21201

2. Employer ID Number (EIN): 52-1576701

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$188,563.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: CoC SHP- Adult Case Management FY17 1800 N. Charles Street Baltimore Maryland

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

Part I Threshold Determinations

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

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

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

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

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
AIDS Interfaith Residential Services- GYFLC 1800 N Charles Street, Baltimore MD 21201	Supportive Services for Transitional Housing Program	\$213,296.00	Services

Part III Interested Parties

You must disclose:
 1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
 2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation	Financial Interest in Project/Activity (\$)	Financial Interest in Project/Activity (%)
NA	NA	NA	\$0.00	0%

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I certify that this information is true and complete.

I AGREE:

Name / Title of Authorized Official: Anthony Butler, President & CEO

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

Date Signed: 07/18/2017

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: AIDS Interfaith Residential Services, Inc.

Program/Activity Receiving Federal Grant Funding: CoC Program

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

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:	
<p>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.</p>	<p>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;</p>
<p>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.</p>	<p>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;</p>
<p>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.;</p>	<p>g. Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.</p>
<p>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;</p>	

Sites for Work Performance.

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

Workplaces, including addresses, entered in the attached project application.
 Refer to addresses entered into the attached project application.

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

X

accurate.

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

Authorized Representative

Prefix: Mr.

First Name: Anthony

Middle Name

Last Name: Butler

Suffix:

Title: President & CEO

Telephone Number: (410) 576-5070
(Format: 123-456-7890)

Fax Number: (410) 576-5074
(Format: 123-456-7890)

Email: anthony@airshome.org

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

Date Signed: 08/16/2017

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: AIDS Interfaith Residential Services, Inc.

Name / Title of Authorized Official: Anthony Butler, President & CEO

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

Date Signed: 08/16/2017

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

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

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

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

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

Legal Name: AIDS Interfaith Residential Services, Inc.
Street 1: 1800 N. Charles Street
Street 2: Suite 700
City: Baltimore
County: Baltimore City
State: Maryland
Country: United States
Zip / Postal Code: 21201

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: Mr.

First Name: Anthony

Middle Name:

Last Name: Butler

Suffix:

Title: President & CEO

Telephone Number: (410) 576-5070
(Format: 123-456-7890)

Fax Number: (410) 576-5074
(Format: 123-456-7890)

Email: anthony@airshome.org

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

Date Signed: 08/16/2017

Additional Information

Now that you have completed Part 1 of the application, please review Parts 2-7, which are in Read Only mode. Screen 3C, which is mandatory for all PH-PSH projects and screens 6D, 7A and 7B which are mandatory for all projects will be editable and must be answered prior to submission.



Once you are done reviewing, you will be guided to a "Submissions without Changes" screen. At this screen if you decide no edits or updates are required to any screens other than the mandatory questions for 3C and/or 6D,7A and 7B, you are allowed to submit the application without ever needing to edit the rest of the application. However, if you determine that changes need to be made to the application, we have given you the ability to open up individual screens for edit, instead of the entire application.

Once you select the screens you want to edit via checkboxes, you will click "Save", and those screens will be available for edit. An important reminder, once you make those selections and click "Save", you cannot uncheck those boxes. You are allowed to select additional boxes even after saving your initial selections. Again, you must click "Save" for those newly selected screens to be available for edit.

If your project is a First Time Renewal, your project will not be able to utilize the "Submit Without Changes" function. The Submissions Without Changes page will be automatically set to "Make Changes" and you will be required to input data into the application for all required fields relevant to the component type.

2A. Project Subrecipients

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

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

Total Expected Sub-Awards: \$0

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

2B. Recipient Performance

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

- 1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?** Yes

- 2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?** No

- 3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?** Yes

- 4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?** No

3A. Project Detail

1. Expiring Grant Number: MD0014

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

2a. CoC Number and Name: MD-501 - Baltimore CoC

2b. CoC Collaborative Applicant Name: City of Baltimore - Mayor's Office

3. Project Name: CoC SHP- Adult Case Management FY17

4. Project Status: Standard

5. Component Type: PH

6. Does this project use one or more properties that have been conveyed through the Title V process? No

3B. Project Description

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

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

AIDS Interfaith Residential Services, Inc.(AIRS) intends to continue providing supportive services to 221 residents in our Shelter Plus Care and 39 HUD Section/project based rental assistance 811 properties which is also a supported housing program. These funds will support the salaries and benefits of Case Managers. Case Managers assist the residents in developing Individual Service Plans (ISP), assist in identifying and removing barriers to success by providing life skills training in financial management,nutritional services, interpersonal skills and parenting skills. Bus tokens will be made available on an as-needed basis to remove additional barriers to residents being able to attend programming which is critical to their ability to participate in programs that will aid in their ability to accomplish their outlined goals on their ISP.

AIRS is committed to a housing first model that ensures rapid access to housing and the lowest barriers to entering our housing programs. AIRS operates a continuum of housing options from scattered site supportive housing to congregate living for individuals with end-stage AIDS. In response to the alarming prevalence of HIV/AIDS in Baltimore, AIRS has grown to serve not only those who are disabled, but to emerging populations of ex-offenders, Spanish-speaking people, and youth and young adults. Our supportive services focus on introducing residents to mainstream resources to meet their current and future needs. Case Managers meet no less than monthly with each resident to assess their health status as well as give them additional tools and resources that are critical towards their long term goals. Client visits occur at the residents home or in the office in order to assess their life skills, monitor eating habits, personal hygiene, and housekeeping skills.

For over 25 years AIRS has provided subsidized housing in safe, decent communities, allowing residents to focus on improving their health and increasing their interpersonal, parenting and/or job skills. AIRS also provides an array of additional services to our residents which includes a workforce development program where they can receive individual attention on job readiness skills, creating resumes and assistance searching for employment. In addition, we provide individual HIV education and monthly community engagement programs to our clients.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

Chronic Homeless	<input checked="" type="checkbox"/>	Domestic Violence	<input checked="" type="checkbox"/>
Veterans	<input type="checkbox"/>	Substance Abuse	<input checked="" type="checkbox"/>
Youth (under 25)	<input checked="" type="checkbox"/>	Mental Illness	<input checked="" type="checkbox"/>
Families with Children	<input checked="" type="checkbox"/>	HIV/AIDS	<input checked="" type="checkbox"/>
		Other (Click 'Save' to update)	<input type="checkbox"/>

Other:

3. Housing First

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

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

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

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

Failure to participate in supportive services	<input checked="" type="checkbox"/>
Failure to make progress on a service plan	<input checked="" type="checkbox"/>
Loss of income or failure to improve income	<input checked="" type="checkbox"/>

Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

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

4. Does the PH project provide PSH or RRH? PSH

3C. Dedicated Plus

Dedicated and DedicatedPLUS

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

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

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

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

1. Indicate whether the project is "100% Dedicated", "DedicatedPLUS", or "N/A", according to the information provided above. 100% Dedicated

4A. Supportive Services for Participants

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

1. For all supportive services available to 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	Non-Partner	As needed
Case Management	Applicant	Bi-weekly
Child Care	Non-Partner	As needed
Education Services	Non-Partner	As needed
Employment Assistance and Job Training	Applicant	As needed
Food	Non-Partner	As needed
Housing Search and Counseling Services	Applicant	As needed
Legal Services	Non-Partner	As needed
Life Skills Training	Applicant	Monthly
Mental Health Services	Non-Partner	As needed
Outpatient Health Services	Non-Partner	As needed
Outreach Services	Non-Partner	As needed
Substance Abuse Treatment Services	Non-Partner	As needed
Transportation	Applicant	As needed
Utility Deposits	Non-Partner	As needed

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

2b. Use of a single application form for four or more mainstream programs? Yes

2c. At least annual follow-ups with participants to ensure mainstream benefits Yes

are received and renewed?

3. Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Yes

3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Yes

4B. Housing Type and Location

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

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

Total Units: 137

Total Beds: 257

Total Dedicated CH Beds: 257

Housing Type	Units	Beds
Scattered-site apartments (...)	137	257

4B. Housing Type and Location Detail

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

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

a. Units: 137

b. Beds: 257

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 257

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

4. Address:

Street 1: 1800 N. Charles St.

Street 2: Ste. 700

City: Baltimore

State: Maryland

ZIP Code: 21201

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

240066 Baltimore

5A. Project Participants - Households

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

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	51	86	0	137

Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Adults over age 24	58	72		130
Adults ages 18-24	12	14		26
Accompanied Children under age 18	101			101
Unaccompanied Children under age 18				0
Total Persons	171	86	0	257

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

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

Persons in Households with at Least One Adult and One Child

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24	58	0	0	11	38	41	2	2	2	
Adults ages 18-24	12	0	0	5	5	10	2			
Children under age 18	101				2	2		2	2	
Total Persons	171	0	0	16	45	53	4	4	4	0

Click Save to automatically calculate totals

Persons in Households without Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24	72	0	0		50	30	0	0	0	
Adults ages 18-24	14	0	0	2	5	9	1			
Total Persons	86	0	0	2	55	39	1	0	0	0

Click Save to automatically calculate totals

Persons in Households with Only Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Accompanied Children under age 18										

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

5C. Outreach for Participants

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

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

10%	Directly from the street or other locations not meant for human habitation.
85%	Directly from emergency shelters.
0%	Directly from safe havens.
5%	Persons fleeing domestic violence.
100%	Total of above percentages

6A. Funding Request

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

1. Do any of the properties in this project have an active restrictive covenant? No
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? No
3. Does this project propose to allocate funds according to an indirect cost rate? No
4. Renewal Grant Term: 1 Year
5. Select the costs for which funding is being requested:
- | | |
|---------------------|-------------------------------------|
| Leased Units | <input type="checkbox"/> |
| Leased Structures | <input type="checkbox"/> |
| Rental Assistance | <input type="checkbox"/> |
| Supportive Services | <input checked="" type="checkbox"/> |
| Operating | <input type="checkbox"/> |
| HMIS | <input type="checkbox"/> |

6D. Sources of Match

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

Summary for Match

Total Value of Cash Commitments:	\$47,147
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$47,147

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

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Private	Ryan White Funds	09/28/2017	\$20,147
Yes	Cash	Government	Ryan White State ...	09/28/2017	\$27,000

Sources of Match Detail

- 1. Will this commitment be used towards Match?** Yes
- 2. Type of Commitment:** Cash
- 3. Type of Source:** Private
- 4. Name the Source of the Commitment:** Ryan White Funds
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 09/28/2017
- 6. Value of Written Commitment:** \$20,147

Sources of Match Detail

- 1. Will this commitment be used towards Match?** Yes
- 2. Type of Commitment:** Cash
- 3. Type of Source:** Government
- 4. Name the Source of the Commitment:** Ryan White State Special Funds
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 09/28/2017
- 6. Value of Written Commitment:** \$27,000

6E. Summary Budget

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

The following 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 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, 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	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	\$0
1b. Leased Structures	\$0
2. Rental Assistance	\$0
3. Supportive Services	\$176,228
4. Operating	\$0
5. HMIS	\$0
6. Sub-total Costs Requested	\$176,228
7. Admin (Up to 10%)	\$12,335
8. Total Assistance plus Admin Requested	\$188,563
9. Cash Match	\$47,147
10. In-Kind Match	\$0
11. Total Match	\$47,147
12. Total Budget	\$235,710

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	AIRS 501(c)3 cert...	10/20/2015
2) Other Attachmenbt	No	Match Documentation	08/14/2017
3) Other Attachment	No	Certification of ...	11/19/2015

Attachment Details

Document Description: AIRS 501(c)3 certification

Attachment Details

Document Description: Match Documentation

Attachment Details

Document Description: Certification of Consistency

7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

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

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

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

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

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

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

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

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

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

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

Additional for Rental Assistance Projects:

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

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

For applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

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

C. Explanation.

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

Name of Authorized Certifying Official Anthony Butler

Date: 08/16/2017

Title: President & CEO

Applicant Organization: AIDS Interfaith Residential Services, Inc.

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant

X

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

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of 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- Recipient and Subrecipient Information	
2A. Subrecipients	<input type="checkbox"/>
2B. Recipient Performance	<input type="checkbox"/>
Part 3 - Project Information	
3A. Project Detail	<input checked="" type="checkbox"/>
3B. Description	<input type="checkbox"/>
3C. Dedicated Plus	<input checked="" type="checkbox"/>
Part 4 - Housing Services and HMIS	
4A. Services	<input type="checkbox"/>
4B. Housing Type	<input type="checkbox"/>
Part 5 - Participants and Outreach Information	
5A. Households	<input type="checkbox"/>
5B. Subpopulations	<input type="checkbox"/>
5C. Outreach	<input type="checkbox"/>
Part 6 - Budget Information	
6A. Funding Request	<input type="checkbox"/>

6D. Match	<input checked="" type="checkbox"/>
6E. Summary Budget	<input type="checkbox"/>
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	<input checked="" type="checkbox"/>
7B. Certification	<input checked="" type="checkbox"/>

The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

Housing Description
Outreach

The applicant has selected "Make Changes". Once this screen is saved, the applicant 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.

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	08/16/2017
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	08/16/2017

1E. SF-424 Compliance	08/16/2017
1F. SF-424 Declaration	08/16/2017
1G. HUD-2880	08/16/2017
1H. HUD-50070	08/16/2017
1I. Cert. Lobbying	08/16/2017
1J. SF-LLL	08/16/2017
2A. Subrecipients	No Input Required
2B. Recipient Performance	08/16/2017
3A. Project Detail	08/16/2017
3B. Description	08/16/2017
3C. Dedicated Plus	08/16/2017
4A. Services	08/16/2017
4B. Housing Type	08/16/2017
5A. Households	08/16/2017
5B. Subpopulations	No Input Required
5C. Outreach	08/16/2017
6A. Funding Request	08/16/2017
6D. Match	08/16/2017
6E. Summary Budget	No Input Required
7A. Attachment(s)	08/16/2017
7B. Certification	08/16/2017
Submission Without Changes	08/16/2017

Section 501(c)(3) Determination Letter

INTERNAL REVENUE SERVICE
DISTRICT DIRECTOR
31 HOPKINS PLAZA
BALTIMORE, MD 21201

DEPARTMENT OF THE TREASURY

Date: APR 5 1994

AIDS INTERFAITH RESIDENTIAL
SERVICES INC
5000 YORK ROAD
BALTIMORE, MD 21212

Employer Identification Number:
52-1576701
Case Number:
524015007
Contact Person:
MRS. M. SMITH
Contact Telephone Number:
(410) 962-7963
Our Letter Dated:
August 17, 1989
Addendum Applies:
Yes

Dear Applicant:

This modifies our letter of the above date in which we stated that you would be treated as an organization that is not a private foundation until the expiration of your advance ruling period.

Your exempt status under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3) is still in effect. Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the Code because you are a organization of the type described in section 509(a)(1) and 170(b)(1)(A)(vi).

Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(1) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act, or the substantial or material change on the part of the organization that resulted in your loss of such status, or if he or she acquired knowledge that the Internal Revenue Service had given notice that you would no longer be classified as a section 509(a)(1) organization.

If we have indicated in the heading of this letter that an addendum applies, the addendum enclosed is an integral part of this letter.

Because this letter could help resolve any questions about your private foundation status, please keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown above.

Sincerely yours,


District Director

Enclosure:
Addendum



1800 NORTH CHARLES STREET, SUITE 700, BALTIMORE, MD 21201
PHONE 410.576.5070 FAX 410.576.5074 WEB www.airshome.org

September 28, 2017

Terry Hickey
Director
Mayor's Office of Human Services
Homeless Services Program
7 E. Redwood Street, 5th Floor
Baltimore, MD 21202

RE: **AIRS – Cash Match Letter**
CoC – SHP-Adult Case Management
MD0014L3B011609
Grant Period: 8/1/18-7/31/19

Dear Mr. Hickey,

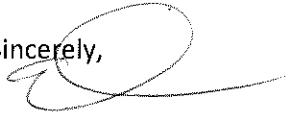
AIRS is pleased to provide support for AIRS' renewal application of its **Continuum of Care CoC – Adult Case Management Program**.

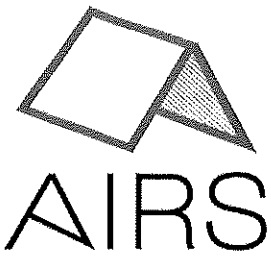
Please let this letter serve as our commitment to provide **Cash Match** in the amount of **\$27,000**.

This **Cash Match** will be used to provide supportive services in the areas of **Emergency Food Services and Psychosocial Groups** which focuses on **HIV Education, women and men's support groups, grief counseling, nutritional counseling** while also connecting clients to **additional supports in the community for substance abuse/mental health treatment**. These services will be offered by AIRS utilizing funds from **Ryan White Part B State Funds**.

We are pleased to offer this continued support to the residents of AIRS' supportive housing programs and services and look forward to collaborating in our efforts to assist those experiencing homelessness.

Sincerely,


Ernestina Simmons
COO/EVP Permanent Housing



1800 NORTH CHARLES STREET, SUITE 700, BALTIMORE, MD 21201
PHONE 410.576.5070 FAX 410.576.5074 WEB www.airshome.org

September 28, 2017

Terry Hickey
Director
Mayor's Office of Human Services
Homeless Services Program
7 E. Redwood Street, 5th Floor
Baltimore, MD 21202

RE: **AIRS – Cash Match Letter**
CoC – SHP-Adult Case Management
MD0014L3B011609
Grant Period: 8/1/18-7/31/19

Dear Mr. Hickey,

AIRS is pleased to provide support for AIRS' renewal application of its **Continuum of Care CoC – Adult Case Management Program**.

Please let this letter serve as our commitment to provide **Match** in the amount of **\$20,147.00**

This **Cash Match** will be used to provide **Emergency Funding for Eviction Prevention and BGE assistance** as well as **supportive services in the areas of HIV Education and Psychosocial Groups which focuses on HIV Education, women and men's support groups, grief counseling, nutritional counseling while also connecting clients to additional supports in the community for substance abuse/mental health treatment**. These services will be offered by AIRS utilizing funds from Ryan White Part A Funds.

We are pleased to offer this continued support to the residents of AIRS' supportive housing programs and services and look forward to collaborating in our efforts to assist those experiencing homelessness.

Sincerely,


Ernestina Simmons
COO/EVP Permanent Housing

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.
(Type or clearly print the following information:)

Applicant Name: City of Baltimore - Mayor's Office

Project Name: FY 2015 CoC Program Application

Location of the Project: Baltimore, Maryland

Name of the Federal Program to which the applicant is applying: Continuum of Care Program

Name of Certifying Jurisdiction: City of Baltimore

Certifying Official of the Jurisdiction Name: Stephen Janes

Title: Assistant Commissioner, Baltimore City - DHCD

Signature: 

Date: 11.17.2015

Before Starting the Project Application

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

Things to Remember

- Additional training resources can be found on the HUD Exchange at <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/> - Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2017 Continuum of Care (CoC) Program Competition. For more information see FY 2017 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2017 CoC Program NOFA and the FY 2016 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- 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 2016 Project Application will be imported into the FY 2017 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the FY 2016 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.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, 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 2017 CoC Program Competition NOFA.

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: 08/16/2017

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: MD0015

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

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

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: AIDS Interfaith Residential Services, Inc.

b. Employer/Taxpayer Identification Number (EIN/TIN): 52-1576701

	c. Organizational DUNS:	843327979	PLUS 4	
--	--------------------------------	-----------	---------------	--

d. Address

Street 1: 1800 N. Charles Street

Street 2: Suite 700

City: Baltimore

County: Baltimore City

State: Maryland

Country: United States

Zip / Postal Code: 21201

e. Organizational Unit (optional)

Department Name: Permanent Housing Program

Division Name:

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

Prefix: Ms.

First Name: Surbhi

Middle Name:

Last Name: Seth

Suffix:

Title: Controller

Organizational Affiliation: AIDS Interfaith Residential Services, Inc.

Telephone Number: (410) 576-5070

Applicant: AIDS Interfaith Residential Services, Inc.

843327979

Project: CoC YIP Youth SHP Program FY17

152996

Extension: 11

Fax Number: (410) 576-5074

Email: Surbhi@airshome.org

1C. SF-424 Application Details

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

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

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: FR-6100-N-25

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

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

15. Descriptive Title of Applicant's Project: CoC YIP Youth SHP Program FY17

16. Congressional District(s):

a. Applicant: MD-007, MD-003
(for multiple selections hold CTRL key)

b. Project: MD-007
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 04/01/2018

b. End Date: 03/31/2019

18. Estimated Funding (\$)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

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

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

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

If "YES," provide an explanation:

1F. SF-424 Declaration

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

I AGREE:

21. Authorized Representative

Prefix: Mr.

First Name: Anthony

Middle Name:

Last Name: Butler

Suffix:

Title: President & CEO

Telephone Number: (410) 576-5070
(Format: 123-456-7890)

Fax Number: (410) 576-5074
(Format: 123-456-7890)

Email: anthony@airshome.org

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

Date Signed: 08/16/2017

1G. HUD 2880

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

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: AIDS Interfaith Residential Services, Inc.

Prefix: Mr.

First Name: Anthony

Middle Name:

Last Name: Butler

Suffix:

Title: President & CEO

Organizational Affiliation: AIDS Interfaith Residential Services, Inc.

Telephone Number: (410) 576-5070

Extension: 13

Email: anthony@airshome.org

City: Baltimore

County: Baltimore City

State: Maryland

Country: United States

Zip/Postal Code: 21201

2. Employer ID Number (EIN): 52-1576701

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$154,010.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: CoC YIP Youth SHP Program FY17 1800 N. Charles Street Baltimore Maryland

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

Part I Threshold Determinations

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

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

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

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

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
AIDS Interfaith Residential Services- GYFLC 1800 N Charles Street, Baltimore MD 21201	Supportive Services for Transitional Housing Program	\$213,296.00	Services

Part III Interested Parties

You must disclose:
 1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
 2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation	Financial Interest in Project/Activity (\$)	Financial Interest in Project/Activity (%)
NA	NA	NA	\$0.00	0%

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I certify that this information is true and complete.

I AGREE:

Name / Title of Authorized Official: Anthony Butler, President & CEO

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

Date Signed: 07/18/2017

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: AIDS Interfaith Residential Services, Inc.

Program/Activity Receiving Federal Grant Funding: CoC Program

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

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:	
a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.	e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the 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 hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and

X

accurate.

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

Authorized Representative

Prefix: Mr.

First Name: Anthony

Middle Name

Last Name: Butler

Suffix:

Title: President & CEO

Telephone Number: (410) 576-5070
(Format: 123-456-7890)

Fax Number: (410) 576-5074
(Format: 123-456-7890)

Email: anthony@airshome.org

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

Date Signed: 08/16/2017

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: AIDS Interfaith Residential Services, Inc.

Name / Title of Authorized Official: Anthony Butler, President & CEO

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

Date Signed: 08/16/2017

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES

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

Approved by OMB0348-0046

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

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

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

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

Legal Name: AIDS Interfaith Residential Services, Inc.

Street 1: 1800 N. Charles Street

Street 2: Suite 700

City: Baltimore

County: Baltimore City

State: Maryland

Country: United States

Zip / Postal Code: 21201

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: Mr.

First Name: Anthony

Middle Name:

Last Name: Butler

Suffix:

Title: President & CEO

Telephone Number: (410) 576-5070
(Format: 123-456-7890)

Fax Number: (410) 576-5074
(Format: 123-456-7890)

Email: anthony@airshome.org

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

Date Signed: 08/16/2017

Additional Information

Now that you have completed Part 1 of the application, please review Parts 2-7, which are in Read Only mode. Screen 3C, which is mandatory for all PH-PSH projects and screens 6D, 7A and 7B which are mandatory for all projects will be editable and must be answered prior to submission.



Once you are done reviewing, you will be guided to a "Submissions without Changes" screen. At this screen if you decide no edits or updates are required to any screens other than the mandatory questions for 3C and/or 6D,7A and 7B, you are allowed to submit the application without ever needing to edit the rest of the application. However, if you determine that changes need to be made to the application, we have given you the ability to open up individual screens for edit, instead of the entire application.

Once you select the screens you want to edit via checkboxes, you will click "Save", and those screens will be available for edit. An important reminder, once you make those selections and click "Save", you cannot uncheck those boxes. You are allowed to select additional boxes even after saving your initial selections. Again, you must click "Save" for those newly selected screens to be available for edit.

If your project is a First Time Renewal, your project will not be able to utilize the "Submit Without Changes" function. The Submissions Without Changes page will be automatically set to "Make Changes" and you will be required to input data into the application for all required fields relevant to the component type.

2A. Project Subrecipients

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

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

Total Expected Sub-Awards: \$0

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

2B. Recipient Performance

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

- 1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?** Yes

- 2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?** No

- 3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?** Yes

- 4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?** No

3A. Project Detail

1. Expiring Grant Number: MD0015

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

2a. CoC Number and Name: MD-501 - Baltimore CoC

2b. CoC Collaborative Applicant Name: City of Baltimore - Mayor's Office

3. Project Name: CoC YIP Youth SHP Program FY17

4. Project Status: Standard

5. Component Type: PH

6. Does this project use one or more properties that have been conveyed through the Title V process? No

3B. Project Description

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

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

Through this CoC renewal application, AIRS intends to continue providing supportive housing and case management in its Youth Space Baltimore program for 20 homeless young adults ages 18-24, with a disabling condition. These funds will support the salaries and benefits of a full-time Case Manager. The Case Manager assists the residents in developing Individual Service Plans (ISP), assists in identifying and removing barriers to success by providing life skills training in financial management, nutritional services, interpersonal, and parenting skills. The Youth Space Case Manager will work closely with residents to address their financial needs. Financial literacy courses are offered to address savings, credit scores, and budgeting. Life skills services will be offered to assist with housekeeping, cooking, cleaning and access to resources. Bus tokens are available on an as-needed basis to remove additional barriers to resident's participation in accomplishing the elements of their ISP. In addition, these funds will support the leasing assistance and utility allowance of 7 units; Shelter Plus Care rental assistance currently allocated to AIRS will support the other 13 units.

AIRS has developed a continuum of programming under the City Steps banner that addresses the specific problems of transition-aged homeless youth. In addition to Youth Space Baltimore, City Steps provides:

Transitional Housing through: CARRIAGE HOUSE TRANSITIONAL LIVING PROGRAM, GERALDINE YOUNG FAMILY LIFE CENTER AND THE DHR/READY BY 21 DEMONSTRATION PROJECT; Permanent Housing through: RESTORATION GARDENS.

AIRS employs an HIV/AIDS prevention strategy of targeting the most disconnected youth to supportive housing. Young people who are homeless or are unstably housed are likely to engage in behaviors that place them at health risks, especially HIV/AIDS. Homeless young people are on the streets of Baltimore without basic resources, education, skills, or a plan for the future. They fall prey to drug use and criminal behavior, gang involvement, as well as become victims of violence. Many youth who have aged out of our child welfare system are caught in a limbo between the protections of childhood and the responsibilities of adulthood. Research shows that homeless young people have spent much of their time in institutional and foster care, do not have a GED or high school diploma, experience weak family connections, experience with illegal drugs and alcohol, and often come from racial or ethnic minorities. AIRS mission is to provide housing and supportive services to homeless and low-income individuals and families living with and at risk of HIV/AIDS and other

disabilities. Founded in 1988, AIRS is the largest provider of housing and services to this population in the state of Maryland.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

Chronic Homeless	<input checked="" type="checkbox"/>	Domestic Violence	<input checked="" type="checkbox"/>
Veterans	<input type="checkbox"/>	Substance Abuse	<input checked="" type="checkbox"/>
Youth (under 25)	<input checked="" type="checkbox"/>	Mental Illness	<input checked="" type="checkbox"/>
Families with Children	<input checked="" type="checkbox"/>	HIV/AIDS	<input checked="" type="checkbox"/>
		Other (Click 'Save' to update)	<input type="checkbox"/>

Other:

3. Housing First

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

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

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

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

Failure to participate in supportive services	<input checked="" type="checkbox"/>
Failure to make progress on a service plan	<input checked="" type="checkbox"/>

Loss of income or failure to improve income	<input checked="" type="checkbox"/>
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

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

4. Does the PH project provide PSH or RRH? PSH

Is this an SHP Project that had been approved by HUD to change the renewal project budget from leasing to rental assistance? No

3C. Dedicated Plus

Dedicated and DedicatedPLUS

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

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

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

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

1. Indicate whether the project is "100% Dedicated", "DedicatedPLUS", or "N/A", according to the information provided above. 100% Dedicated

4A. Supportive Services for Participants

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

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

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

2b. Use of a single application form for four or more mainstream programs? Yes

2c. At least annual follow-ups with participants to ensure mainstream benefits Yes

are received and renewed?

3. Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Yes

3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Yes

4B. Housing Type and Location

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

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

Total Units: 20

Total Beds: 36

Total Dedicated CH Beds: 36

Housing Type	Units	Beds
Scattered-site apartments (...)	20	36

4B. Housing Type and Location Detail

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

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

a. Units: 20

b. Beds: 36

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 36

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

4. Address:

Street 1: 1800 N. Charles Street

Street 2: Suite 700

City: Baltimore

State: Maryland

ZIP Code: 21201

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

240066 Baltimore

5A. Project Participants - Households

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

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	10	10	0	20

Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Adults over age 24	0	0		0
Adults ages 18-24	10	10		20
Accompanied Children under age 18	16		0	16
Unaccompanied Children under age 18			0	0
Total Persons	26	10	0	36

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

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

Persons in Households with at Least One Adult and One Child

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24		0	0	0	0	0	0		0	0
Adults ages 18-24	10		0		4	6			0	0
Children under age 18	16				0	0	0	0	0	0
Total Persons	26	0	0	0	4	6	0	0	0	0

Click Save to automatically calculate totals

Persons in Households without Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24	0	0	0	0	0	0	0	0	0	0
Adults ages 18-24	10	0	0	2	4	6	2	0	0	0
Total Persons	10	0	0	2	4	6	2	0	0	0

Click Save to automatically calculate totals

Persons in Households with Only Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Accompanied Children under age 18										

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

5C. Outreach for Participants

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

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

20%	Directly from the street or other locations not meant for human habitation.
70%	Directly from emergency shelters.
0%	Directly from safe havens.
10%	Persons fleeing domestic violence.
100%	Total of above percentages

6A. Funding Request

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

1. Do any of the properties in this project have an active restrictive covenant? No

2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? No

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

4. Renewal Grant Term: 1 Year

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

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

6C. Rental Assistance Budget

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

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

Total Request for Grant Term:		\$63,840	
Total Units:		7	
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	MD - Baltimore-Columbia-Towson, MD MS...	7	\$63,840

Rental Assistance Budget Detail

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: MD - Baltimore-Columbia-Towson, MD MSA (2400399999)

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? Yes

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	HUD Paid Rent (Applicant)	12 Months		Total Request (Applicant)
SRO		x	\$638	\$625	x		\$0
0 Bedroom		x	\$851	\$833	x		\$0
1 Bedroom	7	x	\$1,033	\$760	x		\$63,840
2 Bedrooms		x	\$1,298	\$1,232	x		\$0
3 Bedrooms		x	\$1,663	\$1,574	x		\$0
4 Bedrooms		x	\$1,934	\$1,713	x		\$0
5 Bedrooms		x	\$2,224	\$1,970	x		\$0
6 Bedrooms		x	\$2,514	\$2,227	x		\$0
7 Bedrooms		x	\$2,804	\$2,484	x		\$0
8 Bedrooms		x	\$3,094	\$2,741	x		\$0
9 Bedrooms		x	\$3,385	\$2,998	x		\$0
Total Units and Annual Assistance Requested	7						\$63,840
Grant Term							1 Year
Total Request for Grant Term							\$63,840

Click the 'Save' button to automatically calculate totals.

6D. Sources of Match

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

Summary for Match

Total Value of Cash Commitments:	\$38,600
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$38,600

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

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Private	Abell Foundation	09/28/2017	\$8,600
Yes	Cash	Government	Baltimore mental ...	09/28/2017	\$30,000

Sources of Match Detail

- 1. Will this commitment be used towards Match?** Yes
- 2. Type of Commitment:** Cash
- 3. Type of Source:** Private
- 4. Name the Source of the Commitment:** Abell Foundation
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 09/28/2017
- 6. Value of Written Commitment:** \$8,600

Sources of Match Detail

- 1. Will this commitment be used towards Match?** Yes
- 2. Type of Commitment:** Cash
- 3. Type of Source:** Government
- 4. Name the Source of the Commitment:** Baltimore mental health systems
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 09/28/2017
- 6. Value of Written Commitment:** \$30,000

6E. Summary Budget

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

The following 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 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, 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	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	\$0
1b. Leased Structures	\$0
2. Rental Assistance	\$63,840
3. Supportive Services	\$80,348
4. Operating	\$0
5. HMIS	\$0
6. Sub-total Costs Requested	\$144,188
7. Admin (Up to 10%)	\$9,822
8. Total Assistance plus Admin Requested	\$154,010
9. Cash Match	\$38,600
10. In-Kind Match	\$0
11. Total Match	\$38,600
12. Total Budget	\$192,610

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	AIRS Nonprofit Ve...	10/29/2014
2) Other Attachmenbt	No	Match Documentation	08/14/2017
3) Other Attachment	No	Certification of ...	11/19/2015

Attachment Details

Document Description: AIRS Nonprofit Verification

Attachment Details

Document Description: Match Documentation

Attachment Details

Document Description: Certification of Consistency

7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

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

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

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

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

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

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

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

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

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

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

Additional for Rental Assistance Projects:

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

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

For applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

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

C. Explanation.

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

Name of Authorized Certifying Official Anthony Butler

Date: 08/16/2017

Title: President & CEO

Applicant Organization: AIDS Interfaith Residential Services, Inc.

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant

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

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of 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- Recipient and Subrecipient Information	
2A. Subrecipients	<input type="checkbox"/>
2B. Recipient Performance	<input type="checkbox"/>
Part 3 - Project Information	
3A. Project Detail	<input checked="" type="checkbox"/>
3B. Description	<input type="checkbox"/>
3C. Dedicated Plus	<input checked="" type="checkbox"/>
Part 4 - Housing Services and HMIS	
4A. Services	<input type="checkbox"/>
4B. Housing Type	<input type="checkbox"/>
Part 5 - Participants and Outreach Information	
5A. Households	<input type="checkbox"/>
5B. Subpopulations	<input type="checkbox"/>
5C. Outreach	<input type="checkbox"/>
Part 6 - Budget Information	
6A. Funding Request	<input type="checkbox"/>

6C. Rental Assistance	<input type="checkbox"/>
6D. Match	<input checked="" type="checkbox"/>
6E. Summary Budget	<input type="checkbox"/>
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	<input checked="" type="checkbox"/>
7B. Certification	<input checked="" type="checkbox"/>

The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

- Update to Description
- Outreach populations
- Households

The applicant has selected "Make Changes". Once this screen is saved, the applicant 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.

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	08/09/2017
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	08/09/2017
Renewal Project Application FY2017	Page 47 09/27/2017

1E. SF-424 Compliance	08/09/2017
1F. SF-424 Declaration	08/09/2017
1G. HUD-2880	08/16/2017
1H. HUD-50070	08/09/2017
1I. Cert. Lobbying	08/09/2017
1J. SF-LLL	08/09/2017
2A. Subrecipients	No Input Required
2B. Recipient Performance	08/09/2017
3A. Project Detail	08/09/2017
3B. Description	08/09/2017
3C. Dedicated Plus	08/09/2017
4A. Services	08/09/2017
4B. Housing Type	08/09/2017
5A. Households	08/09/2017
5B. Subpopulations	No Input Required
5C. Outreach	08/09/2017
6A. Funding Request	08/09/2017
6C. Rental Assistance	08/09/2017
6D. Match	08/14/2017
6E. Summary Budget	No Input Required
7A. Attachment(s)	08/14/2017
7B. Certification	08/16/2017
Submission Without Changes	08/09/2017



OGDEN UT 84201-0038

In reply refer to: 0438077500
Dec. 27, 2012 LTR 4168C 0
52-1576701 000000 00

00029346
BODC: TE

AIDS INTERFAITH RESIDENTAL
SERVICES
1800 N CHARLES ST STE 700
BALTIMORE MD 21201-5992



017956

Employer Identification Number: 52-1576701
Person to Contact: Mike Lecker
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Dec. 17, 2012, 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 April 1994.

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.

0438077500

Dec. 27, 2012 LTR 4168C 0
52-1576701 000000 00

00029347

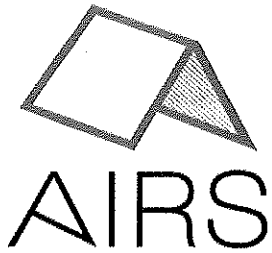
AIDS INTERFAITH RESIDENTAL
SERVICES
1800 N CHARLES ST STE 700
BALTIMORE MD 21201-5992

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

Sincerely yours,



Sharon Davies
Accounts Management I



1800 NORTH CHARLES STREET, SUITE 700, BALTIMORE, MD 21201
PHONE 410.576.5070 FAX 410.576.5074 WEB www.airshome.org

September 28, 2017

Terry Hickey
Director
Mayor's Office of Human Services
Homeless Services Program
7 E. Redwood Street, 5th Floor
Baltimore, MD 21202

RE: **AIRS – Cash Match Letter**
CoC – Youth Program
MD0015L3B011609
Grant Period: 4/1/18-3/31/19

Dear Mr. Hickey,

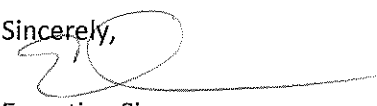
AIRS is pleased to provide support for AIRS' renewal application of its **Continuum of Care CoC – YIP Youth Program**

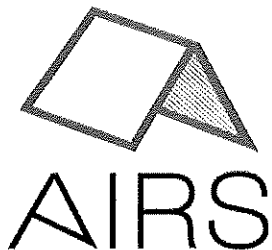
Please let this letter serve as our commitment to provide **Cash Match** in the amount of **\$30,000**.

This **Cash Match** will be used to provide supportive services in the areas of individual mental health counseling, group support groups and Life Skill Workshops. These services will be offered by AIRS utilizing funds from Baltimore Mental Health Systems .

We are pleased to offer this continued support to the residents of AIRS' supportive housing programs and services and look forward to collaborating in our efforts to assist those experiencing homelessness.

Sincerely,


Ernestina Simmons
COO/EVP Permanent Housing



1800 NORTH CHARLES STREET, SUITE 700, BALTIMORE, MD 21201
PHONE 410.576.5070 FAX 410.576.5074 WEB www.airshome.org

September 28, 2017

Terry Hickey
Director
Mayor's Office of Human Services
Homeless Services Program
7 E. Redwood Street, 5th Floor
Baltimore, MD 21202

RE: **AIRS – Cash Match Letter**
CoC – Youth Program
MD0015L3B011609
Grant Period: 4/1/18-3/31/19

Dear Mr. Hickey,

AIRS is pleased to provide support for AIRS' renewal application of its **Continuum of Care CoC – YIP Youth Program**

Please let this letter serve as our commitment to provide **Cash Match** in the amount of **\$8,600**.

This **Cash Match** will be used to provide supportive services in the areas of individual mental health counseling, group support groups and Life Skill Workshops. These services will be offered by AIRS utilizing funds from Abell Foundation.

We are pleased to offer this continued support to the residents of AIRS' supportive housing programs and services and look forward to collaborating in our efforts to assist those experiencing homelessness.

Sincerely,

Ernestina Simmons
COO/EVP Permanent Housing

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.
(Type or clearly print the following information:)

Applicant Name: City of Baltimore - Mayor's Office

Project Name: FY 2015 CoC Program Application

Location of the Project: Baltimore, Maryland

Name of the Federal Program to which the applicant is applying: Continuum of Care Program

Name of Certifying Jurisdiction: City of Baltimore

Certifying Official of the Jurisdiction Name: Stephen Janes

Title: Assistant Commissioner, Baltimore City - DHCD

Signature: 

Date: 11.17.2015

Before Starting the Project Application

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

Things to Remember:

- Additional training resources can be found on the HUD Exchange at <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>.
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2017 Continuum of Care (CoC) Program Competition. For more information see FY 2017 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2017 CoC Program NOFA and the FY 2017 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- New projects may only be submitted as either Reallocated or Permanent Supportive Housing Bonus Projects. These funding methods are determined in collaboration with local CoC and it is critical that applicants indicate the correct funding method. Project applicants must communicate with their CoC to make sure that the CoC submissions reflect the same funding method.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- HUD reserves the right to reduce or reject any new project that fails to adhere to (24 CFR part 578 and application requirements set forth in FY 2017 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:

2. Type of Application: New Project Application

If Revision, select appropriate letter(s):

If "Other", specify:

3. Date Received: 09/27/2017

4. Applicant Identifier:

5a. Federal Entity Identifier:

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: City of Baltimore - Mayor's Office

b. Employer/Taxpayer Identification Number (EIN/TIN): 52-6000769

	c. Organizational DUNS:	052340973	PLUS 4:	
--	--------------------------------	-----------	----------------	--

d. Address

Street 1: 7 E. Redwood Street

Street 2: 5th Floor

City: Baltimore

County: Baltimore City

State: Maryland

Country: United States

Zip / Postal Code: 21202

e. Organizational Unit (optional)

Department Name: Human Services

Division Name: Homeless Services Program

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

Prefix: Mr.

First Name: Chris

Middle Name:

Last Name: Rafferty

Suffix:

Title: Deputy Director - Homeless Services Program

Organizational Affiliation: City of Baltimore - Mayor's Office

Telephone Number: (410) 396-4885

Applicant: Projects - City of Baltimore

052340973

Project: Health Care for the Homeless - Homeward Bound PHP Expansion

159316

Extension:

Fax Number: (410) 539-1091

Email: chris.rafferty@baltimorecity.gov

1C. SF-424 Application Details

9. Type of Applicant: C. City or Township Government

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

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: FR-6100-N-25

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

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

15. Descriptive Title of Applicant's Project: Health Care for the Homeless - Homeward Bound PHP Expansion

16. Congressional District(s):

a. Applicant: MD-007, MD-003, MD-002

b. Project: MD-007, MD-003, MD-002

(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 10/01/2018

b. End Date: 09/30/2019

18. Estimated Funding (\$)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

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

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

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

If "YES," provide an explanation:

1F. SF-424 Declaration

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

I AGREE:

21. Authorized Representative

Prefix: Mr.

First Name: Terry

Middle Name:

Last Name: Hickey

Suffix:

Title: Director, Mayor's Office of Human Services

Telephone Number: (410) 396-7543
(Format: 123-456-7890)

Fax Number: (410) 539-1091
(Format: 123-456-7890)

Email: terry.hickey@baltimorecity.gov

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

Date Signed: 09/27/2017

1G. HUD 2880

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

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: City of Baltimore - Mayor's Office

Prefix: Mr.

First Name: Terry

Middle Name:

Last Name: Hickey

Suffix:

Title: Director, Mayor's Office of Human Services

Organizational Affiliation: City of Baltimore - Mayor's Office

Telephone Number: (410) 396-7543

Extension:

Email: terry.hickey@baltimorecity.gov

City: Baltimore

County: Baltimore City

State: Maryland

Country: United States

Zip/Postal Code: 21202

2. Employer ID Number (EIN): 52-6000769

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$721,380.00

(Requested amounts will be automatically entered within applications)

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

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

Part I Threshold Determinations

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

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

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

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

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
City of Baltimore	Emergency Solutions Grant - Formula	\$1,719,500.00	Shelter, RRH, HMIS, Outreach, Prevention
City of Baltimore	Emergency Solutions Grant - Supplemental	\$2,061,204.00	Shelter, RRH, HMIS, Outreach, Prevention
City of Baltimore	HOPWA	\$8,331,845.00	TBRA, supportive services
NA			
NA			

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

Part III Interested Parties

You must disclose:

1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation	Financial Interest in Project/Activity (\$)	Financial Interest in Project/Activity (%)
NA	NA	NA	\$0.00	0%

Note: If there are no other people included, write NA in the boxes.

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I certify that this information is true and complete.

I AGREE:

Name / Title of Authorized Official: Terry Hickey, Director, Mayor's Office of Human Services

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

Date Signed: 08/01/2017

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: City of Baltimore - Mayor's Office

Program/Activity Receiving Federal Grant Funding: CoC Program

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

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

2. Sites for Work Performance.

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

Workplaces, including addresses, entered in the attached project application.
Refer to addresses entered into the attached project application.

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

X

the accompaniment herewith, is true and accurate.

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

Authorized Representative

Prefix: Mr.

First Name: Terry

Middle Name

Last Name: Hickey

Suffix:

Title: Director, Mayor's Office of Human Services

Telephone Number: (410) 396-7543
(Format: 123-456-7890)

Fax Number: (410) 539-1091
(Format: 123-456-7890)

Email: terry.hickey@baltimorecity.gov

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

Date Signed: 09/27/2017

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 Baltimore - Mayor's Office

Name / Title of Authorized Official: Terry Hickey, Director, Mayor's Office of Human Services

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

Date Signed: 09/27/2017

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES

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

Approved by OMB0348-0046

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

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

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

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

Legal Name: City of Baltimore - Mayor's Office

Street 1: 7 E. Redwood Street

Street 2: 5th Floor

City: Baltimore

County: Baltimore City

State: Maryland

Country: United States

Zip / Postal Code: 21202

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: Mr.

First Name: Terry

Middle Name:

Last Name: Hickey

Suffix:

Title: Director, Mayor's Office of Human Services

Telephone Number: (410) 396-7543
(Format: 123-456-7890)

Fax Number: (410) 539-1091
(Format: 123-456-7890)

Email: terry.hickey@baltimorecity.gov

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

Date Signed: 09/27/2017

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: \$688,590

Organization	Type	Sub-Award Amount
Health Care for the Homeless	M. Nonprofit with 501C3 IRS Status	\$688,590

2A. Project Subrecipients Detail

a. Organization Name: Health Care for the Homeless

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

If "Other" specify:

c. Employer or Tax Identification Number: 52-1576404

	* d. Organizational DUNS:	795862815	PLUS 4:	
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e. Physical Address

Street 1: 421 Fallsway

Street 2:

City: Baltimore

State: Maryland

Zip Code: 21202

f. Congressional District(s): MD-007, MD-003, MD-002
(for multiple selections hold CTRL key)

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

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

i. Expected Sub-Award Amount: \$688,590

j. Contact Person

Prefix: Mrs.

First Name: Margaret

Middle Name:

Last Name: Flanagan

Suffix:

Title: Director of Public Grants

E-mail Address: mflanagan@hchmd.org

Confirm E-mail Address: mflanagan@hchmd.org

Phone Number: 443-703-1347

Extension:

Fax Number:

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

1. Describe the experience of the applicant and potential subrecipients (if any), in effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations.

The Mayor's Office of Human Services - Homeless Services Program (MOHSHSP) manages over \$32 million in federal, state, and local homeless services and HOPWA funding each year to over 100 projects. MOHS-HSP has successfully implemented over 40 CoC-funded permanent supportive housing projects, achieving an average housing stability rate of 97 percent and maintaining a 96 percent utilization rate.

Health Care for the Homeless, Inc. (HCH) is Maryland's leading provider of integrated health services for individuals and families experiencing homelessness. HCH works to prevent and end homelessness for vulnerable individuals and families by providing quality, integrated health care and promoting access to affordable housing and sustainable incomes through direct service, advocacy, and community engagement. Over the past three decades HCH has leveraged dozens of federal, state, and local grants to increase the breadth and depth of its services, to include adult and pediatric medical care, mental health services, addiction treatment, social work and case management, dental care, outreach, and supportive housing services. Guided by our strategic plan, we have grown by more than 40% over the past three years alone in order to address unmet community needs. Often, new federal programs require implementation within 120 days along with routine reporting to demonstrate results, and we have built the clinical, operations, performance improvement, finance, and human resource capacities necessary to effectively implement these programs and expand services available for vulnerable populations. In recognition of the importance of housing on improving health outcomes, HCH invests in several permanent supportive housing programs and has been a local leader in the implementation of a "housing first" philosophy informally since our inception and formally for the past eleven years. Through federal, state, and local grant dollars, our supportive housing staff provides assessments and individual treatment plans, housing placement and payment (when available), benefits advocacy and representative payee services, social work, psychiatry, and nursing services, with a focus on mobile services and home visits.

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

The Mayor's Office of Human Services - Homeless Services Program leverages over \$4 million dollars annually in state and ESG funding for homeless programs. Additionally, MOHS-HSP manages over \$5 million in annual HOPWA funding for Baltimore City and over \$2 million for other surrounding counties. The Journey Home, the CoC board, engages in private and foundation fundraising

totaling over \$1 million annually to support strategic planning, staffing for management of the CoC, and homeless services programs. Health Care for the Homeless leverages Medicaid funding to provide treatment and supportive services to project participants. HCH and MOHS have collaborated to participate in a State pilot to expand Maryland's Medicaid waiver, which will allow housing-based case management services and tenant support services to be reimbursable through Medicaid matching funds. All of the participants in this project will receive supportive services funded by a 50/50 mix of city general funds and federal Medicaid match. The HCH budget is well balanced and fiscally diverse. Approximately half of the budget derives from third party insurance billing, 40% from public grants, and 10% through private fundraising and other support.

3. Describe the basic organization and management structure of the applicant and subrecipients (if any). Include evidence of internal and external coordination and an adequate financial accounting system.

MOHS-HSP provides oversight to sub-recipients through three staff divisions: (1) Monitoring – a two-person team that conducts monitoring visits at programs at least once annually; (2) Fiscal; (3) Program Administration – four-person team that processes monthly expenditure and service reports. MOHS distributes funds on a reimbursement-basis for actual expenses incurred. Each month, sub-recipients are required to submit an expenditure report to their Program Administrator with backup documentation such as receipts or invoices. The Program Administrator reviews all expenditures to ensure they are (1) eligible costs under the grant type, and (2) line items reflected in the sub-recipients' contract budget. The Program Administrator then sends the information to the fiscal department to be reviewed and have the reimbursement processed, as well as to the Program Compliance Supervisor. The fiscal department reviews sub-recipients' financial audits on an annual basis, evaluating the organization's cash flow, internal controls, and funding sources for risk.

HCH's Executive Team is comprised of four positions: Chief Executive Officer (CEO), Chief Operating and Financial Officer (COO/CFO), Chief Medical Officer (CMO) and Chief Strategy Officer (CSO). The Management Team, comprised of all agency Directors, meets weekly to ensure coordination among teams, performance goals are being met, and monitors goals outlined in our strategic plan. All Directors and Chiefs receive weekly supervision to ensure appropriate support for management. Director's meet with staff on a weekly basis and host interdisciplinary team meetings to share information and ensure consistent communication. HCH staff serves on several external coalitions or work groups including co-chairing the Maryland Interagency Council to End Homelessness. HCH has strong internal financial controls. Our financial system utilizes Centricity GE for our Practice Management and Electronic Medical Record (EMR) system that connects clinical and financial data, which allows for appropriate billing and financial control. The finance team is comprised of six individuals led by a Director of Finance with an active CPA license. The Board of Directors is involved in financial oversight including reviewing and approving all financial policies (i.e. billing and collections) annually. Health Care for the Homeless is a fiscally sound and growing organization – demonstrated by a 20% increase in patient visits yearly and \$2M budget increase in past three years. The agency does not have any long term debt with any financial institutions. HCH undergoes an independent financial audit every year. The

agency has been a LOW RISK auditee since 2012. No corrective action plans, reportable conditions, material misstatements or weaknesses have been noted.

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

3A. Project Detail

1a. CoC Number and Name: MD-501 - Baltimore CoC

1b. CoC Collaborative Applicant Name: City of Baltimore - Mayor's Office

2. Project Name: Health Care for the Homeless - Homeward Bound PHP Expansion

3. Project Status: Standard

4. Component Type: PH

5. Does this project use one or more properties that have been conveyed through the Title V process? No

3B. Project Description

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

Health Care for the Homeless (HCH) works to prevent and end homelessness for vulnerable individuals and families by providing quality, integrated health care and promoting access to affordable housing and sustainable incomes through direct service, advocacy, and community engagement. The expansion to the Homeward Bound I project will provide an additional 50 units for chronically homeless individuals and families. Services are provided in client homes or in an office setting are voluntary, yet promoted to improve health outcomes, promote housing retention, and assist with integration into community. Supportive services will be fully funded utilizing Medicaid monthly payments under the State's waiver expansion pilot project.

2. Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of all work.

Months 1-2:

We will seek and hire staff with diverse cultural backgrounds and multilingual capabilities. We will provide mandatory training sessions addressing trauma and cultural competence in order to promote services responsive to the needs of our patients. We will work closely with the CoC to integrate 50 new units into HMIS and Coordinated Access system in order to operationalize the housing slots as quickly as possible. We will receive referrals and gather appropriate documents from applicants and providers to determine level of vulnerability. During this time we will work with existing partnerships to seek new placement opportunities while also building our network of landlords who understand the goals of our supportive housing services. Lastly we will implement data collection standards and reporting requirements to ensure integration into Baltimore's HMIS system.

Months 3-4: By the third month, all new staff would be on board, and we will begin housing placement. The project will enroll 25 households by the end of the fourth month.

Months 5-6: The project will enroll the remaining 25 households by the end of the sixth month.

Management Plan: Our full Management Team is comprised of all agency Directors and Officers. This team meets weekly to discuss clinical, financial, and administrative agency functions and to oversee implementation of annual goals related to our five-year strategic plan. The Supportive Housing Team is overseen by the Director of Supportive Housing, who has eight years of clinical experience. The Senior Director of Behavioral Health Services oversees all Behavioral Health, Supportive Services, and Housing services. This oversight allows for consistent communication and integration of services. The Senior Director has over 25 years of experience at Health Care for the Homeless and is the former Director of Supportive Housing. Our proposal includes funding to support a program manager, who is also a clinician. This position would receive weekly supervision and hands on technical assistance from seasoned staff as

we operationalize the program. The team approach on Supportive Housing allows for shared responsibilities with clinical and administrative tasks. All leadership positions have worked with the program for many years and have vast knowledge of local resources and program implementation. Finally, our collaboration with the CoC on existing programs and our active participation in Coordinated Access will allow all units to be entered into our systems in a timely manner and for appropriate information to be shared through HMIS.

3. Will your project participate in a CoC Coordinated Entry Process? Yes

*** 4. Please identify the project's specific population focus. (Select ALL that apply)**

Chronic Homeless	<input checked="" type="checkbox"/>	Domestic Violence	<input type="checkbox"/>
Veterans	<input type="checkbox"/>	Substance Abuse	<input checked="" type="checkbox"/>
Youth (under 25)	<input type="checkbox"/>	Mental Illness	<input checked="" type="checkbox"/>
Families	<input type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>
		Other (Click 'Save' to update)	<input checked="" type="checkbox"/>

Other: Hospital/medical high utilizers

5. Housing First

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

b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

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

c. Does the project ensure that participants are not terminated from the

program for the following reasons? Select all that apply.

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

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

6. If applicable, describe the proposed development activities and the responsibilities that the applicant and potential subrecipients (if any) will have in developing, operating, and maintaining the property.

Not applicable. All units will be scattered-site private rental units. All responsibilities for developing, operating, and maintaining the property will be the sole responsibility of the owner/landlord of each unit.

7. Will the PH project provide PSH or RRH? PSH

8. Will participants be required to live in a particular structure, unit, or locality, at some point during the period of participation? No

9. Will more than 16 persons live in one structure? No

Dedicated and DedicatedPLUS

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

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

- (1) experiencing chronic homelessness as defined in 24 CFR 578.3;
- (2) residing in a transitional housing project that will be eliminated and meets the definition of

chronically homeless in effect at the time in which the individual or family entered the transitional housing project;

(3) residing in a place not meant for human habitation, emergency shelter, or safe haven; but the individuals or families experiencing chronic homelessness as defined at 24 CFR 578.3 had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement;

(4) residing in transitional housing funded by a joint TH and PH-RRH component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3 prior to entering the project;

(5) residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions; or

(6) receiving assistance through a Department of Veterans Affairs(VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

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

3C. Project Expansion Information

1. Will the project use an existing homeless facility or incorporate activities provided by an existing project? Yes

2. Is this New project application requesting a "Project Expansion" of an eligible renewal project of the same component type? Yes

Enter the PIN number (first 6 numbers of the grant number) and Project Name for the CoC funded grant that is applying for renewal in FY 2017 upon which this project proposes to expand.

Eligible Renewal Grant PIN Number: MD0022

Eligible Renewal Grant Project Name: Health Care for the Homeless - Homeward Bound PHP

3. Select the activities below that describe the expansion project, and click on the "Save" button below to provide additional details. Increase the number of homeless persons served

Increase number of homeless persons served

Indicate how the project is proposing to "increase the number of homeless persons served."

Current level of effort	
# of persons served at a point-in-time	52
# of units	52
# of beds	52
New effort	
# of additional persons served at a point in time that this project will provide	50
# of additional units this project will provide	50
# of additional beds this project will provide	50

4A. Supportive Services for Participants

1a. Are the proposed project policies and practices consistent with the laws related to providing education services to individuals and families? Yes

1b. Will the proposed project have a designated staff person to ensure that the children are enrolled in school and receive educational services, as appropriate? Yes

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

HCH works closely with landlords to build relationships to increase the availability of housing. Landlords have come to trust and believe in our work and know that they can call upon us to support tenants. HCH also provides payee services for individuals who face difficulties managing funds or paying bills. Participants are offered a variety of clinical services to assist with the maintenance of housing both at home and clinic. All clients entering the Supportive Housing Program are offered a six-week “Bridge Group,” which focuses on the transition from streets or shelter into permanent housing. Each week focuses on key factors related to a successful housing transition. Also, our Psychiatric Occupational Therapist purchases a “housing starter kit” to help clients transitioning into housing. Finally, unlike other models, our “housing first” approach places no limit on relocations. We recognize that it may take multiple attempts to successfully house an individual or family.

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

Employment and income are vital to accessing housing. HCH operates Maryland's State-wide SSI/SSDI Outreach, Access, and Recovery (SOAR) Project. SOAR helps individuals with disabilities experiencing homelessness secure federal disability benefits – Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI) – in an expedited manner. Even though financial levels of disability assistance are modest, receiving SSI or SSDI greatly increases the likelihood that an individual can obtain housing thus ending their homelessness and improving health outcomes. HCH has four staff dedicated to SOAR. Individuals referred for housing programs are also referred for SOAR services. In our current housing programs, the vast majority of

individuals have SSI and/or SSDI. (For example, only three individuals in our Homeward Bound program do not have disability income.) Employment is another vital factor that contributes to community connection and independence. Staff works with clients interested in employment by connecting to partner entities and educating them on Social Security Work incentives. For those not receiving disability benefits, we refer to outside partners to connect with education and/or employment resources depending on the individuals' needs. We often refer to Division of Rehabilitation Services (DORS) of the Department of Health and Mental Hygiene for evaluations or assistance with job training.

**4. For all supportive services available to participants, indicate who will provide them and how often they will be provided.
Click 'Save' to update.**

Supportive Services	Provider	Frequency
Assessment of Service Needs	Subrecipient	As needed
Assistance with Moving Costs	Subrecipient	As needed
Case Management	Subrecipient	Weekly
Child Care	Non-Partner	As needed
Education Services	Non-Partner	As needed
Employment Assistance and Job Training	Non-Partner	As needed
Food	Non-Partner	As needed
Housing Search and Counseling Services	Subrecipient	As needed
Legal Services	Non-Partner	As needed
Life Skills Training	Subrecipient	As needed
Mental Health Services	Subrecipient	Bi-weekly
Outpatient Health Services	Subrecipient	As needed
Outreach Services	Subrecipient	As needed
Substance Abuse Treatment Services	Subrecipient	As needed
Transportation	Subrecipient	As needed
Utility Deposits	Subrecipient	As needed

5. Please identify whether the project will include the following activities:

5a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

5b. Use of a single application form for four or more mainstream programs? Yes



5c. Regular follow-ups with participants to Yes

**ensure mainstream
benefits are received and renewed?**

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

6a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Yes

4B. Housing Type and Location

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

Total Units: 50

Total Beds: 50

Total Dedicated CH Beds: 50

Housing Type	Units	Beds
Scattered-site apartments (...)	50	50

4B. Housing Type and Location Detail

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

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

a. Units: 50

b. Beds: 50

**3. How many beds of the total beds in “2b. 50
Beds” are dedicated to the chronically
homeless?**

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

4. Address:

Street 1: 421 Fallsway

Street 2:

City: Baltimore

State: Maryland

ZIP Code: 21202

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

240066 Baltimore

5A. Project Participants - Households

Households Table

	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Number of Households	0	50	0	50
Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Adults over age 24	0	45		45
Adults ages 18-24	0	5		5
Accompanied Children under age 18	0		0	0
Unaccompanied Children under age 18			0	0
Total Persons	0	50	0	50

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

Persons in Households with at Least One Adult and One Child

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24										
Adults ages 18-24										
Children under age 18										
Total Persons	0	0	0	0	0	0	0	0	0	0

Persons in Households without Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24	45	0	0	35	0	35	5	20	5	0
Adults ages 18-24	5	0	0	3	0	3	0	1	1	0
Total Persons	50	0	0	38	0	38	5	21	6	0

Click Save to automatically calculate totals

Persons in Households with Only Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Accompanied Children under age 18										
Unaccompanied Children under age 18										
Total Persons	0				0	0	0	0	0	0

5C. Outreach for Participants

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

50%	Directly from the street or other locations not meant for human habitation.
45%	Directly from emergency shelters.
5%	Directly from safe havens.
	Persons fleeing domestic violence.
	Directly from transitional housing that was eliminated in the FY 2017 CoC Program Competition.
	Directly from the TH Portion of a Joint TH and PH-RRH Component project.
	Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program (Eligible for JOINT projects if from TH or Emergency Shelters).
100%	Total of above percentages

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

All clients will be referred to the project through the Coordinated Access system. However, HCH staff will assist potentially eligible participants to apply for the project through Coordinated Access through their street outreach team, convalescent care emergency shelter, and clients engaged in medical services.

5D. Discharge Planning Policy

1. Has the state or local government developed or implemented a discharge planning policy or protocol to prevent or reduce the number of persons discharged from publicly-funded institutions (e.g. health care facilities, foster care, correctional facilities, or mental health institutions) into homelessness or HUD McKinney-Vento funded programs? Yes

6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 30, 2019? Yes

2. Is the project proposing to using funds reallocated from the CoCs annual renewal demand OR is the project applying for funding through the permanent housing bonus? Permanent Housing Bonus



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

4. Select a grant term: 1 Year

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

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

6E. Rental Assistance Budget

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

Total Request for Grant Term:			\$619,800
Total Units:			50
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	MD - Baltimore-Columbia-Towson, MD MS...	50	\$619,800

Rental Assistance Budget Detail

Instructions:

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

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

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

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

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

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

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

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

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

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

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

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

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: MD - Baltimore-Columbia-Towson, MD MSA (2400399999)

Size of Units	# of Units (Applicant)		FMR Area (Applicant)		12 Months		Total Request (Applicant)
SRO		x	\$638	x	12	=	\$0
0 Bedroom		x	\$851	x	12	=	\$0
1 Bedroom	50	x	\$1,033	x	12	=	\$619,800

2 Bedrooms		x	\$1,298	x	12	=	\$0
3 Bedrooms		x	\$1,663	x	12	=	\$0
4 Bedrooms		x	\$1,934	x	12	=	\$0
5 Bedrooms		x	\$2,224	x	12	=	\$0
6 Bedrooms		x	\$2,514	x	12	=	\$0
7 Bedrooms		x	\$2,804	x	12	=	\$0
8 Bedrooms		x	\$3,094	x	12	=	\$0
9 Bedrooms		x	\$3,385	x	12	=	\$0
Total Units and Annual Assistance Requested	50						\$619,800
Grant Term							1 Year
Total Request for Grant Term							\$619,800

Click the 'Save' button to automatically calculate totals.

6F. Supportive Services Budget

Instructions:

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

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

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

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

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

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

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

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

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

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

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Assessment of Service Needs		
2. Assistance with Moving Costs		
3. Case Management		
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	\$300 per household for 120 households	\$36,000
17. Operating Costs		
Total Annual Assistance Requested		\$36,000
Grant Term		1 Year
Total Request for Grant Term		\$36,000

Click the 'Save' button to automatically calculate totals.

6I. Sources of Match

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

Summary for Match

Total Value of Cash Commitments:	\$908,756
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$908,756

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

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Private	Private funding	09/28/2017	\$908,756

Sources of Match Detail

1. Will this commitment be used towards match ? Yes

2. Type of commitment: Cash

3. Type of source: Private

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

5. Date of Written Commitment: 09/28/2017

6. Value of Written Commitment: \$908,756

6J. Summary Budget

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

Eligible Costs	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	Total Assistance Requested for Grant Term (Applicant)
1a. Acquisition			\$0
1b. Rehabilitation			\$0
1c. New Construction			\$0
2a. Leased Units	\$0	1 Year	\$0
2b. Leased Structures	\$0	1 Year	\$0
3. Rental Assistance	\$619,800	1 Year	\$619,800
4. Supportive Services	\$36,000	1 Year	\$36,000
5. Operating	\$0	1 Year	\$0
6. HMIS	\$0	1 Year	\$0
7. Sub-total Costs Requested			\$655,800
8. Admin (Up to 10%)			\$65,580
9. Total Assistance Plus Admin Requested			\$721,380
10. Cash Match			\$908,756
11. In-Kind Match			\$0
12. Total Match			\$908,756
13. Total Budget			\$1,630,136

Click the 'Save' button to automatically calculate totals.

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	Nonprofit Documen...	09/27/2017
2) Other Attachment(s)	No	Match Letter	09/27/2017
3) Other Attachment(s)	No		

Attachment Details

Document Description: Nonprofit Documentation

Attachment Details

Document Description: Match Letter

Attachment Details

Document Description:

7D. Certification

A. For all projects:

Fair Housing and Equal Opportunity

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

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

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

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

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

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

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

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

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

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

Additional for Rental Assistance Projects:

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

B. For non-Rental Assistance Projects Only.

15-Year Operation Rule.

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

1-Year Operation Rule.

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

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

Name of Authorized Certifying Official: Terry Hickey

Date: 09/27/2017

Title: Director, Mayor's Office of Human Services

Applicant Organization: City of Baltimore - Mayor's Office

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent

**statements or claims may subject me to
criminal, civil, or administrative penalties .
(U.S. Code, Title 218, Section 1001).**

8B. Submission Summary

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

Page	Last Updated
1A. SF-424 Application Type	No Input Required
New Project Application FY2017	Page 53 09/27/2017

1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/27/2017
1E. SF-424 Compliance	09/24/2017
1F. SF-424 Declaration	09/24/2017
1G. HUD 2880	09/24/2017
1H. HUD 50070	09/24/2017
1I. Cert. Lobbying	09/24/2017
1J. SF-LLL	09/24/2017
2A. Subrecipients	09/27/2017
2B. Experience	09/27/2017
3A. Project Detail	09/24/2017
3B. Description	09/27/2017
3C. Expansion	09/27/2017
4A. Services	09/24/2017
4B. Housing Type	09/27/2017
5A. Households	09/27/2017
5B. Subpopulations	No Input Required
5C. Outreach	09/24/2017
5D. Discharge Policy	09/24/2017
6A. Funding Request	09/24/2017
6E. Rental Assistance	09/24/2017
6F. Supp Srvcs Budget	09/24/2017
6I. Match	09/24/2017
6J. Summary Budget	No Input Required
7A. Attachment(s)	09/27/2017
7D. Certification	09/27/2017

Internal Revenue Service
District Director

31 HOPKINS PLAZA
BALTIMORE, MD 21201

Date: Oct. 26, 1988

HEALTH CARE FOR THE HOMELESS INC
232 N LIBERTY STREET
BALTIMORE, MD 21201

Employer Identification Number:
Applied For 52-1576404

Contact Person:
R RENWICKS

Contact Telephone Number:
(301) 962-9424

Accounting Period Ending:
December 31

Form 990 Required:

Yes

Caveat Applies:

Yes

Dear Applicant:

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code.

We have further determined that you are not a private foundation within the meaning of section 509(a) of the Code, because you are an organization described in sections 509(a)(1) and 170(b)(1)(A)(iii).

If your sources of support, or your purposes, character, or method of operation change, please let us know so we can consider the effect of the change on your exempt status and foundation status. In the case of an amendment to your organizational document or bylaws, please send us a copy of the amended document or bylaws. Also, you should inform us of all changes in your name or address.

As of January 1, 1984, you are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more you pay to each of your employees during a calendar year. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Since you are not a private foundation, you are not subject to the excise taxes under Chapter 42 of the Code. However, you are not automatically exempt from other Federal excise taxes. If you have any questions about excise, employment, or other Federal taxes, please let us know.

Donors may deduct contributions to you as provided in section 170 of the Code. Requests, 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 Code sections 2055, 2106, and 2522.

The heading of this letter indicates whether you must file Form 990, Return of Organization Exempt from Income Tax. If Yes is indicated, you are required to file Form 990 only if your gross receipts each year are normally more than \$25,000. If a return is required, it must be filed by the 15th day

Letter 947(DO/CG)

HEALTH CARE FOR THE HOMELESS INC

Evidence submitted with your application indicates that you may engage in lobbying activities. Section 501(c)(3) of the Code specifically prohibits lobbying as a substantial part of your activities. If you do not wish to be subject to the test of substantiality under section 501(c)(3), you may elect to be covered under the provisions of section 501(h) of the Code by filing Form 5768, Election/Revocation of Election by an Eligible Section 501(c)(3) Organization to Make Expenditures to Influence Legislation. Section 501(h) establishes ceiling amounts for lobbying expenditures.

HEALTH CARE FOR THE HOMELESS INC

of the fifth month after the end of your annual accounting period. The law imposes a penalty of \$10 a day, up to a maximum of \$5,000, when a return is filed late, unless there is reasonable cause for the delay.

You are not required to file Federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on form 990-1, Exempt Organization Business Income tax Return. In this letter, we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

You need an employer identification number even if you have no employees. If an employer identification number was not entered on your application, a number will be assigned to you and you will be advised of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

If the heading of this letter indicates that a caveat applies, the caveat below or on the enclosure is an integral part of this letter.

Because this letter could help resolve any questions about your exempt status and foundation status, you should keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

Sincerely yours,


District Director

September 28, 2017

Terry Hickey, Director
Mayor's Office of Human Services
Homeless Services Program
7 E. Redwood Street, 5th fl.
Baltimore, Maryland 21202



RE: Health Care for the Homeless – Cash Match Letter
MOHS - Homeward Bound PHP Expansion
MD0022L3B011609
Fiscal Year 2017


Dear Mr. Hickey:


I am writing to you regarding Health Care for the Homeless' expansion application for its' Continuum of Care Program grant for Homeward Bound I. We are excited by this opportunity to expand access to individuals experiencing homelessness throughout the Baltimore area.

Health Care for the Homeless commits a cash match in the amount of \$908,756. This amount will be made for the duration of the grant period of 10/1/18-9/30/19. Through this cash match, we offer to provide additional salary information to support salaries and in-kind services available. These services include: assessment of service needs, Case Management, employment assistance, Life Skills training, Mental Health Services, Substance Abuse Services, and Outpatient Health Services. These services will be provided through a minimum of 18 clinic visits, per person, with each visit valued at \$215.79, totaling \$466,106.

Thank you for the opportunity to request an expansion of the HB1 program. The ability to increase the number of homeless persons served and provide additional permanent supportive housing options and supports is an exciting one. We appreciate your continued partnership.

Sincerely,


Kevin Lindamood
President and CEO
Health Care for the Homeless

Everyone deserves to go home.

Before Starting the Project Application

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

Things to Remember

- Additional training resources can be found on the HUD Exchange at <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/> - Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2017 Continuum of Care (CoC) Program Competition. For more information see FY 2017 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2017 CoC Program NOFA and the FY 2016 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- 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 2016 Project Application will be imported into the FY 2017 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the FY 2016 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.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, 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 2017 CoC Program Competition NOFA.

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: 08/16/2017

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: MD0037

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

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

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Behavioral Health System Baltimore

b. Employer/Taxpayer Identification Number (EIN/TIN): 52-1519025

	c. Organizational DUNS:	626640643	PLUS 4	
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d. Address

Street 1: 100 S Charles St Tower II

Street 2: 8th Floor

City: Baltimore

County:

State: Maryland

Country: United States

Zip / Postal Code: 21201

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: Gabby

Middle Name:

Last Name: Knighton

Suffix:

Title: Associate Director, Recovery Support Services

Organizational Affiliation: Behavioral Health System Baltimore

Telephone Number: (410) 735-8526

Extension:
Fax Number: (410) 637-1911
Email: gabby.knighton@bhsbaltimore.org

1C. SF-424 Application Details

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

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

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: FR-6100-N-25

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

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

15. Descriptive Title of Applicant's Project: HOPE Safe Haven

16. Congressional District(s):

a. Applicant: MD-007, MD-003, MD-002
(for multiple selections hold CTRL key)

b. Project: MD-007, MD-003, MD-002
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 12/01/2018

b. End Date: 11/30/2019

18. Estimated Funding (\$)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

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

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

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

If "YES," provide an explanation:

1F. SF-424 Declaration

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

I AGREE:

21. Authorized Representative

Prefix: Ms.

First Name: Crista

Middle Name:

Last Name: Taylor

Suffix:

Title: CEO

Telephone Number: (410) 868-4079
(Format: 123-456-7890)

Fax Number: (410) 637-1911
(Format: 123-456-7890)

Email: crista.taylor@bhsbaltimore.org

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

Date Signed: 08/16/2017

1G. HUD 2880

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

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: Behavioral Health System Baltimore

Prefix: Ms.

First Name: Crista

Middle Name:

Last Name: Taylor

Suffix:

Title: CEO

Organizational Affiliation: Behavioral Health System Baltimore

Telephone Number: (410) 868-4079

Extension:

Email: crista.taylor@bhsbaltimore.org

City: Baltimore

County:

State: Maryland

Country: United States

Zip/Postal Code: 21201

2. Employer ID Number (EIN): 52-1519025

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$399,670.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: HOPE Safe Haven 100 S Charles St Tower II
Baltimore Maryland

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

Part I Threshold Determinations

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

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

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

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

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
State of Maryland/Behavioral Health Administration	Outreach Match Grant	\$106,200.00	Match to PEP Outreach
State of Maryland/Behavioral Health Administration	Safe Haven Match Grant	101600.0	Match to HOPE Safe Haven

Part III Interested Parties

You must disclose:
 1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
 2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a	Social Security No.	Type of	Financial Interest	Financial Interest
Renewal Project Application FY2017		Page 10		09/27/2017

reportable financial interest in the project or activity (For individuals, give the last name first)	or Employee ID No.	Participation	in Project/Activity (\$)	in Project/Activity (%)
People Encouraging People, Inc.	52-1168385	Subrecipient	\$328,218.00	90%
Helping Other People through Empowerment, Inc.	52-2273909	Subrecipient	\$359,703.00	90%

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I certify that this information is true and complete.

I AGREE:

Name / Title of Authorized Official: Crista Taylor, CEO

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

Date Signed: 07/25/2017

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Behavioral Health System Baltimore

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

X

accurate.

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

Authorized Representative

Prefix: Ms.

First Name: Crista

Middle Name

Last Name: Taylor

Suffix:

Title: CEO

Telephone Number: (410) 868-4079
(Format: 123-456-7890)

Fax Number: (410) 637-1911
(Format: 123-456-7890)

Email: crista.taylor@bhsbaltimore.org

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

Date Signed: 08/16/2017

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: Behavioral Health System Baltimore

Name / Title of Authorized Official: Crista Taylor, CEO

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

Date Signed: 08/16/2017

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES

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

Approved by OMB0348-0046

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

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

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

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

Legal Name: Behavioral Health System Baltimore

Street 1: 100 S Charles St Tower II

Street 2: 8th Floor

City: Baltimore

County: Baltimore City

State: Maryland

Country: United States

Zip / Postal Code: 21201

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: Crista

Middle Name:

Last Name: Taylor

Suffix:

Title: CEO

Telephone Number: (410) 868-4079
(Format: 123-456-7890)

Fax Number: (410) 637-1911
(Format: 123-456-7890)

Email: crista.taylor@bhsbaltimore.org

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

Date Signed: 08/16/2017

Additional Information

Now that you have completed Part 1 of the application, please review Parts 2-7, which are in Read Only mode. Screen 3C, which is mandatory for all PH-PSH projects and screens 6D, 7A and 7B which are mandatory for all projects will be editable and must be answered prior to submission.

Once you are done reviewing, you will be guided to a "Submissions without Changes" screen. At this screen if you decide no edits or updates are required to any screens other than the mandatory questions for 3C and/or 6D,7A and 7B, you are allowed to submit the application without ever needing to edit the rest of the application. However, if you determine that changes need to be made to the application, we have given you the ability to open up individual screens for edit, instead of the entire application.

Once you select the screens you want to edit via checkboxes, you will click "Save", and those screens will be available for edit. An important reminder, once you make those selections and click "Save", you cannot uncheck those boxes. You are allowed to select additional boxes even after saving your initial selections. Again, you must click "Save" for those newly selected screens to be available for edit.

If your project is a First Time Renewal, your project will not be able to utilize the "Submit Without Changes" function. The Submissions Without Changes page will be automatically set to "Make Changes" and you will be required to input data into the application for all required fields relevant to the component type.

2A. Project Subrecipients

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

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

Total Expected Sub-Awards: \$399,670

Organization	Type	Type	Sub-Award Amount
Behavioral Health System Baltimore	M. Nonprofit with 501C3 IRS Status	M. Nonprofit with 501C3 IRS Status	\$39,967
Helping Other People Through Empowerment, Inc.	M. Nonprofit with 501C3 IRS Status		\$359,703

2A. Project Subrecipients Detail

a. Organization Name: Behavioral Health System Baltimore

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

c. Employer or Tax Identification Number: 52-1519025

	* d. Organizational DUNS:	626640643	PLUS 4
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e. Physical Address

Street 1: 1 North Charles Street, Suite 1300

Street 2:

City: Baltimore

State: Maryland

Zip Code: 21201

f. Congressional District(s): MD-007, MD-003, MD-002
(for multiple selections hold CTRL key)

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

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

i. Expected Sub-Award Amount: \$39,967

j. Contact Person

Prefix: Mr.

First Name: Tyrone

Middle Name:

Last Name: Roper

Suffix:
Title: Director, Special Populations
E-mail Address: tyrone.roper@bhsbaltimore.org
Confirm E-mail Address: tyrone.roper@bhsbaltimore.org
Phone Number: 410-637-1900
Extension: 8,544
Fax Number: 410-735-8545

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

2A. Project Subrecipients Detail

a. Organization Name: Helping Other People Through Empowerment, Inc.

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

c. Employer or Tax Identification Number: 52-2273909

	* d. Organizational DUNS:	045220315	PLUS 4	
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e. Physical Address

Street 1: 2828 Loch Raven Rd

Street 2:

City: Baltimore

State: Maryland

Zip Code: 21218

f. Congressional District(s): MD-007
(for multiple selections hold CTRL key)

g. Is the subrecipient a Faith-Based No

Organization?

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: \$359,703

j. Contact Person

Prefix: Mr.

First Name: Thomas

Middle Name:

Last Name: Hicks

Suffix:

Title: Executive Director

E-mail Address: thickshope@verizon.net

Confirm E-mail Address: thickshope@verizon.net

Phone Number: 410-327-5830

Extension:

Fax Number: 410-327-5834

2B. Recipient Performance

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

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request? Yes

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request? Yes

Date HUD or OIG issued the oldest unresolved finding(s) 04/04/2017

Explain why the finding(s) remains unresolved

This program was monitored by the HUD field office April 3-4 2017. Findings were discussed in person and via phone and have been addressed by the program but we have not received written notice of the findings from the HUD field office as of the date of this writing. When the written notice is received we are prepared to provide evidence that the findings are resolved.

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request? Yes

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request? Yes

Explain the circumstances that led HUD to recapture funds from the most recently expired grant term related to this renewal project request.

88% of the the CoC FY14 grant for this project was expended. (The performance period for the FY15 grant is still underway and FY16 has not yet begun.) The 12% of this grant that was not expended is due to unbilled administrative costs. After multiple staff changes at BHSB, inadequate training was provided to new staff on documenting time spent on HUD grants and therefore BHSB was unable to bill HUD for all administrative costs. A new Director of Recovery Support Services was hired in Aug. 2016, shortly before

the FY14 performance period ended in Nov. 2016 and has been fully trained on logging HUD administrative costs. We do not anticipate any underspending in subsequent performance periods.

3A. Project Detail

1. Expiring Grant Number: MD0037

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

2a. CoC Number and Name: MD-501 - Baltimore CoC

2b. CoC Collaborative Applicant Name: City of Baltimore - Mayor's Office

3. Project Name: HOPE Safe Haven

4. Project Status: Standard

5. Component Type: SH

6. Does this project use one or more properties that have been conveyed through the Title V process? No

3B. Project Description

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

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

Behavioral Health System Baltimore (BHSB) is a non-profit agency established by Baltimore City to perform the governmental function of managing the behavioral health system for Baltimore City. BHSB is the local behavioral health authority for Baltimore City. In this capacity BHSB oversees a network of predominantly private non-profit providers who deliver services to over 35,000 Baltimore City residents who are Medicaid recipients or are uninsured. BHSB's primary mission focuses on: The promotion of behavioral health and wellness, prevention, early intervention, treatment and recovery, the creation and leadership of an integrated network of providers that promotes universal access to comprehensive, data-driven services, and advocacy and leadership of behavioral health-related efforts to align resources, programs and policy. The majority of services through the public behavioral health system (PBHS) are reimbursed through a statewide fee for service system (FFS). BHSB directly awards and manages approximately \$62,000,000 in contracts to providers for services not reimbursed through the fee for service system.

Helping Other People through Empowerment (HOPE) is a consumer run organization with a mission of offering and expanding peer support services in Baltimore City particularly amongst homeless individuals. Ethel Elan Safe Haven was HOPE's second project and is a 20 bed nontraditional facility for chronically homeless individuals with severe and persistent mental illness who have lived on the streets or other places not meant for human habitation that may have difficulty engaging in supportive services through traditional systems. Services provided are housing, medication monitoring, life skills training, meals, advocacy and linkage to community resources including permanent housing. The safe haven facility is designed as a low barrier, low demand, nonthreatening environment for homeless individuals who would prefer to live in a group setting. The length of stay is not predetermined, however residents are encouraged to seek a more independent living arrangement as they progress in their recovery. The facility is open 24 hours a day and 365 days a year. Clients have the freedom to come and go as they wish. Residents are encouraged to participate in the basic upkeep of the facility and follow basic house rules including being respectful of others and fostering a safe environment. Resident contributions are paid according to the HUD regulations that govern rent calculation. Residents of safe haven also work closely with case management to access housing through coordinated entry and behavioral health services.

HOPE Safe Haven is an active collaborator in Hands in Partnership (HIP), a

coalition of Baltimore City homeless services providers that coordinates outreach to homeless individuals by identifying those in need of assistance and assuring that they are successfully linked to services.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

Chronic Homeless	<input checked="" type="checkbox"/>	Domestic Violence	<input type="checkbox"/>
Veterans	<input type="checkbox"/>	Substance Abuse	<input type="checkbox"/>
Youth (under 25)	<input type="checkbox"/>	Mental Illness	<input checked="" type="checkbox"/>
Families with Children	<input type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>
		Other (Click 'Save' to update)	<input type="checkbox"/>

Other:

3. Housing First

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

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

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

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

Failure to participate in supportive services	<input checked="" type="checkbox"/>
---	-------------------------------------

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

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

4A. Supportive Services for Participants

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

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

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

2b. Use of a single application form for four or more mainstream programs? Yes

2c. At least annual follow-ups with participants to ensure mainstream benefits Yes

are received and renewed?

3. Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Yes

3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. No

4B. Housing Type and Location

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

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

Total Units: 1

Total Beds: 20

Total Veterans Beds: 0

Total Family Beds: 0

Total Youth Beds: 0

Housing Type	Units	Beds
Dormitory, shared or privat...	1	20

4B. Housing Type and Location Detail

1. Housing Type: Dormitory, shared or private rooms

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

a. Units: 1

b. Beds: 20

3. Beds for Veterans

a. How many of the total beds entered in 0
"2b. Beds" are dedicated to veterans?

4. Beds for Families

a. How many of the total beds entered in 0
"2b. Beds" are dedicated to the families?

5. Beds for Youth

a. How many of the total beds entered in 0
"2b. Beds" are dedicated to the youth?

6. Address:

Street 1: 2304 Belair Rd

Street 2:

City: Baltimore

State: Maryland

ZIP Code: 21213

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

240066 Baltimore

5A. Project Participants - Households

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

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	0	20	0	20

Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Adults over age 24	0	17		17
Adults ages 18-24	0	3		3
Accompanied Children under age 18	0		0	0
Unaccompanied Children under age 18			0	0
Total Persons	0	20	0	20

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

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

Persons in Households with at Least One Adult and One Child

Characteristics	Chronic Homeless Non-Veterans	Chronic Homeless Veterans	Non-Chronic Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24										
Adults ages 18-24										
Children under age 18										
Total Persons	0	0	0	0	0	0	0	0	0	0

Persons in Households without Children

Characteristics	Chronic Homeless Non-Veterans	Chronic Homeless Veterans	Non-Chronic Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24	17	0	0	0	0	17	0	0	0	0
Adults ages 18-24	3	0	0	0	0	3	0	0	0	0
Total Persons	20	0	0	0	0	20	0	0	0	0

Click Save to automatically calculate totals

Persons in Households with Only Children

Characteristics	Chronic Homeless Non-Veterans	Chronic Homeless Veterans	Non-Chronic Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Accompanied Children under age 18										
Unaccompanied Children under age 18										
Total Persons	0			0	0	0	0	0	0	0

5C. Outreach for Participants

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

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

100%	Directly from the street or other locations not meant for human habitation.
0%	Directly from emergency shelters.
0%	Directly from safe havens.
0%	Persons fleeing domestic violence.
100%	Total of above percentages

6A. Funding Request

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

1. Do any of the properties in this project have an active restrictive covenant? No
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? No
3. Does this project propose to allocate funds according to an indirect cost rate? No
4. Renewal Grant Term: 1 Year
5. Select the costs for which funding is being requested:
- | | |
|---------------------|-------------------------------------|
| Leased Units | <input type="checkbox"/> |
| Leased Structures | <input checked="" type="checkbox"/> |
| Supportive Services | <input checked="" type="checkbox"/> |
| Operating | <input checked="" type="checkbox"/> |
| HMIS | <input type="checkbox"/> |

6D. Sources of Match

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

Summary for Match

Total Value of Cash Commitments:	\$101,600
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$101,600

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

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Private	BHSB State Grant	09/28/2017	\$101,600

Sources of Match Detail

- 1. Will this commitment be used towards Match?** Yes
- 2. Type of Commitment:** Cash
- 3. Type of Source:** Private
- 4. Name the Source of the Commitment:** BHSB State Grant
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 09/28/2017
- 6. Value of Written Commitment:** \$101,600

6E. Summary Budget

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

The following 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 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, 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	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	\$0
1b. Leased Structures	\$0
2. Rental Assistance	\$0
3. Supportive Services	\$337,678
4. Operating	\$35,846
5. HMIS	\$0
6. Sub-total Costs Requested	\$373,524
7. Admin (Up to 10%)	\$26,146
8. Total Assistance plus Admin Requested	\$399,670
9. Cash Match	\$101,600
10. In-Kind Match	\$0
11. Total Match	\$101,600
12. Total Budget	\$501,270

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	Subrecipient HOPE...	08/02/2017
2) Other Attachmenbt	No		
3) Other Attachment	No		

Attachment Details

Document Description: Subrecipient HOPE Nonprofit Status

Attachment Details

Document Description:

Attachment Details

Document Description:

7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

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

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

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

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

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

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

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

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

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

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

Additional for Rental Assistance Projects:

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

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

For applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

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

C. Explanation.

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

Name of Authorized Certifying Official Crista Taylor

Date: 08/16/2017

Title: CEO

Applicant Organization: Behavioral Health System Baltimore

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant

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

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of 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- Recipient and Subrecipient Information	
2A. Subrecipients	<input type="checkbox"/>
2B. Recipient Performance	<input type="checkbox"/>
Part 3 - Project Information	
3A. Project Detail	<input checked="" type="checkbox"/>
3B. Description	<input type="checkbox"/>
Part 4 - Housing Services and HMIS	
4A. Services	<input type="checkbox"/>
4B. Housing Type	<input type="checkbox"/>
Part 5 - Participants and Outreach Information	
5A. Households	<input type="checkbox"/>
5B. Subpopulations	<input type="checkbox"/>
5C. Outreach	<input type="checkbox"/>
Part 6 - Budget Information	
6A. Funding Request	<input type="checkbox"/>
6D. Match	<input checked="" type="checkbox"/>

6E. Summary Budget	<input type="checkbox"/>
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	<input checked="" type="checkbox"/>
7B. Certification	<input checked="" type="checkbox"/>

The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

Added HOPE as a subrecipient. Responded "Yes" to unresolved monitoring findings after consulting with Local HUD office and added explanation of findings. Recategorized several "applicant" and "subrecipient" responsibilities under "4A. Supportive Services for Participants."

The applicant has selected "Make Changes". Once this screen is saved, the applicant 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.

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	08/16/2017
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	08/16/2017
1E. SF-424 Compliance	08/16/2017

1F. SF-424 Declaration	08/16/2017
1G. HUD-2880	08/16/2017
1H. HUD-50070	08/16/2017
1I. Cert. Lobbying	08/16/2017
1J. SF-LLL	08/16/2017
2A. Subrecipients	08/16/2017
2B. Recipient Performance	08/16/2017
3A. Project Detail	08/16/2017
3B. Description	08/16/2017
4A. Services	08/16/2017
4B. Housing Type	08/16/2017
5A. Households	08/16/2017
5B. Subpopulations	No Input Required
5C. Outreach	08/16/2017
6A. Funding Request	08/16/2017
6D. Match	08/16/2017
6E. Summary Budget	No Input Required
7A. Attachment(s)	08/16/2017
7B. Certification	08/16/2017
Submission Without Changes	08/16/2017

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: **JAN 12 2001**

HELPING OTHER PEOPLE THROUGH
EMPOWERMENT INC
3804 DORCHESTER RD
BALTIMORE, MD 21215

Employer Identification Number:
52-2273909
DLN:
17053322008020
Contact Person:
ROBERTA VAN METER ID# 52624
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Foundation Status Classification:
509(a)(1)
Advance Ruling Period Begins:
December 31, 1998
Advance Ruling Period Ends:
December 31, 2002
Addendum Applies:
No

Dear Applicant:

Based on information you supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from federal income tax under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3).

Because you are a newly created organization, we are not now making a final determination of your foundation status under section 509(a) of the Code. However, we have determined that you can reasonably expect to be a publicly supported organization described in sections 509(a)(1) and 170(b)(1)(A)(vi).

Accordingly, during an advance ruling period you will be treated as a publicly supported organization, and not as a private foundation. This advance ruling period begins and ends on the dates shown above.

Within 90 days after the end of your advance ruling period, you must send us the information needed to determine whether you have met the requirements of the applicable support test during the advance ruling period. If you establish that you have been a publicly supported organization, we will classify you as a section 509(a)(1) or 509(a)(2) organization as long as you continue to meet the requirements of the applicable support test. If you do not meet the public support requirements during the advance ruling period, we will classify you as a private foundation for future periods. Also, if we classify you as a private foundation, we will treat you as a private foundation from your beginning date for purposes of section 507(d) and 4940.

Grantors and contributors may rely on our determination that you are not a private foundation until 90 days after the end of your advance ruling period. If you send us the required information within the 90 days, grantors and contributors may continue to rely on the advance determination until we make

Letter 1045 (DO/CG)

Dept. of Revenue

(410) 225-1330

1-800-492-1751

Internal Revenue Service

Date: November 4, 2005

HELPING OTHER PEOPLE THROUGH
EMPOWERMENT INC
% ERIC SCHLINE
1426 E FAIRMOUNT AVE
BALTIMORE MD 21231-1413 264

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

Person to Contact:

Mrs. Turner 31-07345
Customer Service Specialist

Toll Free Telephone Number:
877-829-5500

Federal Identification Number:
52-2273909

Dear Sir or Madam:

This is in response to your request of November 4, 2005, regarding your organization's tax-exempt status.

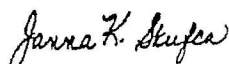
In January 2001 we issued a determination letter that recognized your organization as exempt from federal income tax. Our records indicate that your organization is currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records indicate that your organization is also classified as a public charity under sections 509(a)(1) and 170(b)(1)(A)(vi) of the Internal Revenue Code.

Our records indicate that contributions to your organization are deductible under section 170 of the Code, and that you are qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Internal Revenue Code.

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

Sincerely,



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

Comptroller of Maryland
Revenue Administration Division
301 W. Preston Street
Baltimore, Maryland 21201-2383

The attached card is your organization's new exemption certificate which is valid upon receipt and effective until the expiration date designated on its face. Please read the enclosed Tax Tip and the instructions on the back of the card for the proper use of the exemption certificate. If you have any questions regarding the use of this card, please call the Taxpayer Service Section at 410-787-1300 in Baltimore, toll free 1-800-492-1711 from elsewhere in Maryland, or e-mail us at taxhelp@comp.treasury.md.

07618

MDNDR - REV 11/07

Comptroller of Maryland
Sales and Use Tax Exemption Certificate

Account Number

Expiration Date

31200458

09/30/2007

Name

HELPING OTHER PEOPLE THROUGH
EMPOWERMENT INC
1426 E FAIRMOUNT AVE
BALTIMORE, MD 21231-1413

PLEASE LAMINATE THIS CARD TO EXTEND ITS LIFE

TAX ID # 52-227 3909

Before Starting the Project Application

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

Things to Remember

- Additional training resources can be found on the HUD Exchange at <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/> - Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2017 Continuum of Care (CoC) Program Competition. For more information see FY 2017 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2017 CoC Program NOFA and the FY 2016 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- 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 2016 Project Application will be imported into the FY 2017 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the FY 2016 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.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, 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 2017 CoC Program Competition NOFA.

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: 09/26/2017

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: MD0011

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

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

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: City of Baltimore - Mayor's Office

b. Employer/Taxpayer Identification Number (EIN/TIN): 52-6000769

	c. Organizational DUNS:	052340973	PLUS 4	
--	--------------------------------	-----------	---------------	--

d. Address

Street 1: 7 E. Redwood Street

Street 2: 5th Floor

City: Baltimore

County: Baltimore City

State: Maryland

Country: United States

Zip / Postal Code: 21202

e. Organizational Unit (optional)

Department Name: Human Services

Division Name: Homeless Services Program

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

Prefix: Mr.

First Name: Chris

Middle Name:

Last Name: Rafferty

Suffix:

Title: Deputy Director - Homeless Services Program

Organizational Affiliation: City of Baltimore - Mayor's Office

Telephone Number: (410) 396-4885

Extension:
Fax Number: (410) 539-1091
Email: chris.rafferty@baltimorecity.gov

1C. SF-424 Application Details

9. Type of Applicant: C. City or Township Government

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

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: FR-6100-N-25

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

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

15. Descriptive Title of Applicant's Project: PEP Samaritan Project

16. Congressional District(s):

a. Applicant: MD-007, MD-003, MD-002
(for multiple selections hold CTRL key)

b. Project: MD-007, MD-003, MD-002
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 10/01/2018

b. End Date: 09/30/2019

18. Estimated Funding (\$)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

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

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

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

If "YES," provide an explanation:

1F. SF-424 Declaration

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

I AGREE:

21. Authorized Representative

Prefix: Mr.

First Name: Terry

Middle Name:

Last Name: Hickey

Suffix:

Title: Director, Mayor's Office of Human Services

Telephone Number: (410) 396-7543
(Format: 123-456-7890)

Fax Number: (410) 539-1091
(Format: 123-456-7890)

Email: terry.hickey@baltimorecity.gov

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

Date Signed: 09/26/2017

1G. HUD 2880

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

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: City of Baltimore - Mayor's Office

Prefix: Mr.

First Name: Terry

Middle Name:

Last Name: Hickey

Suffix:

Title: Director, Mayor's Office of Human Services

Organizational Affiliation: City of Baltimore - Mayor's Office

Telephone Number: (410) 396-7543

Extension:

Email: terry.hickey@baltimorecity.gov

City: Baltimore

County: Baltimore City

State: Maryland

Country: United States

Zip/Postal Code: 21202

2. Employer ID Number (EIN): 52-6000769

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$570,228.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: PEP Samaritan Project 7 E. Redwood Street Baltimore Maryland

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

Part I Threshold Determinations

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

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

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

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

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
City of Baltimore	Emergency Solutions Grant - Formula	\$1,719,500.00	Shelter, RRH, HMIS, Outreach, Prevention
City of Baltimore	Emergency Solutions Grant - Supplemental	2061204.0	Shelter, RRH, HMIS, Outreach, Prevention
City of Baltimore	HOPWA	\$8,331,845.00	TBRA, supportive services
NA			
NA			

Part III Interested Parties

You must disclose:

- All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
- any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation	Financial Interest in Project/Activity (\$)	Financial Interest in Project/Activity (%)
NA	NA	NA	\$0.00	0%

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I certify that this information is true and complete.

I AGREE:

Name / Title of Authorized Official: Terry Hickey, Director, Mayor's Office of Human Services

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

Date Signed: 08/01/2017

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: City of Baltimore - Mayor's Office

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

X

accurate.

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

Authorized Representative

Prefix: Mr.

First Name: Terry

Middle Name

Last Name: Hickey

Suffix:

Title: Director, Mayor's Office of Human Services

Telephone Number: (410) 396-7543
(Format: 123-456-7890)

Fax Number: (410) 539-1091
(Format: 123-456-7890)

Email: terry.hickey@baltimorecity.gov

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

Date Signed: 09/26/2017

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 Baltimore - Mayor's Office

Name / Title of Authorized Official: Terry Hickey, Director, Mayor's Office of Human Services

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

Date Signed: 09/26/2017

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES

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

Approved by OMB0348-0046

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

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

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

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

Legal Name: City of Baltimore - Mayor's Office

Street 1: 7 E. Redwood Street

Street 2: 5th Floor

City: Baltimore

County: Baltimore City

State: Maryland

Country: United States

Zip / Postal Code: 21202

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: Mr.

First Name: Terry

Middle Name:

Last Name: Hickey

Suffix:

Title: Director, Mayor's Office of Human Services

Telephone Number: (410) 396-7543
(Format: 123-456-7890)

Fax Number: (410) 539-1091
(Format: 123-456-7890)

Email: terry.hickey@baltimorecity.gov

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

Date Signed: 09/26/2017

Additional Information

Now that you have completed Part 1 of the application, please review Parts 2-7, which are in Read Only mode. Screen 3C, which is mandatory for all PH-PSH projects and screens 6D, 7A and 7B which are mandatory for all projects will be editable and must be answered prior to submission.

Once you are done reviewing, you will be guided to a "Submissions without Changes" screen. At this screen if you decide no edits or updates are required to any screens other than the mandatory questions for 3C and/or 6D,7A and 7B, you are allowed to submit the application without ever needing to edit the rest of the application. However, if you determine that changes need to be made to the application, we have given you the ability to open up individual screens for edit, instead of the entire application.

Once you select the screens you want to edit via checkboxes, you will click "Save", and those screens will be available for edit. An important reminder, once you make those selections and click "Save", you cannot uncheck those boxes. You are allowed to select additional boxes even after saving your initial selections. Again, you must click "Save" for those newly selected screens to be available for edit.

If your project is a First Time Renewal, your project will not be able to utilize the "Submit Without Changes" function. The Submissions Without Changes page will be automatically set to "Make Changes" and you will be required to input data into the application for all required fields relevant to the component type.

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: \$550,751

Organization	Type	Type	Sub-Award Amount
People Encouraging People, Inc.	M. Nonprofit with 501C3 IRS Status	M. Nonprofit with 501C3 IRS Status	\$550,751

2A. Project Subrecipients Detail

a. Organization Name: People Encouraging People, Inc.

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

c. Employer or Tax Identification Number: 52-1168285

	* d. Organizational DUNS:	051536084	PLUS 4	
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e. Physical Address

Street 1: 22 S. Howard Street

Street 2: CU 1

City: Baltimore

State: Maryland

Zip Code: 21201

f. Congressional District(s): MD-007, MD-003, MD-002
(for multiple selections hold CTRL key)

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

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

i. Expected Sub-Award Amount: \$550,751

j. Contact Person

Prefix: Ms.

First Name: Tonia

Middle Name:

Last Name: Stokes

Suffix:

Title: VP, Asset Management

E-mail Address: tonias@peponline.org

Confirm E-mail Address: tonias@peponline.org

Phone Number: 410-366-4299

Extension: 2,025

Fax Number: 410-727-9732

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

2B. Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request? Yes

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request? No

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request? Yes

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request? Yes

Explain the circumstances that led HUD to recapture funds from the most recently expired grant term related to this renewal project request.

The expired project incurred a remaining balance of \$160,972.44. The project's conversion from leasing to rental assistance required a major undertaking by PEP, MBQ, and MOHS. PEP was provided TA initially and throughout the project period. The project converted with 91% client participation. For all clients, a RSAR was completed by PEP and processed by MOHS and a HQS inspection was required. These assignments required extensive coordination to obtain client and unit information (client income, property lead cert and registrations) and scheduling/conducting unit inspections. Despite coordinated efforts, the process was not without barriers. In addition to working with a population with histories of chronic homelessness and severe mental illness, tenants were not readily cooperative in providing updated info to complete the RSARs and providing access to their units for the inspections. Valid info (lead cert and property registration) was not available in the every tenant's permanent record and had to be requested from the property owners. Property owners had to be trained on program requirements and in some cases, required to update their property info to meet regulations. The project was awarded for 44-1 bedroom units at a FMR of \$985. At the time of conversion, of the 40 units eligible for rental assistance payment, 24 of those unit rent were below the FMR. At 4 months into project period, some tenants had to be relocated due to property owner's failure to comply; rental assistance was abated due to failed HQS inspections; and tenants were non-compliant with program requirements including HQS, all of which impacted program activity and spending. By the end of the project period, the project had served a total of 44 clients, 100% of target met. The project did not have the resources/capacity to effectively serve more tenants with the focus on housing more individuals to spend down the grant.

Additionally, MOHS could not guarantee that the project would be able to sustain a commitment to increase the number of clients served without increase in funding availability.

3A. Project Detail

1. Expiring Grant Number: MD0011

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

2a. CoC Number and Name: MD-501 - Baltimore CoC

2b. CoC Collaborative Applicant Name: City of Baltimore - Mayor's Office

3. Project Name: PEP Samaritan Project

4. Project Status: Standard

5. Component Type: PH

6. Does this project use one or more properties that have been conveyed through the Title V process? No

3B. Project Description

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

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

The project is aimed at providing permanent supported housing to 44 adults experiencing chronic homelessness (in accordance with HUD's definition) who have a serious mental illness and/or co-occurring substance abuse disorders. PEP is a partner in the Continuum of Care and works collaboratively to coordinate access to services throughout the Continuum for people who are chronically homeless. Using the Housing First approach, the provision of PSH will be one of the first incentives used by PEP staff to engage people who are "street" homeless with the goal of developing a long term, trusting relationship that results in treatment of the individual's mental illness or addiction issue. PEP employs a no reject-no eject policy; housing is not contingent upon any expectations established by staff of the organization. Treatment adherence, contracting for services and sobriety have no bearing on housing eligibility. Motivational interviewing and a Stages of Change paradigm are employed by staff to gently and repeatedly provide opportunities for improved behavioral health throughout the relationship. Should a chronically homeless person be ready to engage in services, PEP has a full compliment of behavioral health services available, including intensive case management, rehabilitation services, employment services, Assertive Community Treatment, and outpatient integrated mental health, substance abuse and primary care services. However, a consumer can receive services from any provider of their choosing.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

Chronic Homeless	<input checked="" type="checkbox"/>	Domestic Violence	<input type="checkbox"/>
Veterans	<input type="checkbox"/>	Substance Abuse	<input checked="" type="checkbox"/>
Youth (under 25)	<input type="checkbox"/>	Mental Illness	<input checked="" type="checkbox"/>
Families with Children	<input type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>

Other (Click 'Save' to update)	<input type="text"/>
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Other:

3. Housing First

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

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

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

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

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

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

4. Does the PH project provide PSH or RRH? PSH

Is this an SHP Project that had been approved by HUD to change the renewal project budget from leasing to rental assistance? No

3C. Dedicated Plus

Dedicated and DedicatedPLUS

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

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

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

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

1. Indicate whether the project is "100% DedicatedPLUS Dedicated", "DedicatedPLUS", or "N/A", according to the information provided above.

4A. Supportive Services for Participants

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

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

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

2b. Use of a single application form for four or more mainstream programs? Yes

2c. At least annual follow-ups with participants to ensure mainstream benefits Yes



are received and renewed?

3. Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Yes

3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Yes

4B. Housing Type and Location

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

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

Total Units: 44

Total Beds: 44

Total Dedicated CH Beds: 44

Housing Type	Units	Beds
Scattered-site apartments (...)	44	44

4B. Housing Type and Location Detail

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

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

a. Units: 44

b. Beds: 44

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 44

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

4. Address:

Street 1: 22 South Howard Street

Street 2: CU 1

City: Baltimore

State: Maryland

ZIP Code: 21201

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

240066 Baltimore

5A. Project Participants - Households

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

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	0	44	0	44

Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Adults over age 24	0	44		44
Adults ages 18-24	0	0		0
Accompanied Children under age 18	0		0	0
Unaccompanied Children under age 18			0	0
Total Persons	0	44	0	44

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

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

Persons in Households with at Least One Adult and One Child

Characteristics	Chronic Homeless Non-Veterans	Chronic Homeless Veterans	Non-Chronic Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24										
Adults ages 18-24										
Children under age 18										
Total Persons	0	0	0	0	0	0	0	0	0	0

Persons in Households without Children

Characteristics	Chronic Homeless Non-Veterans	Chronic Homeless Veterans	Non-Chronic Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24	37	0	0	25	3	37	0	2	0	0
Adults ages 18-24	0	0	0	0	0	0	0	0	0	0
Total Persons	37	0	0	25	3	37	0	2	0	0

Click Save to automatically calculate totals

Persons in Households with Only Children

Characteristics	Chronic Homeless Non-Veterans	Chronic Homeless Veterans	Non-Chronic Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Accompanied Children under age 18										
Unaccompanied Children under age 18										
Total Persons	0			0	0	0	0	0	0	0

5C. Outreach for Participants



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

50%	Directly from the street or other locations not meant for human habitation.
45%	Directly from emergency shelters.
1%	Directly from safe havens.
1%	Persons fleeing domestic violence.
3%	Directly from transitional housing eliminated in the FY 2017 CoC Program Competition.
0%	Directly from the TH Portion of a Joint TH and PH-RRH Component project.
0%	Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program.
100%	Total of above percentages

6A. Funding Request

1. Do any of the properties in this project have an active restrictive covenant? No
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? Yes
3. Does this project propose to allocate funds according to an indirect cost rate? No
4. Renewal Grant Term: 1 Year
5. Select the costs for which funding is being requested:
- | | |
|---------------------|-------------------------------------|
| Leased Units | <input type="checkbox"/> |
| Leased Structures | <input type="checkbox"/> |
| Rental Assistance | <input checked="" type="checkbox"/> |
| Supportive Services | <input checked="" type="checkbox"/> |
| Operating | <input type="checkbox"/> |
| HMIS | <input type="checkbox"/> |

6C. Rental Assistance Budget

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

Total Request for Grant Term:		\$420,288	
Total Units:		44	
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	MD - Baltimore-Columbia-Towson, MD MS...	44	\$420,288

Rental Assistance Budget Detail

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: MD - Baltimore-Columbia-Towson, MD MSA (2400399999)

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? Yes

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	HUD Paid Rent (Applicant)		12 Months		Total Request (Applicant)
SRO		x	\$638	\$638	x		=	\$0
0 Bedroom		x	\$851	\$851	x		=	\$0
1 Bedroom	44	x	\$1,033	\$796	x		=	\$420,288
2 Bedrooms		x	\$1,298	\$1,298	x		=	\$0
3 Bedrooms		x	\$1,663	\$1,663	x		=	\$0
4 Bedrooms		x	\$1,934	\$1,934	x		=	\$0
5 Bedrooms		x	\$2,224	\$2,224	x		=	\$0
6 Bedrooms		x	\$2,514	\$2,514	x		=	\$0
7 Bedrooms		x	\$2,804	\$2,804	x		=	\$0
8 Bedrooms		x	\$3,094	\$3,094	x		=	\$0
9 Bedrooms		x	\$3,385	\$3,385	x		=	\$0
Total Units and Annual Assistance Requested	44							\$420,288
Grant Term								1 Year
Total Request for Grant Term								\$420,288

Click the 'Save' button to automatically calculate totals.

6D. Sources of Match

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

Summary for Match

Total Value of Cash Commitments:	\$142,577
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$142,577

1. Does this project generate program income Yes
as described in 24 CFR 578.97 that will be
used as Match for this grant?

1a. Briefly describe the source of the program income:

The project generates program income from the portion of the rent paid by the tenants. This program income is used to support the cost program service delivery not covered by other funding sources.

1b. Estimate the amount of program income \$0
that will be used as Match for this project:

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Private	People Encouragin...	10/01/2018	\$142,577

Sources of Match Detail

1. Will this commitment be used towards Match? Yes

2. Type of Commitment: Cash

3. Type of Source: Private

4. Name the Source of the Commitment: People Encouraging People, Inc.
(Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 10/01/2018

6. Value of Written Commitment: \$142,577

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 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, 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	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	\$0
1b. Leased Structures	\$0
2. Rental Assistance	\$420,288
3. Supportive Services	\$110,986
4. Operating	\$0
5. HMIS	\$0
6. Sub-total Costs Requested	\$531,274
7. Admin (Up to 10%)	\$38,954
8. Total Assistance plus Admin Requested	\$570,228
9. Cash Match	\$142,577
10. In-Kind Match	\$0
11. Total Match	\$142,577
12. Total Budget	\$712,805

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	PEP Nonprofit Doc...	11/06/2015
2) Other Attachmenbt	No		
3) Other Attachment	No		

Attachment Details

Document Description: PEP Nonprofit Documentation

Attachment Details

Document Description:

Attachment Details

Document Description:

7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

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

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

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

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

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

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

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

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

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

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

Additional for Rental Assistance Projects:

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

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

For applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

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

C. Explanation.

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

Name of Authorized Certifying Official Terry Hickey

Date: 09/26/2017

Title: Director, Mayor's Office of Human Services

Applicant Organization: City of Baltimore - Mayor's Office

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant

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

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation? Yes

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

The applicant has either selected "Yes" to Question 1 or has not brought forward details from a previously awarded renewal project application. The applicant must therefore make changes to the application information. If this is not a first time renewal and the applicant would like to bring forward information from a previously awarded renewal project application, exit this application, click on the "Projects" link from the left menu, select "Renewal Project Application FY2017" from the "Funding Opportunity Name" dropdown, click on the folder icon to create a renewal project, and select an expiring renewal project from the drop down list next to the "Import Data From" field.

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

Part 2- Recipient and Subrecipient Information	
2A. Subrecipients	<input checked="" type="checkbox"/>
2B. Recipient Performance	<input checked="" type="checkbox"/>
Part 3 - Project Information	
3A. Project Detail	<input checked="" type="checkbox"/>
3B. Description	<input type="checkbox"/>
3C. Dedicated Plus	<input checked="" type="checkbox"/>
Part 4 - Housing Services and HMIS	
4A. Services	<input type="checkbox"/>
4B. Housing Type	<input type="checkbox"/>
Part 5 - Participants and Outreach Information	

5A. Households	<input type="checkbox"/>
5B. Subpopulations	<input type="checkbox"/>
5C. Outreach	<input checked="" type="checkbox"/>
Part 6 - Budget Information	
6A. Funding Request	<input checked="" type="checkbox"/>
6C. Rental Assistance	<input checked="" type="checkbox"/>
6D. Match	<input checked="" type="checkbox"/>
6E. Summary Budget	<input checked="" type="checkbox"/>
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	<input checked="" type="checkbox"/>
7B. Certification	<input checked="" type="checkbox"/>

The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

- 2A. Renewal funds reduced from the previous award as a result of reallocation.
- 2B. Comments regarding remaining unspent balance.
- 5C. Changes made to the Outreach Participant percentage to reflect the CoC Coordinated Assessment data.

The applicant has selected "Make Changes". Once this screen is saved, the applicant 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.

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	09/12/2017
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/26/2017
Renewal Project Application FY2017	Page 48 09/26/2017

1E. SF-424 Compliance	09/12/2017
1F. SF-424 Declaration	09/12/2017
1G. HUD-2880	09/12/2017
1H. HUD-50070	09/12/2017
1I. Cert. Lobbying	09/12/2017
1J. SF-LLL	09/12/2017
2A. Subrecipients	09/26/2017
2B. Recipient Performance	09/26/2017
3A. Project Detail	09/12/2017
3B. Description	09/12/2017
3C. Dedicated Plus	09/26/2017
4A. Services	09/12/2017
4B. Housing Type	09/12/2017
5A. Households	09/12/2017
5B. Subpopulations	No Input Required
5C. Outreach	09/26/2017
6A. Funding Request	09/12/2017
6C. Rental Assistance	09/26/2017
6D. Match	09/26/2017
6E. Summary Budget	No Input Required
7A. Attachment(s)	09/12/2017
7B. Certification	09/26/2017
Submission Without Changes	09/26/2017



Department of the Treasury
Internal Revenue Service

FRESNO, CA 93888

In reply refer to: 8916608585
Apr. 06, 2000 LTR 858C N
52-1168285 199912 10 000
01073

PEOPLE ENCOURAGING PEOPLE INC
% M S DIEHL DEPT OF PSYCHIATRY
4201 PRIMROSE AVE
BALTIMORE MD 21215-3305017

Taxpayer Identification Number: 52-1168285
Tax Period(s): Dec. 31, 1999

Form: 940

Dear Taxpayer:

You are not required to file Form 940 because you have been determined to be an exempt organization under section 501(c)(3) of the Internal Revenue Code; therefore, you are exempt from paying Federal unemployment tax. Please destroy any Form 940 returns you may have received. Do not make tax deposits for Federal unemployment tax.

We will send you a refund for your payments for the current year. You may request refunds for payments made in previous years by filing a Form 843 claim. You must file a claim for refund within three years from the return due date, or within two years from the date you paid the tax, whichever is later.

Even though you are not liable for the Federal tax, you could be liable for the state tax. States establish and operate their own systems. Therefore, you should contact your state to find out whether you are required to make contributions under the state unemployment compensation law.

If you do not owe any other taxes, we will refund the money you paid with your return or by Federal tax deposit in six to eight weeks.

If you have any questions, please call MARY ROBERTS at 559-443-5034 between the hours of 5:30 AM and 3:30 PM. If the number is outside your local calling area, there will be a long-distance charge to you.

If you prefer, you may write to us at the address shown at the top of the first page of this letter.

Whenever you write, please include this letter and, in the spaces below, give us your telephone number with the hours we can reach you. Keep a copy of this letter for your records.

Telephone Number () _____ Hours _____



Department of the Treasury
Internal Revenue Service

8916608585
Apr. 06, 2000 LTR 858C N
52-1168285 199912 10 000
01074

PEOPLE ENCOURAGING PEOPLE INC
% M S DIEHL DEPT OF PSYCHIATRY
4201 PRIMROSE AVE
BALTIMORE MD 21215-3305017

We apologize for any inconvenience, and thank you for your cooperation.

Sincerely yours,

DAVID R. MARTIN
CHIEF, TAXPAYER RELATIONS BRANCH

Enclosure(s):
Copy of this letter

Before Starting the Project Application

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

Things to Remember

- Additional training resources can be found on the HUD Exchange at <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/> - Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2017 Continuum of Care (CoC) Program Competition. For more information see FY 2017 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2017 CoC Program NOFA and the FY 2016 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- 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 2016 Project Application will be imported into the FY 2017 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the FY 2016 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.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, 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 2017 CoC Program Competition NOFA.

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: 09/26/2017

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: MD0016

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

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

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: City of Baltimore - Mayor's Office

b. Employer/Taxpayer Identification Number (EIN/TIN): 52-6000769

	c. Organizational DUNS:	052340973	PLUS 4	
--	-------------------------	-----------	--------	--

d. Address

Street 1: 7 E. Redwood Street

Street 2: 5th Floor

City: Baltimore

County: Baltimore City

State: Maryland

Country: United States

Zip / Postal Code: 21202

e. Organizational Unit (optional)

Department Name: Human Services

Division Name: Homeless Services Program

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

Prefix: Mr.

First Name: Chris

Middle Name:

Last Name: Rafferty

Suffix:

Title: Deputy Director - Homeless Services Program

Organizational Affiliation: City of Baltimore - Mayor's Office

Telephone Number: (410) 396-4885

Extension:
Fax Number: (410) 539-1091
Email: chris.rafferty@baltimorecity.gov

1C. SF-424 Application Details

9. Type of Applicant: C. City or Township Government

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

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: FR-6100-N-25

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

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

15. Descriptive Title of Applicant's Project: AIRS Shelter Plus Care

16. Congressional District(s):

a. Applicant: MD-007, MD-003, MD-002
(for multiple selections hold CTRL key)

b. Project: MD-007, MD-003, MD-002
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 04/01/2018

b. End Date: 03/31/2019

18. Estimated Funding (\$)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

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

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

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

If "YES," provide an explanation:

1F. SF-424 Declaration

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

I AGREE:

21. Authorized Representative

Prefix: Mr.

First Name: Terry

Middle Name:

Last Name: Hickey

Suffix:

Title: Director, Mayor's Office of Human Services

Telephone Number: (410) 396-7543
(Format: 123-456-7890)

Fax Number: (410) 539-1091
(Format: 123-456-7890)

Email: terry.hickey@baltimorecity.gov

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

Date Signed: 09/26/2017

1G. HUD 2880

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

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: City of Baltimore - Mayor's Office

Prefix: Mr.

First Name: Terry

Middle Name:

Last Name: Hickey

Suffix:

Title: Director, Mayor's Office of Human Services

Organizational Affiliation: City of Baltimore - Mayor's Office

Telephone Number: (410) 396-7543

Extension:

Email: terry.hickey@baltimorecity.gov

City: Baltimore

County: Baltimore City

State: Maryland

Country: United States

Zip/Postal Code: 21202

2. Employer ID Number (EIN): 52-6000769

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$1,431,666.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: AIRS Shelter Plus Care 7 E. Redwood Street
Baltimore Maryland

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

Part I Threshold Determinations

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

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

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

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

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
City of Baltimore	Emergency Solutions Grant - Formula	\$1,719,500.00	Shelter, RRH, HMIS, Outreach, Prevention
City of Baltimore	Emergency Solutions Grant - Supplemental	2061204.0	Shelter, RRH, HMIS, Outreach, Prevention
City of Baltimore	HOPWA	\$8,331,845.00	TBRA, supportive services
NA			
NA			

Part III Interested Parties

You must disclose:

1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation	Financial Interest in Project/Activity (\$)	Financial Interest in Project/Activity (%)
NA	NA	NA	\$0.00	0%

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I certify that this information is true and complete.

I AGREE:

Name / Title of Authorized Official: Terry Hickey, Director, Mayor's Office of Human Services

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

Date Signed: 08/01/2017

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: City of Baltimore - Mayor's Office

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:	
<p>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.</p>	<p>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;</p>
<p>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.</p>	<p>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;</p>
<p>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.;</p>	<p>g. Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.</p>
<p>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;</p>	

Sites for Work Performance.

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

Workplaces, including addresses, entered in the attached project application. Refer to addresses entered into the attached project application.

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

X

accurate.

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

Authorized Representative

Prefix: Mr.

First Name: Terry

Middle Name

Last Name: Hickey

Suffix:

Title: Director, Mayor's Office of Human Services

Telephone Number: (410) 396-7543
(Format: 123-456-7890)

Fax Number: (410) 539-1091
(Format: 123-456-7890)

Email: terry.hickey@baltimorecity.gov

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

Date Signed: 09/26/2017

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 Baltimore - Mayor's Office

Name / Title of Authorized Official: Terry Hickey, Director, Mayor's Office of Human Services

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

Date Signed: 09/26/2017

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES

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

Approved by OMB0348-0046

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

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

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

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

Legal Name: City of Baltimore - Mayor's Office

Street 1: 7 E. Redwood Street

Street 2: 5th Floor

City: Baltimore

County: Baltimore City

State: Maryland

Country: United States

Zip / Postal Code: 21202

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: Mr.

First Name: Terry

Middle Name:

Last Name: Hickey

Suffix:

Title: Director, Mayor's Office of Human Services

Telephone Number: (410) 396-7543
(Format: 123-456-7890)

Fax Number: (410) 539-1091
(Format: 123-456-7890)

Email: terry.hickey@baltimorecity.gov

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

Date Signed: 09/26/2017

Additional Information

Now that you have completed Part 1 of the application, please review Parts 2-7, which are in Read Only mode. Screen 3C, which is mandatory for all PH-PSH projects and screens 6D, 7A and 7B which are mandatory for all projects will be editable and must be answered prior to submission.



Once you are done reviewing, you will be guided to a "Submissions without Changes" screen. At this screen if you decide no edits or updates are required to any screens other than the mandatory questions for 3C and/or 6D,7A and 7B, you are allowed to submit the application without ever needing to edit the rest of the application. However, if you determine that changes need to be made to the application, we have given you the ability to open up individual screens for edit, instead of the entire application.

Once you select the screens you want to edit via checkboxes, you will click "Save", and those screens will be available for edit. An important reminder, once you make those selections and click "Save", you cannot uncheck those boxes. You are allowed to select additional boxes even after saving your initial selections. Again, you must click "Save" for those newly selected screens to be available for edit.

If your project is a First Time Renewal, your project will not be able to utilize the "Submit Without Changes" function. The Submissions Without Changes page will be automatically set to "Make Changes" and you will be required to input data into the application for all required fields relevant to the component type.

2A. Project Subrecipients

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

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

Total Expected Sub-Awards: \$1,384,497

Organization	Type	Type	Sub-Award Amount
AIDS Interfaith Residential Services, Inc.	M. Nonprofit with 501C3 IRS Status	M. Nonprofit with 501C3 IRS Status	\$1,384,497

2A. Project Subrecipients Detail

a. Organization Name: AIDS Interfaith Residential Services, Inc.

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

c. Employer or Tax Identification Number: 52-1576701

	* d. Organizational DUNS:	843327979	PLUS 4	
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e. Physical Address

Street 1: 1800 N Charles St. Suite 700

Street 2:

City: Baltimore

State: Maryland

Zip Code: 21201

f. Congressional District(s): MD-007, MD-003, MD-002
(for multiple selections hold CTRL key)

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

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

i. Expected Sub-Award Amount: \$1,384,497

j. Contact Person

Prefix: Mr.

First Name: Anthony

Middle Name: I

Last Name: Butler

Suffix:

Title: President/CEO

E-mail Address: anthony@airshome.org

Confirm E-mail Address: anthony@airshome.org

Phone Number: 410-576-5070

Extension: 12

Fax Number: 410-576-5074

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

2B. Recipient Performance

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

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request? Yes

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request? No

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request? Yes

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request? Yes

Explain the circumstances that led HUD to recapture funds from the most recently expired grant term related to this renewal project request.

Funds were recaptured due to grant being funded at the full FMR and the total units leased did not exceed the awarded amount.

3A. Project Detail

1. Expiring Grant Number: MD0016

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

2a. CoC Number and Name: MD-501 - Baltimore CoC

2b. CoC Collaborative Applicant Name: City of Baltimore - Mayor's Office

3. Project Name: AIRS Shelter Plus Care

4. Project Status: Standard

5. Component Type: PH

6. Does this project use one or more properties that have been conveyed through the Title V process? No

3B. Project Description

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

The AIRS S+C project provides supportive housing to 108 households composed of homeless single individuals and families who are disabled by physical health, mental health or HIV/AIDS or other qualifying disabilities. Residents served by the project also receive assistance with coordinating support services through case management services provided by AIRS.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

Chronic Homeless	<input checked="" type="checkbox"/>	Domestic Violence	<input checked="" type="checkbox"/>
Veterans	<input checked="" type="checkbox"/>	Substance Abuse	<input checked="" type="checkbox"/>
Youth (under 25)	<input checked="" type="checkbox"/>	Mental Illness	<input checked="" type="checkbox"/>
Families with Children	<input checked="" type="checkbox"/>	HIV/AIDS	<input checked="" type="checkbox"/>
		Other (Click 'Save' to update)	<input type="checkbox"/>

Other:

3. Housing First

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

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

Having too little or little income	<input checked="" type="checkbox"/>
Active or history of substance use	<input checked="" type="checkbox"/>
Having a criminal record with exceptions for state-mandated restrictions	<input checked="" type="checkbox"/>

History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

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

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

4. Does the PH project provide PSH or RRH? PSH

Is this an SHP Project that had been approved by HUD to change the renewal project budget from leasing to rental assistance? No

3C. Dedicated Plus

Dedicated and DedicatedPLUS

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

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

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

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

1. Indicate whether the project is "100% Dedicated", "DedicatedPLUS", or "N/A", according to the information provided above. N/A

4A. Supportive Services for Participants

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

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

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

2b. Use of a single application form for four or more mainstream programs? Yes

2c. At least annual follow-ups with participants to ensure mainstream benefits Yes

are received and renewed?

3. Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Yes

3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Yes

4B. Housing Type and Location

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

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

Total Units: 108

Total Beds: 200

Total Dedicated CH Beds: 0

Housing Type	Units	Beds
Scattered-site apartments (...)	108	200

4B. Housing Type and Location Detail

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

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

a. Units: 108

b. Beds: 200

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 0

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

4. Address:

Street 1: 1800 N. Charles Street Suite 700

Street 2:

City: Baltimore

State: Maryland

ZIP Code: 21201

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

240066 Baltimore

5A. Project Participants - Households

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

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	49	64		113

Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Adults over age 24	52	65		117
Adults ages 18-24	18	3		21
Accompanied Children under age 18	83		0	83
Unaccompanied Children under age 18			0	0
Total Persons	153	68	0	221

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

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

Persons in Households with at Least One Adult and One Child

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24		0	0	7	43	28	0	0	5	9
Adults ages 18-24		0							0	18
Children under age 18	0				0	0	0	0	0	83
Total Persons	0	0	0	7	43	28	0	0	5	110

Click Save to automatically calculate totals

Persons in Households without Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24	0		0	20	0	26	0	0	0	19
Adults ages 18-24		0	0	0	0	0	0	0	0	3
Total Persons	0	0	0	20	0	26	0	0	0	22

Click Save to automatically calculate totals

Persons in Households with Only Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Accompanied Children under age 18										

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

Describe the unlisted subpopulations referred to above:

Unlisted sub-populations refer to other household members with no known disability reported - 83 children, 21 adults ages 18-24, and 28 adults over age 24.

5C. Outreach for Participants

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

50%	Directly from the street or other locations not meant for human habitation.
45%	Directly from emergency shelters.
1%	Directly from safe havens.
1%	Persons fleeing domestic violence.
3%	Directly from transitional housing.
0%	Directly from the TH Portion of a Joint TH and PH-RRH Component project.
0%	Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program.
100%	Total of above percentages

6A. Funding Request

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

1. Do any of the properties in this project have an active restrictive covenant? Yes

2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? No

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

4. Renewal Grant Term: 1 Year

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

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

6C. Rental Assistance Budget

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

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

Total Request for Grant Term:		\$1,337,328	
Total Units:		108	
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
SRA	MD - Baltimore-Columbia-Towson, MD MS...	108	\$1,337,328

Rental Assistance Budget Detail

Type of Rental Assistance: SRA

Metropolitan or non-metropolitan fair market rent area: MD - Baltimore-Columbia-Towson, MD MSA (2400399999)

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? Yes

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	HUD Paid Rent (Applicant)		12 Months		Total Request (Applicant)
SRO		x	\$638	\$638	x		=	\$0
0 Bedroom		x	\$851	\$851	x		=	\$0
1 Bedroom	84	x	\$1,033	\$973	x		=	\$980,784
2 Bedrooms	24	x	\$1,298	\$1,238	x		=	\$356,544
3 Bedrooms		x	\$1,663	\$1,663	x		=	\$0
4 Bedrooms		x	\$1,934	\$1,934	x		=	\$0
5 Bedrooms		x	\$2,224	\$2,224	x		=	\$0
6 Bedrooms		x	\$2,514	\$2,514	x		=	\$0
7 Bedrooms		x	\$2,804	\$2,804	x		=	\$0
8 Bedrooms		x	\$3,094	\$3,094	x		=	\$0
9 Bedrooms		x	\$3,385	\$3,385	x		=	\$0
Total Units and Annual Assistance Requested	108							\$1,337,328
Grant Term								1 Year
Total Request for Grant Term								\$1,337,328

Click the 'Save' button to automatically calculate totals.

6D. Sources of Match

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

Summary for Match

Total Value of Cash Commitments:	\$361,977
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$361,977

1. Does this project generate program income Yes
as described in 24 CFR 578.97 that will be
used as Match for this grant?

1a. Briefly describe the source of the program income:

Empire Homes of Maryland receives funding from HUD 811 to provide permanent supportive housing for extremely low-income persons with disabilities.

1b. Estimate the amount of program income \$130,000
that will be used as Match for this project:

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Government	AIRS - Ryan White...	04/01/2018	\$100,404
Yes	Cash	Government	AIRS- Ryan White ...	04/01/2018	\$10,073
Yes	Cash	Private	Foundation Grants...	04/01/2018	\$7,500
Yes	Cash	Private	Baltimore Mental ...	04/01/2018	\$20,000
Yes	Cash	Private	AIRS	04/01/2018	\$64,000
Yes	Cash	Government	AIRS - HOPWA POTM	04/01/2018	\$20,000
Yes	Cash	Private	Empire Homes of M...	04/01/2018	\$130,000
Yes	Cash	Private	Avalon Bay	04/01/2018	\$10,000

Sources of Match Detail

- 1. Will this commitment be used towards Match? Yes
- 2. Type of Commitment: Cash
- 3. Type of Source: Government
- 4. Name the Source of the Commitment: AIRS - Ryan White Part B
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment: 04/01/2018
- 6. Value of Written Commitment: \$100,404

Sources of Match Detail

- 1. Will this commitment be used towards Match? Yes
- 2. Type of Commitment: Cash
- 3. Type of Source: Government
- 4. Name the Source of the Commitment: AIRS- Ryan White Part A
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment: 04/01/2018
- 6. Value of Written Commitment: \$10,073

Sources of Match Detail

- 1. Will this commitment be used towards Match? Yes
- 2. Type of Commitment: Cash
- 3. Type of Source: Private
- 4. Name the Source of the Commitment: Foundation Grants-Hirschhorn & Broadway
(Be as specific as possible and include the Cares

office or grant program as applicable)

- 5. Date of Written Commitment:** 04/01/2018
- 6. Value of Written Commitment:** \$7,500

Sources of Match Detail

- 1. Will this commitment be used towards Match?** Yes
- 2. Type of Commitment:** Cash
- 3. Type of Source:** Private
- 4. Name the Source of the Commitment:** Baltimore Mental Health Systems
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 04/01/2018
- 6. Value of Written Commitment:** \$20,000

Sources of Match Detail

- 1. Will this commitment be used towards Match?** Yes
- 2. Type of Commitment:** Cash
- 3. Type of Source:** Private
- 4. Name the Source of the Commitment:** AIRS
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 04/01/2018
- 6. Value of Written Commitment:** \$64,000

Sources of Match Detail

- 1. Will this commitment be used towards Match?** Yes
- 2. Type of Commitment:** Cash
- 3. Type of Source:** Government
- 4. Name the Source of the Commitment:** AIRS - HOPWA POTM
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 04/01/2018
- 6. Value of Written Commitment:** \$20,000

Sources of Match Detail

- 1. Will this commitment be used towards Match?** Yes
- 2. Type of Commitment:** Cash
- 3. Type of Source:** Private
- 4. Name the Source of the Commitment:** Empire Homes of Maryland
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 04/01/2018
- 6. Value of Written Commitment:** \$130,000

Sources of Match Detail

- 1. Will this commitment be used towards Match?** Yes
- 2. Type of Commitment:** Cash
- 3. Type of Source:** Private
- 4. Name the Source of the Commitment:** Avalon Bay
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 04/01/2018
- 6. Value of Written Commitment:** \$10,000

6E. Summary Budget

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

The following 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 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, 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	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	\$0
1b. Leased Structures	\$0
2. Rental Assistance	\$1,337,328
3. Supportive Services	\$0
4. Operating	\$0
5. HMIS	\$0
6. Sub-total Costs Requested	\$1,337,328
7. Admin (Up to 10%)	\$94,338
8. Total Assistance plus Admin Requested	\$1,431,666
9. Cash Match	\$361,977
10. In-Kind Match	\$0
11. Total Match	\$361,977
12. Total Budget	\$1,793,643

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	501 C 3 Letter	11/17/2015
2) Other Attachmenbt	No		
3) Other Attachment	No		

Attachment Details

Document Description: 501 C 3 Letter

Attachment Details

Document Description:

Attachment Details

Document Description:

7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

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

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

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

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

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

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

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

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

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

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

Additional for Rental Assistance Projects:

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

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

For applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

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

C. Explanation.

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

Name of Authorized Certifying Official Terry Hickey

Date: 09/26/2017

Title: Director, Mayor's Office of Human Services

Applicant Organization: City of Baltimore - Mayor's Office

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant

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

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of 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- Recipient and Subrecipient Information	
2A. Subrecipients	<input type="checkbox"/>
2B. Recipient Performance	<input type="checkbox"/>
Part 3 - Project Information	
3A. Project Detail	<input checked="" type="checkbox"/>
3B. Description	<input checked="" type="checkbox"/>
3C. Dedicated Plus	<input checked="" type="checkbox"/>
Part 4 - Housing Services and HMIS	
4A. Services	<input type="checkbox"/>
4B. Housing Type	<input type="checkbox"/>
Part 5 - Participants and Outreach Information	
5A. Households	<input type="checkbox"/>
5B. Subpopulations	<input type="checkbox"/>
5C. Outreach	<input checked="" type="checkbox"/>
Part 6 - Budget Information	
6A. Funding Request	<input type="checkbox"/>

6C. Rental Assistance	<input type="checkbox"/>
6D. Match	<input checked="" type="checkbox"/>
6E. Summary Budget	<input type="checkbox"/>
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	<input checked="" type="checkbox"/>
7B. Certification	<input checked="" type="checkbox"/>

The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

- 3B. Update to the project description.
- 5C. Changes made to the Outreach Information percentage to reflect the CoC Coordinated Assessment data.

The applicant has selected "Make Changes". Once this screen is saved, the applicant 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.

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	09/12/2017
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/12/2017
Renewal Project Application FY2017	Page 50 09/26/2017

1E. SF-424 Compliance	09/12/2017
1F. SF-424 Declaration	09/12/2017
1G. HUD-2880	09/12/2017
1H. HUD-50070	09/12/2017
1I. Cert. Lobbying	09/12/2017
1J. SF-LLL	09/12/2017
2A. Subrecipients	09/12/2017
2B. Recipient Performance	09/12/2017
3A. Project Detail	09/12/2017
3B. Description	09/21/2017
3C. Dedicated Plus	09/12/2017
4A. Services	09/12/2017
4B. Housing Type	09/12/2017
5A. Households	09/12/2017
5B. Subpopulations	09/12/2017
5C. Outreach	09/21/2017
6A. Funding Request	09/12/2017
6C. Rental Assistance	09/12/2017
6D. Match	09/12/2017
6E. Summary Budget	No Input Required
7A. Attachment(s)	09/12/2017
7B. Certification	09/21/2017
Submission Without Changes	09/21/2017

INTERNAL REVENUE SERVICE
DISTRICT DIRECTOR
31 HOPKINS PLAZA
BALTIMORE, MD 21201

DEPARTMENT OF THE TREASURY

Date: APR 5 1994

AIDS INTERFAITH RESIDENTIAL
SERVICES INC
5000 YORK ROAD
BALTIMORE, MD 21212

Employer Identification Number:
52-1576701
Case Number:
524015007
Contact Person:
MRS. M. SMITH
Contact Telephone Number:
(410) 962-7963
Our Letter Dated:
August 17, 1989
Addendum Applies:
Yes

Dear Applicant:

This modifies our letter of the above date in which we stated that you would be treated as an organization that is not a private foundation until the expiration of your advance ruling period.

Your exempt status under section 501(a) of the Internal Revenue Code as organization described in section 501(c)(3) is still in effect. Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the Code because you are an organization of the type described in section 509(a)(1) and 170(b)(1)(A)(vi).

Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(1) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act, or the substantial or material change on the part of the organization that resulted in your loss of such status, or if he or she acquired knowledge that the Internal Revenue Service had given notice that you would no longer be classified as a section 509(a)(1) organization.

If we have indicated in the heading of this letter that an addendum applies, the addendum enclosed is an integral part of this letter.

Because this letter could help resolve any questions about your private foundation status, please keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown above.

Sincerely yours,


District Director

Enclosure:
Addendum

Before Starting the Project Application

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

Things to Remember

- Additional training resources can be found on the HUD Exchange at <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/> - Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2017 Continuum of Care (CoC) Program Competition. For more information see FY 2017 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2017 CoC Program NOFA and the FY 2016 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- 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 2016 Project Application will be imported into the FY 2017 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the FY 2016 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.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, 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 2017 CoC Program Competition NOFA.

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: 09/26/2017

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: MD0018

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

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

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: City of Baltimore - Mayor's Office

b. Employer/Taxpayer Identification Number (EIN/TIN): 52-6000769

	c. Organizational DUNS:	052340973	PLUS 4	
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d. Address

Street 1: 7 E. Redwood Street

Street 2: 5th Floor

City: Baltimore

County: Baltimore City

State: Maryland

Country: United States

Zip / Postal Code: 21202

e. Organizational Unit (optional)

Department Name: Human Services

Division Name: Homeless Services Program

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

Prefix: Mr.

First Name: Chris

Middle Name:

Last Name: Rafferty

Suffix:

Title: Deputy Director - Homeless Services Program

Organizational Affiliation: City of Baltimore - Mayor's Office

Telephone Number: (410) 396-4885

Extension:
Fax Number: (410) 539-1091
Email: chris.rafferty@baltimorecity.gov

1C. SF-424 Application Details

9. Type of Applicant: C. City or Township Government

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

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: FR-6100-N-25

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

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

15. Descriptive Title of Applicant's Project: At Jacobs Well PHP

16. Congressional District(s):

a. Applicant: MD-007, MD-003, MD-002
(for multiple selections hold CTRL key)

b. Project: MD-007, MD-003
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 09/01/2018

b. End Date: 08/31/2019

18. Estimated Funding (\$)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

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

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

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

If "YES," provide an explanation:

1F. SF-424 Declaration

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

I AGREE:

21. Authorized Representative

Prefix: Mr.

First Name: Terry

Middle Name:

Last Name: Hickey

Suffix:

Title: Director, Mayor's Office of Human Services

Telephone Number: (410) 396-7543
(Format: 123-456-7890)

Fax Number: (410) 539-1091
(Format: 123-456-7890)

Email: terry.hickey@baltimorecity.gov

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

Date Signed: 09/26/2017

1G. HUD 2880

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

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: City of Baltimore - Mayor's Office

Prefix: Mr.

First Name: Terry

Middle Name:

Last Name: Hickey

Suffix:

Title: Director, Mayor's Office of Human Services

Organizational Affiliation: City of Baltimore - Mayor's Office

Telephone Number: (410) 396-7543

Extension:

Email: terry.hickey@baltimorecity.gov

City: Baltimore

County: Baltimore City

State: Maryland

Country: United States

Zip/Postal Code: 21202

2. Employer ID Number (EIN): 52-6000769

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$23,968.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: At Jacobs Well PHP 7 E. Redwood Street Baltimore Maryland

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

Part I Threshold Determinations

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

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

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

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

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
City of Baltimore	Emergency Solutions Grant - Formula	\$1,719,500.00	Shelter, RRH, HMIS, Outreach, Prevention
City of Baltimore	Emergency Solutions Grant - Supplemental	2061204.0	Shelter, RRH, HMIS, Outreach, Prevention
City of Baltimore	HOPWA	\$8,331,845.00	TBRA, supportive services
NA			
NA			

Part III Interested Parties

You must disclose:

1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation	Financial Interest in Project/Activity (\$)	Financial Interest in Project/Activity (%)
NA	NA	NA	\$0.00	0%

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I certify that this information is true and complete.

I AGREE:

Name / Title of Authorized Official: Terry Hickey, Director, Mayor's Office of Human Services

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

Date Signed: 08/01/2017

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: City of Baltimore - Mayor's Office

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

X

accurate.

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

Authorized Representative

Prefix: Mr.

First Name: Terry

Middle Name

Last Name: Hickey

Suffix:

Title: Director, Mayor's Office of Human Services

Telephone Number: (410) 396-7543
(Format: 123-456-7890)

Fax Number: (410) 539-1091
(Format: 123-456-7890)

Email: terry.hickey@baltimorecity.gov

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

Date Signed: 09/26/2017

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 Baltimore - Mayor's Office

Name / Title of Authorized Official: Terry Hickey, Director, Mayor's Office of Human Services

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

Date Signed: 09/26/2017

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES

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

Approved by OMB0348-0046

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

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

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

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

Legal Name: City of Baltimore - Mayor's Office

Street 1: 7 E. Redwood Street

Street 2: 5th Floor

City: Baltimore

County: Baltimore City

State: Maryland

Country: United States

Zip / Postal Code: 21202

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: Mr.

First Name: Terry

Middle Name:

Last Name: Hickey

Suffix:

Title: Director, Mayor's Office of Human Services

Telephone Number: (410) 396-7543
(Format: 123-456-7890)

Fax Number: (410) 539-1091
(Format: 123-456-7890)

Email: terry.hickey@baltimorecity.gov

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

Date Signed: 09/26/2017

Additional Information

Now that you have completed Part 1 of the application, please review Parts 2-7, which are in Read Only mode. Screen 3C, which is mandatory for all PH-PSH projects and screens 6D, 7A and 7B which are mandatory for all projects will be editable and must be answered prior to submission.



Once you are done reviewing, you will be guided to a "Submissions without Changes" screen. At this screen if you decide no edits or updates are required to any screens other than the mandatory questions for 3C and/or 6D,7A and 7B, you are allowed to submit the application without ever needing to edit the rest of the application. However, if you determine that changes need to be made to the application, we have given you the ability to open up individual screens for edit, instead of the entire application.

Once you select the screens you want to edit via checkboxes, you will click "Save", and those screens will be available for edit. An important reminder, once you make those selections and click "Save", you cannot uncheck those boxes. You are allowed to select additional boxes even after saving your initial selections. Again, you must click "Save" for those newly selected screens to be available for edit.

If your project is a First Time Renewal, your project will not be able to utilize the "Submit Without Changes" function. The Submissions Without Changes page will be automatically set to "Make Changes" and you will be required to input data into the application for all required fields relevant to the component type.

2A. Project Subrecipients

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

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

Total Expected Sub-Awards: \$23,184

Organization	Type	Type	Sub-Award Amount
At Jacob's Well, Inc.	M. Nonprofit with 501C3 IRS Status	M. Nonprofit with 501C3 IRS Status	\$23,184

2A. Project Subrecipients Detail

a. Organization Name: At Jacob's Well, Inc.

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

c. Employer or Tax Identification Number: 52-6000769

	* d. Organizational DUNS:	621728088	PLUS 4	
--	----------------------------------	-----------	---------------	--

e. Physical Address

Street 1: 323 E. 25th Street

Street 2:

City: Baltimore

State: Maryland

Zip Code: 21218

f. Congressional District(s): MD-007, MD-003
(for multiple selections hold CTRL key)

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

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

i. Expected Sub-Award Amount: \$23,184

j. Contact Person

Prefix: Mr.

First Name: Charles

Middle Name: L.

Last Name: Smith

Suffix:

Title: Executive Director

E-mail Address: csmith@atjacobswell.org

Confirm E-mail Address: csmith@atjacobswell.org

Phone Number: 410-235-8877

Extension:

Fax Number: 410-235-6359

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

2B. Recipient Performance

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

- 1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request? Yes

- 2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request? No

- 3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request? Yes

- 4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request? No

3A. Project Detail

1. Expiring Grant Number: MD0018

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

2a. CoC Number and Name: MD-501 - Baltimore CoC

2b. CoC Collaborative Applicant Name: City of Baltimore - Mayor's Office

3. Project Name: At Jacobs Well PHP

4. Project Status: Standard

5. Component Type: PH

6. Does this project use one or more properties that have been conveyed through the Title V process? No

3B. Project Description

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

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

At Jacob's Well Permanent Housing Program will serve 18 single adults who are homeless, low-income and suffer from chronic mental illness. Participants are selected from the agency's Transitional Housing Program. Selection criteria for participation in AJW's PHP is based upon an assessment of their psychiatric and housing readiness as measured by their active participation in the supportive services needed to maintain stability. Case management is provided to all participants. Case management services include but are not limited to service referrals, frequent voice and mail contacts and monthly housing visits.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

Chronic Homeless	<input type="checkbox"/>	Domestic Violence	<input type="checkbox"/>
Veterans	<input type="checkbox"/>	Substance Abuse	<input type="checkbox"/>
Youth (under 25)	<input type="checkbox"/>	Mental Illness	<input checked="" type="checkbox"/>
Families with Children	<input type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>
		Other (Click 'Save' to update)	<input type="checkbox"/>

Other:

3. Housing First

3a. Does the project quickly move Yes

participants into permanent housing

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

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

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

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

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

4. Does the PH project provide PSH or RRH? PSH

3C. Dedicated Plus

Dedicated and DedicatedPLUS

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

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

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

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

1. Indicate whether the project is "100% Dedicated", "DedicatedPLUS", or "N/A", according to the information provided above. N/A

4A. Supportive Services for Participants

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

**1. For all supportive services available to participants, indicate who will provide them and how often they will be provided.
Click 'Save' to update.**

Supportive Services	Provider	Frequency
Assessment of Service Needs	Subrecipient	Quarterly
Assistance with Moving Costs	Non-Partner	As needed
Case Management	Subrecipient	Monthly
Child Care		
Education Services	Subrecipient	As needed
Employment Assistance and Job Training	Non-Partner	As needed
Food	Subrecipient	Weekly
Housing Search and Counseling Services	Subrecipient	As needed
Legal Services	Non-Partner	As needed
Life Skills Training	Subrecipient	Bi-monthly
Mental Health Services	Partner	As needed
Outpatient Health Services	Partner	As needed
Outreach Services	Partner	As needed
Substance Abuse Treatment Services	Partner	As needed
Transportation	Non-Partner	As needed
Utility Deposits	Subrecipient	As needed

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

2b. Use of a single application form for four or more mainstream programs? Yes

2c. At least annual follow-ups with participants to ensure mainstream benefits Yes

are received and renewed?

3. Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Yes

3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Yes

4B. Housing Type and Location

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

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

Total Units: 18

Total Beds: 18

Total Dedicated CH Beds: 3

Housing Type	Units	Beds
Scattered-site apartments (...)	18	18

4B. Housing Type and Location Detail

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

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

a. **Units:** 18

b. **Beds:** 18

3. **How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless?** 3

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

4. **Address:**

Street 1: 323 E. 25th Street

Street 2:

City: Baltimore

State: Maryland

ZIP Code: 21218

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

240066 Baltimore

5A. Project Participants - Households

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

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

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

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

Persons in Households with at Least One Adult and One Child

Characteristics	Chronic Homeless Non-Veterans	Chronic Homeless Veterans	Non-Chronic Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24										
Adults ages 18-24										
Children under age 18										
Total Persons	0	0	0	0	0	0	0	0	0	0

Persons in Households without Children

Characteristics	Chronic Homeless Non-Veterans	Chronic Homeless Veterans	Non-Chronic Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24	0		2	5	1	18	1	0	1	0
Adults ages 18-24		0	0	0	0	0	0	0	0	0
Total Persons	0	0	2	5	1	18	1	0	1	0

Click Save to automatically calculate totals

Persons in Households with Only Children

Characteristics	Chronic Homeless Non-Veterans	Chronic Homeless Veterans	Non-Chronic Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Accompanied Children under age 18										
Unaccompanied Children under age 18										
Total Persons	0			0	0	0	0	0	0	0

5C. Outreach for Participants

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

50%	Directly from the street or other locations not meant for human habitation.
45%	Directly from emergency shelters.
1%	Directly from safe havens.
1%	Persons fleeing domestic violence.
3%	Directly from transitional housing.
	Directly from the TH Portion of a Joint TH and PH-RRH Component project.
	Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program.
100%	Total of above percentages

6A. Funding Request

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

1. Do any of the properties in this project have an active restrictive covenant? No

2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? No

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

4. Renewal Grant Term: 1 Year

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

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

6D. Sources of Match

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

Summary for Match

Total Value of Cash Commitments:	\$5,992
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$5,992

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

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Private	At Jacob's Well, ...	09/26/2017	\$5,992

Sources of Match Detail

1. Will this commitment be used towards Match? Yes

2. Type of Commitment: Cash

3. Type of Source: Private

4. Name the Source of the Commitment: At Jacob's Well, Inc.
(Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 09/26/2017

6. Value of Written Commitment: \$5,992

6E. Summary Budget

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

The following 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 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, 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	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	\$0
1b. Leased Structures	\$0
2. Rental Assistance	\$0
3. Supportive Services	\$22,400
4. Operating	\$0
5. HMIS	\$0
6. Sub-total Costs Requested	\$22,400
7. Admin (Up to 10%)	\$1,568
8. Total Assistance plus Admin Requested	\$23,968
9. Cash Match	\$5,992
10. In-Kind Match	\$0
11. Total Match	\$5,992
12. Total Budget	\$29,960

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	At Jacobs Well 50...	11/13/2015
2) Other Attachmenbt	No		
3) Other Attachment	No		

Attachment Details

Document Description: At Jacobs Well 501c3

Attachment Details

Document Description:

Attachment Details

Document Description:

7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

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

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

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

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

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

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

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

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

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

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

Additional for Rental Assistance Projects:

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

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

For applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

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

C. Explanation.

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

Name of Authorized Certifying Official Terry Hickey

Date: 09/26/2017

Title: Director, Mayor's Office of Human Services

Applicant Organization: City of Baltimore - Mayor's Office

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant

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

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of 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- Recipient and Subrecipient Information	
2A. Subrecipients	<input type="checkbox"/>
2B. Recipient Performance	<input type="checkbox"/>
Part 3 - Project Information	
3A. Project Detail	<input checked="" type="checkbox"/>
3B. Description	<input type="checkbox"/>
3C. Dedicated Plus	<input checked="" type="checkbox"/>
Part 4 - Housing Services and HMIS	
4A. Services	<input type="checkbox"/>
4B. Housing Type	<input type="checkbox"/>
Part 5 - Participants and Outreach Information	
5A. Households	<input type="checkbox"/>
5B. Subpopulations	<input type="checkbox"/>
5C. Outreach	<input checked="" type="checkbox"/>
Part 6 - Budget Information	
6A. Funding Request	<input type="checkbox"/>

6D. Match	<input checked="" type="checkbox"/>
6E. Summary Budget	<input type="checkbox"/>
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	<input checked="" type="checkbox"/>
7B. Certification	<input checked="" type="checkbox"/>

The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

Changes made to the Outreach Information percentage to reflect the CoC Coordinated Assessment data

The applicant has selected "Make Changes". Once this screen is saved, the applicant 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.

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	09/21/2017
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/21/2017

1E. SF-424 Compliance	09/21/2017
1F. SF-424 Declaration	09/21/2017
1G. HUD-2880	09/21/2017
1H. HUD-50070	09/21/2017
1I. Cert. Lobbying	09/21/2017
1J. SF-LLL	09/21/2017
2A. Subrecipients	09/21/2017
2B. Recipient Performance	09/21/2017
3A. Project Detail	09/21/2017
3B. Description	09/21/2017
3C. Dedicated Plus	09/21/2017
4A. Services	09/21/2017
4B. Housing Type	09/21/2017
5A. Households	09/21/2017
5B. Subpopulations	No Input Required
5C. Outreach	09/21/2017
6A. Funding Request	09/21/2017
6D. Match	09/26/2017
6E. Summary Budget	No Input Required
7A. Attachment(s)	09/21/2017
7B. Certification	09/21/2017
Submission Without Changes	09/22/2017

Before Starting the Project Application

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

Things to Remember

- Additional training resources can be found on the HUD Exchange at <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/> - Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2017 Continuum of Care (CoC) Program Competition. For more information see FY 2017 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2017 CoC Program NOFA and the FY 2016 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- 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 2016 Project Application will be imported into the FY 2017 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the FY 2016 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.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, 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 2017 CoC Program Competition NOFA.

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:** 09/26/2017

4. **Applicant Identifier:**

5a. **Federal Entity Identifier:**

5b. **Federal Award Identifier:** MD0022

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

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

6. **Date Received by State:**

7. **State Application Identifier:**

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: City of Baltimore - Mayor's Office

b. Employer/Taxpayer Identification Number (EIN/TIN): 52-6000769

	c. Organizational DUNS:	052340973	PLUS 4	
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d. Address

Street 1: 7 E. Redwood Street

Street 2: 5th Floor

City: Baltimore

County: Baltimore City

State: Maryland

Country: United States

Zip / Postal Code: 21202

e. Organizational Unit (optional)

Department Name: Human Services

Division Name: Homeless Services Program

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

Prefix: Mr.

First Name: Chris

Middle Name:

Last Name: Rafferty

Suffix:

Title: Deputy Director - Homeless Services Program

Organizational Affiliation: City of Baltimore - Mayor's Office

Telephone Number: (410) 396-4885

Extension:
Fax Number: (410) 539-1091
Email: chris.rafferty@baltimorecity.gov

1C. SF-424 Application Details

9. Type of Applicant: C. City or Township Government

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

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: FR-6100-N-25

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

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

15. Descriptive Title of Applicant's Project: MOHS - Homewood Bound PHP

16. Congressional District(s):

a. Applicant: MD-007, MD-003, MD-002
(for multiple selections hold CTRL key)

b. Project: MD-007, MD-003, MD-002
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 10/01/2018

b. End Date: 09/30/2019

18. Estimated Funding (\$)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

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

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

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

If "YES," provide an explanation:

1F. SF-424 Declaration

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

I AGREE:

21. Authorized Representative

Prefix: Mr.

First Name: Terry

Middle Name:

Last Name: Hickey

Suffix:

Title: Director, Mayor's Office of Human Services

Telephone Number: (410) 396-7543
(Format: 123-456-7890)

Fax Number: (410) 539-1091
(Format: 123-456-7890)

Email: terry.hickey@baltimorecity.gov

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

Date Signed: 09/26/2017

1G. HUD 2880

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

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: City of Baltimore - Mayor's Office

Prefix: Mr.

First Name: Terry

Middle Name:

Last Name: Hickey

Suffix:

Title: Director, Mayor's Office of Human Services

Organizational Affiliation: City of Baltimore - Mayor's Office

Telephone Number: (410) 396-7543

Extension:

Email: terry.hickey@baltimorecity.gov

City: Baltimore

County: Baltimore City

State: Maryland

Country: United States

Zip/Postal Code: 21202

2. Employer ID Number (EIN): 52-6000769

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$807,752.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: MOHS - Homewood Bound PHP 7 E. Redwood Street Baltimore Maryland

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

Part I Threshold Determinations

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

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

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

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

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
City of Baltimore	Emergency Solutions Grant - Formula	\$1,719,500.00	Shelter, RRH, HMIS, Outreach, Prevention
City of Baltimore	Emergency Solutions Grant - Supplemental	2061204.0	Shelter, RRH, HMIS, Outreach, Prevention
City of Baltimore	HOPWA	\$8,331,845.00	TBRA, supportive services
NA			
NA			

Part III Interested Parties

You must disclose:
 1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
 2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation	Financial Interest in Project/Activity (\$)	Financial Interest in Project/Activity (%)
NA	NA	NA	\$0.00	0%

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I certify that this information is true and complete.

I AGREE:

Name / Title of Authorized Official: Terry Hickey, Director, Mayor's Office of Human Services

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

Date Signed: 08/01/2017

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: City of Baltimore - Mayor's Office

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

X

accurate.

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

Authorized Representative

Prefix: Mr.

First Name: Terry

Middle Name

Last Name: Hickey

Suffix:

Title: Director, Mayor's Office of Human Services

Telephone Number: (410) 396-7543
(Format: 123-456-7890)

Fax Number: (410) 539-1091
(Format: 123-456-7890)

Email: terry.hickey@baltimorecity.gov

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

Date Signed: 09/26/2017

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 Baltimore - Mayor's Office

Name / Title of Authorized Official: Terry Hickey, Director, Mayor's Office of Human Services

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

Date Signed: 09/26/2017

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

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

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

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

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

Legal Name: City of Baltimore - Mayor's Office

Street 1: 7 E. Redwood Street

Street 2: 5th Floor

City: Baltimore

County: Baltimore City

State: Maryland

Country: United States

Zip / Postal Code: 21202

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: Mr.

First Name: Terry

Middle Name:

Last Name: Hickey

Suffix:

Title: Director, Mayor's Office of Human Services

Telephone Number: (410) 396-7543
(Format: 123-456-7890)

Fax Number: (410) 539-1091
(Format: 123-456-7890)

Email: terry.hickey@baltimorecity.gov

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

Date Signed: 09/26/2017

Additional Information

Now that you have completed Part 1 of the application, please review Parts 2-7, which are in Read Only mode. Screen 3C, which is mandatory for all PH-PSH projects and screens 6D, 7A and 7B which are mandatory for all projects will be editable and must be answered prior to submission.



Once you are done reviewing, you will be guided to a "Submissions without Changes" screen. At this screen if you decide no edits or updates are required to any screens other than the mandatory questions for 3C and/or 6D,7A and 7B, you are allowed to submit the application without ever needing to edit the rest of the application. However, if you determine that changes need to be made to the application, we have given you the ability to open up individual screens for edit, instead of the entire application.

Once you select the screens you want to edit via checkboxes, you will click "Save", and those screens will be available for edit. An important reminder, once you make those selections and click "Save", you cannot uncheck those boxes. You are allowed to select additional boxes even after saving your initial selections. Again, you must click "Save" for those newly selected screens to be available for edit.

If your project is a First Time Renewal, your project will not be able to utilize the "Submit Without Changes" function. The Submissions Without Changes page will be automatically set to "Make Changes" and you will be required to input data into the application for all required fields relevant to the component type.

2A. Project Subrecipients

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

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

Total Expected Sub-Awards: \$763,570

Organization	Type	Type	Sub-Award Amount
City of Baltimore - Mayor's Office of Human Ser...	C. City or Township Government	C. City or Township Government	\$644,592
Health Care for the Homeless, Inc.	M. Nonprofit with 501C3 IRS Status	M. Nonprofit with 501C3 IRS Status	\$118,978

2A. Project Subrecipients Detail

a. Organization Name: City of Baltimore - Mayor's Office of Human Services, Homeless Services Program

b. Organization Type: C. City or Township Government

c. Employer or Tax Identification Number: 52-6000769

	* d. Organizational DUNS:	052340973	PLUS 4	
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e. Physical Address

Street 1: 7 E. Redwood Street

Street 2: 5th Floor

City: Baltimore

State: Maryland

Zip Code: 21201

f. Congressional District(s): MD-007, MD-003, MD-002
(for multiple selections hold CTRL key)

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

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

i. Expected Sub-Award Amount: \$644,592

j. Contact Person

Prefix: Ms.

First Name: Vidia

Middle Name:

Last Name: Dhranraj

Suffix:
Title: Director, Homeless Services Program
E-mail Address: Vidia.dhanraj@baltimorecity.gov
Confirm E-mail Address: Vidia.dhanraj@baltimorecity.gov
Phone Number: 410-396-2822
Extension:
Fax Number: 410-539-1091

2A. Project Subrecipients Detail

- a. Organization Name:** Health Care for the Homeless, Inc.
- b. Organization Type:** M. Nonprofit with 501C3 IRS Status
- c. Employer or Tax Identification Number:** 52-1576404

	* d. Organizational DUNS:	798562815	PLUS 4	
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e. Physical Address

Street 1: 421 Fallsway
Street 2:
City: Baltimore
State: Maryland
Zip Code: 21202

f. Congressional District(s): MD-007, MD-003, MD-002
(for multiple selections hold CTRL key)

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

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

i. Expected Sub-Award Amount: \$118,978

j. Contact Person

Prefix: Ms.

First Name: Margaret

Middle Name:

Last Name: Flanagan

Suffix:

Title: Director of Grants Management

E-mail Address: mflanagan@hchmd.org

Confirm E-mail Address: mflanagan@hchmd.org

Phone Number: 443-703-1347

Extension:

Fax Number: 410-837-8020

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

2B. Recipient Performance

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

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request? Yes

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request? No

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request? Yes

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request? Yes

Explain the circumstances that led HUD to recapture funds from the most recently expired grant term related to this renewal project request.

Funds were recaptured due to grant being funded at the full FMR and the total units leased did not exceed the awarded amount.

3A. Project Detail

1. Expiring Grant Number: MD0022

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

2a. CoC Number and Name: MD-501 - Baltimore CoC

2b. CoC Collaborative Applicant Name: City of Baltimore - Mayor's Office

3. Project Name: MOHS - Homewood Bound PHP

4. Project Status: Standard

5. Component Type: PH

6. Does this project use one or more properties that have been conveyed through the Title V process? No

3B. Project Description

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

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

"Health Care for the Homeless (HCH) works to prevent and end homelessness for vulnerable individuals and families by providing quality, integrated health care and promoting access to affordable housing and sustainable incomes through direct service, advocacy, and community engagement. The Homeward Bound project supports 55 units of chronically homeless individuals. The case manager carries a case load of 15-20 individuals for the Homeward Bound/Housing First program with a focus on maintaining housing and health stability. These four positions combine with an additional 19 team members that include social workers, peer advocates, representative payee and nursing services.

Our PSH program is similar in structure to an assertive community treatment (ACT) program. Our team-based model includes mental health care, medical care, case management, peer support and transportation to-and-from appointments. Services are provided in client homes or in our offices on a flexible schedule. These services, while voluntary, are promoted to improve health outcomes, promote housing retention, and assist with integration into community. Our existing supportive housing team includes an multidisciplinary team working to ensure housing stability.

The Supportive Housing team operates using a housing first and harm reduction approach to rapidly house individuals. Often individuals who have been "chronically" homeless and living on the street or in shelter have adapted to life on the streets. Assisting such individuals in the transition to housing takes a substantial amount of time and support. Pervasive anxiety, paranoia, and high expectations for independent living in an apartment of their own makes it extremely difficult for newly housed clients to adjust to the change in situation. Our Supportive Housing Team works to ensure individuals are able to maintain housing with the appropriate level of support. All clients are assigned a TCM and peer advocate who assist with housing location and placement. Our team cultivates landlord partnerships in order to find appropriate housing options for individuals guided by client choice. TCMs complete a treatment plan that asks the client to identify goals and outlines steps to completion, including the provider's role. Clients are connected with additional wraparound services (as requested by the individual). While participation in services is not a requirement, through building a trusting relationship, we work to connect clients to a full complement of health services offered by HCH. Primary care, addictions, dental, vision, groups, and occupational therapy are all available for

the client if desired. The providers work in accord with the treatment team to improve health outcomes and maintain housing stability. Having all services under one roof is useful for coordinating and providing whole-person care.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

Chronic Homeless	<input checked="" type="checkbox"/>	Domestic Violence	<input type="checkbox"/>
Veterans	<input type="checkbox"/>	Substance Abuse	<input checked="" type="checkbox"/>
Youth (under 25)	<input type="checkbox"/>	Mental Illness	<input checked="" type="checkbox"/>
Families with Children	<input type="checkbox"/>	HIV/AIDS	<input checked="" type="checkbox"/>
		Other (Click 'Save' to update)	<input type="checkbox"/>

Other:

3. Housing First

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

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

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

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

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

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

4. Does the PH project provide PSH or RRH? PSH

Is this an SHP Project that had been approved by HUD to change the renewal project budget from leasing to rental assistance? No

3C. Dedicated Plus

Dedicated and DedicatedPLUS

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

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

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

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

1. Indicate whether the project is "100% Dedicated", "DedicatedPLUS", or "N/A", according to the information provided above. 100% Dedicated

4A. Supportive Services for Participants

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

**1. For all supportive services available to 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	Annually
Assistance with Moving Costs	Subrecipient	As needed
Case Management	Subrecipient	Bi-weekly
Child Care	Non-Partner	As needed
Education Services	Non-Partner	As needed
Employment Assistance and Job Training	Non-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	Monthly
Mental Health Services	Subrecipient	Monthly
Outpatient Health Services	Subrecipient	Bi-monthly
Outreach Services	Subrecipient	As needed
Substance Abuse Treatment Services	Subrecipient	Weekly
Transportation	Subrecipient	As needed
Utility Deposits	Subrecipient	As needed

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

2b. Use of a single application form for four or more mainstream programs? No

2c. At least annual follow-ups with participants to ensure mainstream benefits Yes



are received and renewed?

3. Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Yes

3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Yes

4B. Housing Type and Location

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

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

Total Units: 52

Total Beds: 52

Total Dedicated CH Beds: 52

Housing Type	Units	Beds
Scattered-site apartments (...)	52	52

4B. Housing Type and Location Detail

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

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

a. Units: 52

b. Beds: 52

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 52

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

4. Address:

Street 1: 421 Fallsway

Street 2:

City: Baltimore

State: Maryland

ZIP Code: 21202

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

240066 Baltimore

5A. Project Participants - Households

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

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households		55		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
Adults over age 24	0	55		55
Adults ages 18-24	0	0		0
Accompanied Children under age 18	0		0	0
Unaccompanied Children under age 18			0	0
Total Persons	0	55	0	55

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

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

Persons in Households with at Least One Adult and One Child

Characteristics	Chronic Homeless Non-Veterans	Chronic Homeless Veterans	Non-Chronic Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24										
Adults ages 18-24										
Children under age 18										
Total Persons	0	0	0	0	0	0	0	0	0	0

Persons in Households without Children

Characteristics	Chronic Homeless Non-Veterans	Chronic Homeless Veterans	Non-Chronic Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24	54	0	0	45	4	53	0	30	1	0
Adults ages 18-24		0	0	0	0	0	0	0	0	0
Total Persons	54	0	0	45	4	53	0	30	1	0

Click Save to automatically calculate totals

Persons in Households with Only Children

Characteristics	Chronic Homeless Non-Veterans	Chronic Homeless Veterans	Non-Chronic Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Accompanied Children under age 18										
Unaccompanied Children under age 18										
Total Persons	0			0	0	0	0	0	0	0

5C. Outreach for Participants



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

53%	Directly from the street or other locations not meant for human habitation.
45%	Directly from emergency shelters.
1%	Directly from safe havens.
1%	Persons fleeing domestic violence.
100%	Total of above percentages

6A. Funding Request

1. Do any of the properties in this project have an active restrictive covenant? No
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? No
3. Does this project propose to allocate funds according to an indirect cost rate? No
4. Renewal Grant Term: 1 Year
5. Select the costs for which funding is being requested:
- | | |
|---------------------|-------------------------------------|
| Leased Units | <input type="checkbox"/> |
| Leased Structures | <input type="checkbox"/> |
| Rental Assistance | <input checked="" type="checkbox"/> |
| Supportive Services | <input checked="" type="checkbox"/> |
| Operating | <input type="checkbox"/> |
| HMIS | <input type="checkbox"/> |

6C. Rental Assistance Budget

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

Total Request for Grant Term:		\$644,592	
Total Units:		52	
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	MD - Baltimore-Columbia-Towson, MD MS...	52	\$644,592

Rental Assistance Budget Detail

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: MD - Baltimore-Columbia-Towson, MD MSA (2400399999)

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? No

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	HUD Paid Rent (Applicant)		12 Months		Total Request (Applicant)
SRO		x	\$638	\$638	x		=	\$0
0 Bedroom		x	\$851	\$851	x		=	\$0
1 Bedroom	52	x	\$1,033	\$1,033	x		=	\$644,592
2 Bedrooms		x	\$1,298	\$1,298	x		=	\$0
3 Bedrooms		x	\$1,663	\$1,663	x		=	\$0
4 Bedrooms		x	\$1,934	\$1,934	x		=	\$0
5 Bedrooms		x	\$2,224	\$2,224	x		=	\$0
6 Bedrooms		x	\$2,514	\$2,514	x		=	\$0
7 Bedrooms		x	\$2,804	\$2,804	x		=	\$0
8 Bedrooms		x	\$3,094	\$3,094	x		=	\$0
9 Bedrooms		x	\$3,385	\$3,385	x		=	\$0
Total Units and Annual Assistance Requested	52							\$644,592
Grant Term								1 Year
Total Request for Grant Term								\$644,592

Click the 'Save' button to automatically calculate totals.

6D. Sources of Match

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

Summary for Match

Total Value of Cash Commitments:	\$264,847
Total Value of In-Kind Commitments:	\$201,979
Total Value of All Commitments:	\$466,826

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

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

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Private	Health Care for t...	09/28/2017	\$264,847
Yes	In-Kind	Private	Health Care for t...	09/28/2017	\$201,979

Sources of Match Detail

- 1. Will this commitment be used towards Match?** Yes
- 2. Type of Commitment:** Cash
- 3. Type of Source:** Private
- 4. Name the Source of the Commitment:** Health Care for the Homeless
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 09/28/2017
- 6. Value of Written Commitment:** \$264,847

Sources of Match Detail

- 1. Will this commitment be used towards Match?** Yes
- 2. Type of Commitment:** In-Kind
- 3. Type of Source:** Private
- 4. Name the Source of the Commitment:** Health Care for the Homeless
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 09/28/2017
- 6. Value of Written Commitment:** \$201,979

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

6E. Summary Budget

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, 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	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	\$0
1b. Leased Structures	\$0
2. Rental Assistance	\$644,592
3. Supportive Services	\$118,978
4. Operating	\$0
5. HMIS	\$0
6. Sub-total Costs Requested	\$763,570
7. Admin (Up to 10%)	\$44,182
8. Total Assistance plus Admin Requested	\$807,752
9. Cash Match	\$264,847
10. In-Kind Match	\$201,979
11. Total Match	\$466,826
12. Total Budget	\$1,274,578

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	HCH	08/30/2016
2) Other Attachmenbt	No		
3) Other Attachment	No		

Attachment Details

Document Description: HCH

Attachment Details

Document Description:

Attachment Details

Document Description:

7A. In-Kind Match MOU Attachment

Document Type	Required?	Document Description	Date Attached
In-Kind Match MOU	No	HCH Cash and In-k...	09/14/2017

Attachment Details

Document Description: HCH Cash and In-kind Match

7B. Certification

A. For all projects: Fair Housing and Equal Opportunity

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

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

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

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

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

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

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

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

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

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

Additional for Rental Assistance Projects:

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

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

For applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

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

C. Explanation.

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

Name of Authorized Certifying Official Terry Hickey

Date: 09/26/2017

Title: Director, Mayor's Office of Human Services

Applicant Organization: City of Baltimore - Mayor's Office

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant

X

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

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of 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- Recipient and Subrecipient Information	
2A. Subrecipients	<input type="checkbox"/>
2B. Recipient Performance	<input type="checkbox"/>
Part 3 - Project Information	
3A. Project Detail	<input checked="" type="checkbox"/>
3B. Description	<input type="checkbox"/>
3C. Dedicated Plus	<input checked="" type="checkbox"/>
Part 4 - Housing Services and HMIS	
4A. Services	<input type="checkbox"/>
4B. Housing Type	<input type="checkbox"/>
Part 5 - Participants and Outreach Information	
5A. Households	<input type="checkbox"/>
5B. Subpopulations	<input type="checkbox"/>
5C. Outreach	<input checked="" type="checkbox"/>
Part 6 - Budget Information	
6A. Funding Request	<input checked="" type="checkbox"/>

6C. Rental Assistance	<input checked="" type="checkbox"/>
6D. Match	<input checked="" type="checkbox"/>
6E. Summary Budget	<input checked="" type="checkbox"/>
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	<input checked="" type="checkbox"/>
7A. In-Kind Match MOU Attachment	<input checked="" type="checkbox"/>
7B. Certification	<input checked="" type="checkbox"/>

The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

- 5c. Updating 5C to reflect current Outreach data.
- 6a-6c. No changes were made to these sections.

The applicant has selected "Make Changes". Once this screen is saved, the applicant 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.

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	09/14/2017
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required

Renewal Project Application FY2017	Page 51	09/26/2017
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1D. SF-424 Congressional District(s)	09/26/2017
1E. SF-424 Compliance	09/14/2017
1F. SF-424 Declaration	09/14/2017
1G. HUD-2880	09/14/2017
1H. HUD-50070	09/14/2017
1I. Cert. Lobbying	09/14/2017
1J. SF-LLL	09/14/2017
2A. Subrecipients	09/14/2017
2B. Recipient Performance	09/14/2017
3A. Project Detail	09/14/2017
3B. Description	09/14/2017
3C. Dedicated Plus	09/14/2017
4A. Services	09/14/2017
4B. Housing Type	09/14/2017
5A. Households	09/14/2017
5B. Subpopulations	No Input Required
5C. Outreach	09/21/2017
6A. Funding Request	09/14/2017
6C. Rental Assistance	09/14/2017
6D. Match	09/14/2017
6E. Summary Budget	No Input Required
7A. Attachment(s)	09/14/2017
7A. In-Kind Match MOU Attachment	09/14/2017
7B. Certification	09/14/2017
Submission Without Changes	09/25/2017

Internal Revenue Service
District Director

31 HOPKINS PLAZA
BALTIMORE, MD 21201

Date: Oct. 26, 1988

HEALTH CARE FOR THE HOMELESS INC
232 N LIBERTY STREET
BALTIMORE, MD 21201

Employer Identification Number:
Applied For 52-1576404

Contact Person:
R RENWICKS

Contact Telephone Number:
(301) 962-9424

Accounting Period Ending:
December 31

Form 990 Required:

Yes

Caveat Applies:

Yes

Dear Applicant:

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code.

We have further determined that you are not a private foundation within the meaning of section 509(a) of the Code, because you are an organization described in sections 509(a)(1) and 170(b)(1)(A)(iii).

If your sources of support, or your purposes, character, or method of operation change, please let us know so we can consider the effect of the change on your exempt status and foundation status. In the case of an amendment to your organizational document or bylaws, please send us a copy of the amended document or bylaws. Also, you should inform us of all changes in your name or address.

As of January 1, 1984, you are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more you pay to each of your employees during a calendar year. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Since you are not a private foundation, you are not subject to the excise taxes under Chapter 42 of the Code. However, you are not automatically exempt from other Federal excise taxes. If you have any questions about excise, employment, or other Federal taxes, please let us know.

Donors may deduct contributions to you as provided in section 170 of the Code. Requests, 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 Code sections 2055, 2106, and 2522.

The heading of this letter indicates whether you must file Form 990, Return of Organization Exempt from Income Tax. If Yes is indicated, you are required to file Form 990 only if your gross receipts each year are normally more than \$25,000. If a return is required, it must be filed by the 15th day

Letter 947(DO/CG)

HEALTH CARE FOR THE HOMELESS INC

Evidence submitted with your application indicates that you may engage in lobbying activities. Section 501(c)(3) of the Code specifically prohibits lobbying as a substantial part of your activities. If you do not wish to be subject to the test of substantiality under section 501(c)(3), you may elect to be covered under the provisions of section 501(h) of the Code by filing Form 5768, Election/Revocation of Election by an Eligible Section 501(c)(3) Organization to Make Expenditures to Influence Legislation. Section 501(h) establishes ceiling amounts for lobbying expenditures.

HEALTH CARE FOR THE HOMELESS INC

of the fifth month after the end of your annual accounting period. The law imposes a penalty of \$10 a day, up to a maximum of \$5,000, when a return is filed late, unless there is reasonable cause for the delay.

You are not required to file Federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on form 990-1, Exempt Organization Business Income tax Return. In this letter, we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

You need an employer identification number even if you have no employees. If an employer identification number was not entered on your application, a number will be assigned to you and you will be advised of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

If the heading of this letter indicates that a caveat applies, the caveat below or on the enclosure is an integral part of this letter.

Because this letter could help resolve any questions about your exempt status and foundation status, you should keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

Sincerely yours,


District Director

September 28, 2017

Terry Hickey, Director
Mayor's Office of Human Services
Homeless Services Program
7 E. Redwood Street, 5th fl.
Baltimore, Maryland 21202



RE: Health Care for the Homeless – Cash Match Letter
MOHS - Homeward Bound PHP – MD0022L38011609
Fiscal Year 2017

Dear Mr. Hickey:

I am writing to you regarding Health Care for the Homeless' renewal application for its' Continuum of Care Program grant for Homeward Bound I.

Please let this letter serve as our commitment to provide cash and in-kind match totaling \$466,826. Health Care for the Homeless commits to providing \$264,847 for supportive services. This cash match will be available starting 10/1/2018 for the grant period, 10/1/18-9/30/19.

Health Care for the Homeless supportive housing team provides ongoing services to clients within the HBI program and connects individuals to broader services. These services will be provided through a minimum of 18 clinic visits per person, with each visit valued at \$215.79, for a total of \$201,979. This in-kind match will be used to provide assessment of service needs, Case Management, employment assistance, Life Skills training, Mental Health Services, Substance Abuse Services, and Outpatient Health Services.

These two sources provide a total match of \$466,826 and will be available during the duration of the grant – 10/1/18-9/30/18.

Thank you for your continued support of this project.

Sincerely,


Kevin Lindamood
President and CEO
Health Care for the Homeless

Everyone deserves to go home.

Before Starting the Project Application

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

Things to Remember

- Additional training resources can be found on the HUD Exchange at <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/> - Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2017 Continuum of Care (CoC) Program Competition. For more information see FY 2017 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2017 CoC Program NOFA and the FY 2016 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- 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 2016 Project Application will be imported into the FY 2017 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the FY 2016 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.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, 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 2017 CoC Program Competition NOFA.

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: 09/27/2017

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: MD0024

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

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

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: City of Baltimore - Mayor's Office

b. Employer/Taxpayer Identification Number (EIN/TIN): 52-6000769

	c. Organizational DUNS:	052340973	PLUS 4	
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d. Address

Street 1: 7 E. Redwood Street

Street 2: 5th Floor

City: Baltimore

County: Baltimore City

State: Maryland

Country: United States

Zip / Postal Code: 21202

e. Organizational Unit (optional)

Department Name: Human Services

Division Name: Homeless Services Program

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

Prefix: Mr.

First Name: Chris

Middle Name:

Last Name: Rafferty

Suffix:

Title: Deputy Director - Homeless Services Program

Organizational Affiliation: City of Baltimore - Mayor's Office

Telephone Number: (410) 396-4885

Extension:
Fax Number: (410) 539-1091
Email: chris.rafferty@baltimorecity.gov

1C. SF-424 Application Details

9. Type of Applicant: C. City or Township Government

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

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: FR-6100-N-25

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

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

15. Descriptive Title of Applicant's Project: BHSB SRA Multi-Grant S+C

16. Congressional District(s):

a. Applicant: MD-007, MD-003, MD-002
(for multiple selections hold CTRL key)

b. Project: MD-007, MD-003, MD-002
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 04/01/2018

b. End Date: 03/31/2019

18. Estimated Funding (\$)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

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

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

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

If "YES," provide an explanation:

1F. SF-424 Declaration

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

I AGREE:

21. Authorized Representative

Prefix: Mr.

First Name: Terry

Middle Name:

Last Name: Hickey

Suffix:

Title: Director, Mayor's Office of Human Services

Telephone Number: (410) 396-7543
(Format: 123-456-7890)

Fax Number: (410) 539-1091
(Format: 123-456-7890)

Email: terry.hickey@baltimorecity.gov

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

Date Signed: 09/27/2017

1G. HUD 2880

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

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: City of Baltimore - Mayor's Office

Prefix: Mr.

First Name: Terry

Middle Name:

Last Name: Hickey

Suffix:

Title: Director, Mayor's Office of Human Services

Organizational Affiliation: City of Baltimore - Mayor's Office

Telephone Number: (410) 396-7543

Extension:

Email: terry.hickey@baltimorecity.gov

City: Baltimore

County: Baltimore City

State: Maryland

Country: United States

Zip/Postal Code: 21202

2. Employer ID Number (EIN): 52-6000769

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$3,781,928.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: BHSB SRA Multi-Grant S+C 7 E. Redwood Street Baltimore Maryland

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

Part I Threshold Determinations

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

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

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

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

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
City of Baltimore	Emergency Solutions Grant - Formula	\$1,719,500.00	Shelter, RRH, HMIS, Outreach, Prevention
City of Baltimore	Emergency Solutions Grant - Supplemental	2061204.0	Shelter, RRH, HMIS, Outreach, Prevention
City of Baltimore	HOPWA	\$8,331,845.00	TBRA, supportive services
NA			
NA			

Part III Interested Parties

You must disclose:

- All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
- any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation	Financial Interest in Project/Activity (\$)	Financial Interest in Project/Activity (%)
NA	NA	NA	\$0.00	0%

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I certify that this information is true and complete.

I AGREE:

Name / Title of Authorized Official: Terry Hickey, Director, Mayor's Office of Human Services

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

Date Signed: 08/01/2017

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: City of Baltimore - Mayor's Office

Program/Activity Receiving Federal Grant Funding: CoC Program

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

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

Sites for Work Performance.

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

Workplaces, including addresses, entered in the attached project application. Refer to addresses entered into the attached project application.

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

X

accurate.

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

Authorized Representative

Prefix: Mr.

First Name: Terry

Middle Name

Last Name: Hickey

Suffix:

Title: Director, Mayor's Office of Human Services

Telephone Number: (410) 396-7543
(Format: 123-456-7890)

Fax Number: (410) 539-1091
(Format: 123-456-7890)

Email: terry.hickey@baltimorecity.gov

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

Date Signed: 09/27/2017

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 Baltimore - Mayor's Office

Name / Title of Authorized Official: Terry Hickey, Director, Mayor's Office of Human Services

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

Date Signed: 09/27/2017

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

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

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

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

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

Legal Name: City of Baltimore - Mayor's Office

Street 1: 7 E. Redwood Street

Street 2: 5th Floor

City: Baltimore

County: Baltimore City

State: Maryland

Country: United States

Zip / Postal Code: 21202

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: Mr.

First Name: Terry

Middle Name:

Last Name: Hickey

Suffix:

Title: Director, Mayor's Office of Human Services

Telephone Number: (410) 396-7543
(Format: 123-456-7890)

Fax Number: (410) 539-1091
(Format: 123-456-7890)

Email: terry.hickey@baltimorecity.gov

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

Date Signed: 09/27/2017

Additional Information

Now that you have completed Part 1 of the application, please review Parts 2-7, which are in Read Only mode. Screen 3C, which is mandatory for all PH-PSH projects and screens 6D, 7A and 7B which are mandatory for all projects will be editable and must be answered prior to submission.

Once you are done reviewing, you will be guided to a "Submissions without Changes" screen. At this screen if you decide no edits or updates are required to any screens other than the mandatory questions for 3C and/or 6D,7A and 7B, you are allowed to submit the application without ever needing to edit the rest of the application. However, if you determine that changes need to be made to the application, we have given you the ability to open up individual screens for edit, instead of the entire application.

Once you select the screens you want to edit via checkboxes, you will click "Save", and those screens will be available for edit. An important reminder, once you make those selections and click "Save", you cannot uncheck those boxes. You are allowed to select additional boxes even after saving your initial selections. Again, you must click "Save" for those newly selected screens to be available for edit.

If your project is a First Time Renewal, your project will not be able to utilize the "Submit Without Changes" function. The Submissions Without Changes page will be automatically set to "Make Changes" and you will be required to input data into the application for all required fields relevant to the component type.

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: \$2,762,164

Organization	Type	Type	Sub-Award Amount
Behavioral Health Systems Baltimore, Inc.	M. Nonprofit with 501C3 IRS Status	M. Nonprofit with 501C3 IRS Status	\$1,408,831
Marian House, Inc.	M. Nonprofit with 501C3 IRS Status	M. Nonprofit with 501C3 IRS Status	\$282,954
Dayspring Programs, Inc.	M. Nonprofit with 501C3 IRS Status	M. Nonprofit with 501C3 IRS Status	\$839,768
At Jacob's Well, Inc.	M. Nonprofit with 501C3 IRS Status	M. Nonprofit with 501C3 IRS Status	\$230,611

2A. Project Subrecipients Detail

a. Organization Name: Behavioral Health Systems Baltimore, Inc.

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

c. Employer or Tax Identification Number: 52-1519025

	* d. Organizational DUNS:	626640643	PLUS 4	
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e. Physical Address

Street 1: One North Charles Street

Street 2: Suite 1300

City: Baltimore

State: Maryland

Zip Code: 21201

f. Congressional District(s): MD-007, MD-003
(for multiple selections hold CTRL key)

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

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

i. Expected Sub-Award Amount: \$1,408,831

j. Contact Person

Prefix: Ms.

First Name: Carolyn

Middle Name:

Last Name: Ames

Suffix:
Title: Executive Director
E-mail Address: comes@chaincmd.org
Confirm E-mail Address: comes@chaincmd.org
Phone Number: 410-545-4429
Extension: 5
Fax Number: 410-779-2002

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

2A. Project Subrecipients Detail

a. Organization Name: Marian House, Inc.

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

c. Employer or Tax Identification Number: 52-1243849

	* d. Organizational DUNS:	621494517	PLUS 4	
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e. Physical Address

Street 1: 949 Gorsuch Avenue

Street 2:

City: Baltimore

State: Maryland

Zip Code: 21218

f. Congressional District(s): MD-007
(for multiple selections hold CTRL key)

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

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

i. Expected Sub-Award Amount: \$282,954

j. Contact Person

Prefix: Ms.

First Name: Katie

Middle Name:

Last Name: Alston

Suffix:

Title: Executive Director

E-mail Address: kallston@marianhouse.org

Confirm E-mail Address: kallston@marianhouse.org

Phone Number: 410-467-4121

Extension: 229

Fax Number: 410-467-6709

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

2A. Project Subrecipients Detail

a. Organization Name: Dayspring Programs, Inc.

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

c. Employer or Tax Identification Number: 52-2042543

	* d. Organizational DUNS:	036880342	PLUS 4
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Renewal Project Application FY2017	Page 22	09/27/2017
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e. Physical Address

Street 1: 1125 N. Patterson Park Avenue

Street 2:

City: Baltimore

State: Maryland

Zip Code: 21213

f. Congressional District(s): MD-007, MD-003, MD-002
(for multiple selections hold CTRL key)

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

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

i. Expected Sub-Award Amount: \$839,768

j. Contact Person

Prefix: Ms.

First Name: Pamela

Middle Name:

Last Name: Talabis

Suffix: Ph.D

Title: Executive Director

E-mail Address: Day1Sp@aol.com

Confirm E-mail Address: Day1Sp@aol.com

Phone Number: 410-563-3450

Extension: 101

Fax Number: 410-276-0036

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

2A. Project Subrecipients Detail

a. Organization Name: At Jacob's Well, Inc.

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

c. Employer or Tax Identification Number: 52-6000769

	* d. Organizational DUNS:	621728088	PLUS 4	
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e. Physical Address

Street 1: 323 E. 25th Street

Street 2:

City: Baltimore

State: Maryland

Zip Code: 21218

f. Congressional District(s): MD-007, MD-003
(for multiple selections hold CTRL key)

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

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

i. Expected Sub-Award Amount: \$230,611

j. Contact Person

Prefix: Mr.

First Name: Charles

Middle Name: L

Last Name: Smith

Suffix:

Title: Executive Director

E-mail Address: CSmith@atjacobswell.org

Confirm E-mail Address: CSmith@atjacobswell.org

Phone Number: 410-253-8877

Extension:

Fax Number: 410-235-6359

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

2B. Recipient Performance

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

- 1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?** Yes

- 2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?** No

- 3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?** Yes

- 4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?** No

3A. Project Detail

1. Expiring Grant Number: MD0024

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

2a. CoC Number and Name: MD-501 - Baltimore CoC

2b. CoC Collaborative Applicant Name: City of Baltimore - Mayor's Office

3. Project Name: BHSB SRA Multi-Grant S+C

4. Project Status: Standard

5. Component Type: PH

6. Does this project use one or more properties that have been conveyed through the Title V process? No

3B. Project Description

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

The BHSB SRA Multi-Grant is comprised of five (5) non-profit community-based organizations (Behavioral Health Systems Baltimore (where Community Housing Associates serves as the subsidiary); Marian House; At Jacob’s Well; and Dayspring) providing sponsor-based rental assistance and supportive services to a total of 257 households experiencing homelessness. Catholic Charities indicated they could no longer operate the Project Believe portion of the project (76 units) - MOHS will conduct an RFP to identify an alternative service provider once the NOFA competition has closed and before the grant agreement has been executed.

The over-arching goals of the project includes increasing housing stability, skills and/or income, and enhancing self-determination.

The BHSB SRA Multi-Grant has adopted a Housing First approach, an evidence-based practice that promotes housing homeless individuals as quickly as possible and subsequently offering person-centered supportive services.

Participants are referred to the project through the CoC Coordinated Access System. The housing units are scattered-site throughout Baltimore City with household compositions consisting of adult men and women and families with children.

Project participants present with histories and needs across the spectrum. These include homelessness, addiction, mental illness, incarceration, victims of domestic violence, veterans, and medical such as HIV/AIDS. Case management services are available to all participants served by the project and through a community-based oriented system, participants may access a myriad of other supportive services aim to assist them with developing and achieving their individual goals such as education attainment and income sufficiency.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

Chronic Homeless	<input type="checkbox"/>	Domestic Violence	<input checked="" type="checkbox"/>
Veterans	<input checked="" type="checkbox"/>	Substance Abuse	<input checked="" type="checkbox"/>
Youth (under 25)	<input type="checkbox"/>	Mental Illness	<input checked="" type="checkbox"/>

Families with Children	<input checked="" type="checkbox"/>	HIV/AIDS	<input checked="" type="checkbox"/>
		Other (Click 'Save' to update)	<input type="checkbox"/>

Other:

3. Housing First

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

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

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

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

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

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

4. Does the PH project provide PSH or RRH? PSH

Is this an SHP Project that had been approved by HUD to change the renewal project budget from leasing to rental assistance? No

3C. Dedicated Plus

Dedicated and DedicatedPLUS

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

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

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

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

1. Indicate whether the project is "100% Dedicated", "DedicatedPLUS", or "N/A", according to the information provided above. N/A

4A. Supportive Services for Participants

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

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

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

2b. Use of a single application form for four or more mainstream programs? Yes

2c. At least annual follow-ups with participants to ensure mainstream benefits Yes

are received and renewed?

3. Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Yes

3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Yes

4B. Housing Type and Location

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

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

Total Units: 257

Total Beds: 354

Total Dedicated CH Beds: 0

Housing Type	Units	Beds
Scattered-site apartments (...)	110	110
Scattered-site apartments (...)	68	77
Scattered-site apartments (...)	18	32
Scattered-site apartments (...)	18	18
Scattered-site apartments (...)	43	117

4B. Housing Type and Location Detail

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

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

a. Units: 110

b. Beds: 110

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 0

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

4. Address:

Street 1: One North Charles Street

Street 2: Suite 1300

City: Baltimore

State: Maryland

ZIP Code: 21201

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

240066 Baltimore

4B. Housing Type and Location Detail

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

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

a. Units: 68

b. Beds: 77

**3. How many beds of the total beds in "2b. 0
Beds" are dedicated to the chronically
homeless?**

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

4. Address:

Street 1: 320 Cathedral Street

Street 2:

City: Baltimore

State: Maryland

ZIP Code: 21201

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

240066 Baltimore

4B. Housing Type and Location Detail

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

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

a. Units: 18

b. Beds: 32

**3. How many beds of the total beds in "2b. 0
Beds" are dedicated to the chronically
homeless?**

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

4. Address:

Street 1: 949 Gorsuch Avenue
Street 2:
City: Baltimore
State: Maryland
ZIP Code: 21218

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

240066 Baltimore

4B. Housing Type and Location Detail

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

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

a. Units: 18
b. Beds: 18

**3. How many beds of the total beds in "2b. 0
Beds" are dedicated to the chronically
homeless?**

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

4. Address:

Street 1: 1125 N. Patterson Park Avenue
Street 2:
City: Baltimore
State: Maryland
ZIP Code: 21213

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

240066 Baltimore

4B. Housing Type and Location Detail

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

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

a. Units: 43

b. Beds: 117

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 0

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

4. Address:

Street 1: 323 E. 25th Street

Street 2:

City: Baltimore

State: Maryland

ZIP Code: 21218

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

240066 Baltimore

5A. Project Participants - Households

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

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	48	209	0	257

Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Adults over age 24	48	209		257
Adults ages 18-24	35	0		35
Accompanied Children under age 18	62		0	62
Unaccompanied Children under age 18			0	0
Total Persons	145	209	0	354

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

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

Persons in Households with at Least One Adult and One Child

Characteristics	Chronic Homeless Non- Veterans	Chronic Homeless Veterans	Non- Chronic Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24	3	0	0	48	4	41	12	3	1	0
Adults ages 18-24	2	0	0	5	1	3	0	4	0	22
Children under age 18	0			0	0	2	0	4	0	56
Total Persons	5	0	0	53	5	46	12	11	1	78

Click Save to automatically calculate totals

Persons in Households without Children

Characteristics	Chronic Homeless Non- Veterans	Chronic Homeless Veterans	Non- Chronic Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24	11	2	2	57	10	179	6	11	3	0
Adults ages 18-24	0	0	0	0	0	0	0	0	0	0
Total Persons	11	2	2	57	10	179	6	11	3	0

Click Save to automatically calculate totals

Persons in Households with Only Children

Characteristics	Chronic Homeless Non- Veterans	Chronic Homeless Veterans	Non- Chronic Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Accompanied Children under age 18										

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

Describe the unlisted subpopulations referred to above:

The unlisted subpopulation represents twenty-two (22) adults ages 18-24 and fifty-six(56) children under age 18 in households with at least one adult and one child.

5C. Outreach for Participants

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

50%	Directly from the street or other locations not meant for human habitation.
45%	Directly from emergency shelters.
1%	Directly from safe havens.
1%	Persons fleeing domestic violence.
3%	Directly from transitional housing.
0%	Directly from the TH Portion of a Joint TH and PH-RRH Component project.
0%	Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program.
100%	Total of above percentages

6A. Funding Request

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

1. Do any of the properties in this project have an active restrictive covenant? No
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? No
3. Does this project propose to allocate funds according to an indirect cost rate? No
4. Renewal Grant Term: 1 Year
5. Select the costs for which funding is being requested:
- | | |
|---------------------|-------------------------------------|
| Leased Units | <input type="checkbox"/> |
| Leased Structures | <input type="checkbox"/> |
| Rental Assistance | <input checked="" type="checkbox"/> |
| Supportive Services | <input type="checkbox"/> |
| Operating | <input type="checkbox"/> |
| HMIS | <input type="checkbox"/> |

6C. Rental Assistance Budget

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

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

Total Request for Grant Term:		\$3,546,048	
Total Units:		257	
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
SRA	MD - Baltimore-Columbia-Towson, MD MS...	257	\$3,546,048

Rental Assistance Budget Detail

Type of Rental Assistance: SRA

Metropolitan or non-metropolitan fair market rent area: MD - Baltimore-Columbia-Towson, MD MSA (2400399999)

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? No

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	HUD Paid Rent (Applicant)		12 Months		Total Request (Applicant)
SRO		x	\$638	\$638	x		=	\$0
0 Bedroom		x	\$851	\$851	x		=	\$0
1 Bedroom	209	x	\$1,033	\$1,033	x		=	\$2,590,764
2 Bedrooms	6	x	\$1,298	\$1,298	x		=	\$93,456
3 Bedrooms	39	x	\$1,663	\$1,663	x		=	\$778,284
4 Bedrooms	1	x	\$1,934	\$1,934	x		=	\$23,208
5 Bedrooms		x	\$2,224	\$2,224	x		=	\$0
6 Bedrooms	2	x	\$2,514	\$2,514	x		=	\$60,336
7 Bedrooms		x	\$2,804	\$2,804	x		=	\$0
8 Bedrooms		x	\$3,094	\$3,094	x		=	\$0
9 Bedrooms		x	\$3,385	\$3,385	x		=	\$0
Total Units and Annual Assistance Requested	257							\$3,546,048
Grant Term								1 Year
Total Request for Grant Term								\$3,546,048

Click the 'Save' button to automatically calculate totals.

6D. Sources of Match

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

Summary for Match

Total Value of Cash Commitments:	\$546,089
Total Value of In-Kind Commitments:	\$399,393
Total Value of All Commitments:	\$945,482

1. Does this project generate program income Yes
 as described in 24 CFR 578.97 that will be
 used as Match for this grant?

1a. Briefly describe the source of the program income:

The project generates program income from the portion of the rent paid by the tenants. This program income is used to support the cost program service delivery not covered by other funding sources.

1b. Estimate the amount of program income \$0
 that will be used as Match for this project:

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

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Private	Marian House	04/01/2018	\$74,847
Yes	In-Kind	Private	Community Housing...	04/01/2018	\$252,161
Yes	In-Kind	Private	Dayspring Program...	04/01/2018	\$30,700
Yes	In-Kind	Private	At Jacob's Well	04/01/2018	\$59,524
Yes	Cash	Private	Dayspring Program...	04/01/2018	\$137,000
Yes	In-Kind	Private	Dayspring Program...	04/01/2018	\$57,008
Yes	Cash	Private	Behavioral Health...	04/01/2018	\$270,712
Yes	Cash	Government	City General Funds	09/28/2017	\$63,530

Sources of Match Detail

- 1. Will this commitment be used towards Match? Yes
- 2. Type of Commitment: Cash
- 3. Type of Source: Private
- 4. Name the Source of the Commitment: Marian House
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment: 04/01/2018
- 6. Value of Written Commitment: \$74,847

Sources of Match Detail

- 1. Will this commitment be used towards Match? Yes
- 2. Type of Commitment: In-Kind
- 3. Type of Source: Private
- 4. Name the Source of the Commitment: Community Housing Associates and People Encouraging People
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment: 04/01/2018
- 6. Value of Written Commitment: \$252,161

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

Sources of Match Detail

- 1. Will this commitment be used towards Match? Yes
- 2. Type of Commitment: In-Kind

3. Type of Source: Private

4. Name the Source of the Commitment: Dayspring Programs, Inc.
(Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 04/01/2018

6. Value of Written Commitment: \$30,700

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

Sources of Match Detail

1. Will this commitment be used towards Match? Yes

2. Type of Commitment: In-Kind

3. Type of Source: Private

4. Name the Source of the Commitment: At Jacob's Well
(Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 04/01/2018

6. Value of Written Commitment: \$59,524

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

Sources of Match Detail

1. Will this commitment be used towards Match? Yes

2. Type of Commitment: Cash

3. Type of Source: Private

4. Name the Source of the Commitment: Dayspring Programs, Inc.
(Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 04/01/2018

6. Value of Written Commitment: \$137,000

Sources of Match Detail

- 1. Will this commitment be used towards Match?** Yes
- 2. Type of Commitment:** In-Kind
- 3. Type of Source:** Private
- 4. Name the Source of the Commitment:** Dayspring Programs, Inc.and Johns Hopkins University
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 04/01/2018
- 6. Value of Written Commitment:** \$57,008

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

Sources of Match Detail

- 1. Will this commitment be used towards Match?** Yes
- 2. Type of Commitment:** Cash
- 3. Type of Source:** Private
- 4. Name the Source of the Commitment:** Behavioral Health System
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 04/01/2018
- 6. Value of Written Commitment:** \$270,712

Sources of Match Detail

-
- 1. Will this commitment be used towards Match?** Yes
- 2. Type of Commitment:** Cash
- 3. Type of Source:** Government
- 4. Name the Source of the Commitment:** City General Funds
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 09/28/2017
- 6. Value of Written Commitment:** \$63,530

6E. Summary Budget

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

The following 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 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, 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	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	\$0
1b. Leased Structures	\$0
2. Rental Assistance	\$3,546,048
3. Supportive Services	\$0
4. Operating	\$0
5. HMIS	\$0
6. Sub-total Costs Requested	\$3,546,048
7. Admin (Up to 10%)	\$235,880
8. Total Assistance plus Admin Requested	\$3,781,928
9. Cash Match	\$546,089
10. In-Kind Match	\$399,393
11. Total Match	\$945,482
12. Total Budget	\$4,727,410

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	BHSB_CHA_DAYSPRIN...	11/17/2015
2) Other Attachmenbt	No		
3) Other Attachment	No		

Attachment Details

Document Description: BHSB_CHA_DAYSPRING_ACC_MARIAN
HOUSE_AJW Nonprofit Documentation

Attachment Details

Document Description:

Attachment Details

Document Description:

7A. In-Kind Match MOU Attachment

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

Attachment Details

Document Description:

7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

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

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

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

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

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

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

For applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

C. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official Terry Hickey

Date: 09/27/2017

Title: Director, Mayor's Office of Human Services

Applicant Organization: City of Baltimore - Mayor's Office

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant

X

Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of 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- Recipient and Subrecipient Information	
2A. Subrecipients	<input checked="" type="checkbox"/>
2B. Recipient Performance	<input type="checkbox"/>
Part 3 - Project Information	
3A. Project Detail	<input checked="" type="checkbox"/>
3B. Description	<input checked="" type="checkbox"/>
3C. Dedicated Plus	<input checked="" type="checkbox"/>
Part 4 - Housing Services and HMIS	
4A. Services	<input type="checkbox"/>
4B. Housing Type	<input type="checkbox"/>
Part 5 - Participants and Outreach Information	
5A. Households	<input type="checkbox"/>
5B. Subpopulations	<input type="checkbox"/>
5C. Outreach	<input checked="" type="checkbox"/>
Part 6 - Budget Information	
6A. Funding Request	<input type="checkbox"/>

6C. Rental Assistance	<input type="checkbox"/>
6D. Match	<input checked="" type="checkbox"/>
6E. Summary Budget	<input type="checkbox"/>
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	<input checked="" type="checkbox"/>
7A. In-Kind Match MOU Attachment	<input checked="" type="checkbox"/>
7B. Certification	<input checked="" type="checkbox"/>

The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

5C. Changes made to the Outreach Participant percentage to reflect the CoC Coordinated Assessment data.

The applicant has selected "Make Changes". Once this screen is saved, the applicant 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.

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	09/27/2017
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required

Renewal Project Application FY2017	Page 60	09/27/2017
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1D. SF-424 Congressional District(s)	09/27/2017
1E. SF-424 Compliance	09/27/2017
1F. SF-424 Declaration	09/27/2017
1G. HUD-2880	09/27/2017
1H. HUD-50070	09/27/2017
1I. Cert. Lobbying	09/27/2017
1J. SF-LLL	09/27/2017
2A. Subrecipients	09/27/2017
2B. Recipient Performance	09/27/2017
3A. Project Detail	09/27/2017
3B. Description	09/27/2017
3C. Dedicated Plus	09/27/2017
4A. Services	09/27/2017
4B. Housing Type	09/27/2017
5A. Households	09/27/2017
5B. Subpopulations	09/27/2017
5C. Outreach	09/27/2017
6A. Funding Request	09/27/2017
6C. Rental Assistance	09/27/2017
6D. Match	09/27/2017
6E. Summary Budget	No Input Required
7A. Attachment(s)	09/27/2017
7A. In-Kind Match MOU Attachment	No Input Required
7B. Certification	09/27/2017
Submission Without Changes	09/27/2017

OGDEN UT 84201-0029

In reply refer to: 4077591934
Mar. 25, 2014 LTR 4168C 0
52-1519025 000000 00
00030379
BODC: TE

BEHAVIORAL HEALTH SYSTEM BALTIMORE
INC
% 1 CALVERT PLAZA
201 E BALTIMORE ST STE 134
BALTIMORE MD 21202-1526

Employer Identification Number: 52-1519025
Person to Contact: Ms. Wiles
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Nov. 22, 2013, 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 March 1988.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

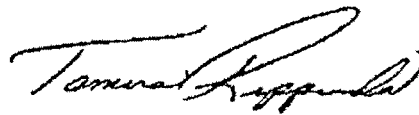
Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

4077591934
Mar. 25, 2014 LTR 4168C 0
52-1519025 000000 00
00030380

BEHAVIORAL HEALTH SYSTEM BALTIMORE
INC
% 1 CALVERT PLAZA
201 E BALTIMORE ST STE 134
BALTIMORE MD 21202-1526

If you have any questions, please call us at the telephone number
shown in the heading of this letter.

Sincerely yours,



Tamera Ripperda
Director, Exempt Organizations

INTERNAL REVENUE SERVICE
DISTRICT DIRECTOR
31 HOPKINS PLAZA
BALTIMORE, MD 21201

DEPARTMENT OF THE TREASURY

Date: NOV 18 1990

Employer Identification Number:
52-1600095
Case Number:
523207006
Contact Person:
M MCCARTHY
Contact Telephone Number:
(410) 962-7756
Our Letter Dated:
March 15, 1989
Addendum Applies:
Yes

COMMUNITY HOUSING ASSOCIATES INC
201 E BALTIMORE ST STE 1340
BALTIMORE, MD 21202

Dear Applicant:

This modifies our letter of the above date in which we stated that you would be treated as an organization that is not a private foundation until the expiration of your advance ruling period.

Your exempt status under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3), is still in effect. Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the Code because you are an organization of the type described in section 509(a)(1) and 170(b)(1)(A)(vi).

Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(1) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act, or the substantial or material change on the part of the organization that resulted in your loss of such status, or if he or she acquired knowledge that the Internal Revenue Service had given notice that you would no longer be classified as a section 509(a)(1) organization.

If we have indicated in the heading of this letter that an addendum applies, the addendum enclosed is an integral part of this letter.

Because this letter could help resolve any questions about your private foundation status, please keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown above.

Sincerely yours,


District Director

Enclosure:
Addendum

COMMUNITY HOUSING ASSOCIATES INC

Guidelines under which private foundations may rely on this determination, for gifts, grants, and contributions made after March 13, 1989, were liberalized and published in Rev. Proc. 89-22, Cumulative Bulletin 1989-1, page 844.

You are required to make available for public inspection a copy of your exemption application, and supporting documents, and this exemption letter. If you are required to file an annual information return, you are also required to make a copy of the return available for public inspection for three years after the return is due. Failure to make these documents available for public inspection may subject you to a penalty of \$10 per day for each day there is a failure to comply (up to a maximum of \$5,000 in the case of an annual return). See Internal Revenue Service Notice 88-120, 1988-2 C.B. 454, for additional information.

During your advance ruling period, you were treated as an organization described in section 509(a)(2) of the Code. However, based on the information submitted, you are a publicly supported organization described in sections 509(a)(1) and 170(b)(1)(A)(vi) of the Code. Section 1.509(a)-6 of the Income Tax Regulations states that if an organization is described in section 509(a)(1) and any other subsection of 509(a), it will be classified as an organization described in 509(a)(1). You have been reclassified accordingly. This is not a denial of 509(a)(2) status, and is more advantageous to you. If at any time you cease to qualify for classification under 509(a)(1), consideration would be given to possible recognition under 509(a)(2).

Reclassification to sections 509(a)(1) and 170(b)(1)(A)(vi) is not a denial of section 509(a)(2), which will be further considered if at any time you cease to qualify under section 509(a)(1). The reclassification is in accordance with section 1.509(a)-6 of the Income Tax Regulations, which provides that an organization described in section 509(a)(1) and any other part of section 509(a), will be treated as described under (the more favorable) section 509(a)(1).

Internal Revenue Service

Department of the Treasury

District
Director

Delaware-Maryland District 31 Hopkins Plaza, Baltimore, MD 21201

June 3, 1998

Telephone: (410) 962-6058

Ms. Deidre Halloran
Associate General Counsel
United States Catholic Conference
3211 4th Street, N.E.
Washington D.C. 20017-1194

• Dear Ms. Halloran:

In a ruling dated March 25, 1946, we held that the agencies and instrumentalities and all educational, charitable and religious institutions operated, supervised, or controlled by or in connection with the Roman Catholic Church in the United States, its territories or possessions appearing in *The Official Catholic Directory* for 1946, are entitled to exemption from federal income tax under the provisions of section 101(6) of the Internal Revenue Code of 1939, which corresponds to section 501(c)(3) of the 1986 Code. This ruling has been updated annually to cover the activities added to or deleted from the Directory.

The Official Catholic Directory for 1998 shows the names and addresses of all agencies and instrumentalities and all educational, charitable, and religious institutions operated by the Roman Catholic Church in the United States, its territories and possessions in existence at the time the Directory was published. It is understood that each of these is a non-profit organization, that no part of the net earnings thereof inures to the benefit of any individual, that no substantial part of their activities is for promotion of legislation, and that none are private foundations under section 509(a) of the Code.

Based on all information submitted, we conclude that the agencies and instrumentalities and educational, charitable, and religious institutions operated, supervised or controlled by or in connection with the Roman Catholic Church in the United States, its territories or possessions appearing in *The Official Catholic Directory* for 1998 are exempt from federal income tax under section 501(c)(3) of the Code.

Donors may deduct contributions to the agencies, instrumentalities and institutions referred to above, as provided by section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to them or for their use are deductible for federal estate and gift tax purposes under sections 2055, 2106, and 2522 of the Code.



Office of the General Counsel

3211 FOURTH STREET NW • WASHINGTON DC 20007-24194 • TEL: (202) 541-3100 • FAX: (202) 541-3117

July 14, 2004

TO: Most Reverend Archbishops and Bishops, Diocesan Attorneys
and State Conference Directors

SUBJECT: 2004 Group Ruling

FROM: Mark E. Chopko, General Counsel *M.E.C.*
(Staff: Deirdre Dessingue, Associate General Counsel)

Enclosed is a copy of the Group Ruling issued to the United States Conference of Catholic Bishops on July 1, 2004 by the Internal Revenue Service ("IRS"), with respect to the federal tax status of Catholic organizations listed in the 2004 edition of the Official Catholic Directory ("OCD")¹. As explained in greater detail below, this ruling is important for establishing:

- (1) the exemption of such organizations from:
 - (a) federal income tax;
 - (b) federal unemployment tax (but see ¶5 of "Explanation" below); and
- (2) the deductibility, for federal income, gift and estate tax purposes, of contributions to such organizations.

The 2004 Group Ruling is the latest in a series that began with the original determination of March 25, 1946. In the 1946 document, the Treasury Department affirmed the exemption from federal income tax of all Catholic institutions listed in the OCD for that year. Each year since 1946, in a separate letter, the 1946 ruling has been extended to cover the institutions listed in the current OCD². The language of these rulings has remained relatively unchanged, except to reflect intervening modifications in the Internal Revenue Code ("Code"). The 2004 Group Ruling is consistent with the 2003 ruling.

Annual group rulings clarify important tax consequences for Catholic institutions listed in the OCD, and should be retained for ready reference. Rulings from earlier years are important to establish the tax consequences of transactions that occurred during those years.

¹ A copy of the Group Ruling and this memo may be found on the USCCB's website at www.usccb.org/ogc.

² Catholic organizations with independent IRS exemption determination letters are listed in the 2004 OCD with an asterisk (*), which is explained at page A-6 and indicates that such organizations are not covered by the Group Ruling.

**Internal Revenue Service
P.O. Box 2508
Cincinnati, OH 45201**

Department of the Treasury

Date: May 29, 2015

Person to Contact:

R. Meyer ID# 0110429

Toll Free Telephone Number:

877-829-5500

Employer Identification Number:

53-0196617

Group Exemption Number:

0928

United States Conference of Catholic
Bishops
3211 4th Street, NE
Washington, DC 20017-1194

Dear Sir/Madam:

This responds to your May 19, 2015, request for information regarding the status of your group tax exemption.

Our records indicate that you were issued a determination letter in March 1946, that you are currently exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code, and are not a private foundation within the meaning of section 509(a) of the Code because you are described in sections 509(a)(1) and 170(b)(1)(A)(i).

With your request, you provided a copy of the *Official Catholic Directory for 2015*, which includes the names and addresses of the agencies and instrumentalities and the educational, charitable, and religious institutions operated by the Roman Catholic Church in the United States, its territories, and possessions that are subordinate organizations under your group tax exemption. Your request indicated that each subordinate organization is a non-profit organization, that no part of the net earnings thereof inures to the benefit of any individual, and that no substantial part of their activities is for promotion of legislation. You have further represented that none of your subordinate organizations is a private foundation under section 509(a), although all subordinates do not all share the same sub-classification under section 509(a). Based on your representations, the subordinate organizations in the *Official Catholic Directory for 2015* are recognized as exempt under section 501(c)(3) of the Code under GEN 0928.

Donors may deduct contributions to you and your subordinate organizations as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to them or for their use are deductible for federal estate and gifts tax purposes if they meet the applicable provisions of section 2055, 2106, and 2522 of the Code.

Subordinate organizations under a group exemption do not receive individual exemption letters. Most subordinate organizations are not separately listed in Publication 78 or the EO Business Master File. Donors may verify that a subordinate organization is included

in your group exemption by consulting the *Official Catholic Directory*, the official subordinate listing approved by you, or by contacting you directly. IRS does not verify the inclusion of subordinate organizations under your group exemption. See IRS Publication 4573, *Group Exemption*, for additional information about group exemptions.

Each subordinate organization covered in a group exemption should have its own EIN. Each subordinate organization must use its own EIN, not the EIN of the central organization, in all filings with IRS.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely,

A handwritten signature in black ink that reads "Tamera Ripperda". The signature is written in a cursive, flowing style.

Tamera Ripperda
Director, Exempt Organizations

The Official Catholic Directory

for the Year of Our Lord

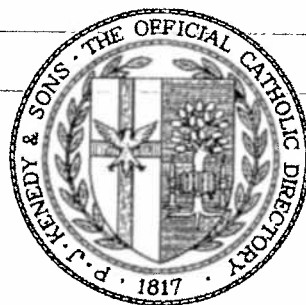
2015

GIVING STATUS OF THE CATHOLIC CHURCH AS OF JANUARY 1, 2015

Containing Ecclesiastical Statistics of

THE UNITED STATES, PUERTO RICO,
THE VIRGIN ISLANDS, AGANA, CAROLINE AND MARSHALL ISLANDS,
AND FOREIGN MISSIONARY ACTIVITIES.

The information contained in this Directory is derived from reports submitted to the publishers by the ecclesiastical authorities of the countries concerned, and neither the publishers nor the ecclesiastical authorities assume responsibility for any errors or omissions.



P.J. KENEDY & SONS

Publishers of the Holy Apostolic See

For inquiries call: 908-673-1000, or write:
430 Mountain Avenue, Suite 400, New Providence, NJ 07974
To place an order call: 1-800-473-7020

St. Joseph, Midland Cemetery Continuing Care Trust, 44 E. Main St., 21532. Tel: 301-689-6767; Fax: 301-689-6411. Rev. Edward S. Hendricks.

GLEN BURNIE. *The Church of the Good Shepherd Parish Endowment Trust*, 1451 Furnace Ave., 21060. Tel: 410-766-5070; Fax: 410-760-8738. Parish Center: 126 Dorsey Rd., 21061. Revs. C. Lou Martin; Angel A. Marrero.

KINGSVILLE. *St. Stephen School Endowment Trust*, 8028 Bradshaw Rd., 21087-1807. Tel: 410-592-7617; Fax: 410-592-7330.

MARRIOTTSVILLE. *Bon Secours Health System, Inc.*, 1505 Marriottsville Rd., 21104. Tel: 410-442-3505; Fax: 410-442-3256. Web: www.bshsi.org. Donald G. Seitz, M.D., Chair & Bd. of Directors; Richard J. Statuto, CEO & Pres.

Bon Secours, Inc., 1505 Marriottsville Rd., 21104. Tel: 410-442-3506; Fax: 410-442-3256. Web: www.bshsi.org.

PASADENA. *St. Jane Frances Educational Endowment Trust*, 8499 Virginia Ave., 21122. Tel: 410-255-4646; Fax: 410-437-5191. Email: postmaster@stjane.org. Web: stjane.org.

SYKESVILLE. *St. Joseph Catholic Community Endowment Trust*, 915 Liberty Rd., 21784. Tel: 443-920-9191; Fax: 443-920-9192. Email: parishoffice@saintjoseph.cc. Web: www.stjosepheldersburg.org. Revs. Paul A. Reich, S.M., Assoc. Pastor; Neville O'Donohue, S.M., Pastor; David McGuigan, S.M., Assoc. Pastor; Deacons Karl Bayhi; Michael Dvorak; Vito Piazza Sr.

TOWSON. *The Immaculate Conception Elementary Endowment Trust*, 200 Ware Ave., 21204. Tel: 410-427-4700; Fax: 410-427-4795. Email: info@theimmaculate.org. Web: www.theimmaculate.org. Rev. Joseph F. Barr.

Maryland Province of the Society of Jesus Aged and Infirm Trust, 8600 LaSalle Rd., Sta. 620, 21286. Tel: 443-921-1319; Fax: 443-921-1313. Rev. Timothy J. Stephens, S.J.

Maryland Province of the Society of Jesus Formation Trust, 8600 LaSalle Rd., Sta. 620, 21286. Tel: 443-921-1319; Fax: 443-921-1313. Rev. Timothy J. Stephens, S.J.

WESTERNPORT. *St. Peter's, Westernport, School Endowment Trust*, 127 Church St., 21562. Tel: 301-359-3055; Fax: 301-359-0657.

[U] MISCELLANEOUS

BALTIMORE. *African Conference of Catholic Clergy & Religious in the United States, Inc.*, c/o NBCC, 320 Cathedral St., 21201. Tel: 770-251-5353, Ext. 202. Web: www.accrus.org. Rev. Henry Atem, Pres.

Saint Agnes Hospital Foundation, Inc., 800 Caton Ave., SAHC Box 123, 21229. Tel: 410-368-3155; Fax: 410-368-3533. Web: www.stagnes.org/foundation-main.htm. Ms. Malinda B. Small, Pres.

Alhambra, International Order of (1904) Supreme Headquarters, 4200 Leeds Ave., 21229. Tel: 410-242-0660; Fax: 410-536-5729. Email: salaam@orderofalhambra.org. Web: www.OrderAlhambra.org. Roger J. Reid, Exec. Dir. Nonprofit organization dedicated to assisting the developmentally disabled.

Basilica of the Assumption Historic Trust, Inc., 409 Cathedral St., 21201. Tel: 410-727-3655; Fax: 410-539-0407. Web: www.baltimorebasilica.org. Bob Brown, Devel. Dir.; Kathy Wandishin, Devel. Exec. Asst.

Bon Secours Baltimore Development, Inc., 28 N. Fulton Ave., 21223. Tel: 410-362-3199; Fax: 410-362-3443. Email: george_kleb@bshsi.org.

Bon Secours Baltimore Health System Foundation, 2000 W. Baltimore St., 21223. Tel: 410-362-3090; Fax: 410-362-3578. Julie Mercier, Vice Pres. Philanthropy & Fund Devel.

**Cardijn Associates, Inc.* (1994) 4513 Bayonne Ave., 21306. Tel: 410-488-7936. Ms. Nancy Lee Conrad, Sec.

Caroline Center (1996) 900 Somerset St., 21202. Tel: 410-563-1303; Fax: 410-563-1302. Email: carolinecenter@caroline-center.org. Web: Caroline-Center.org. Sr. Patricia McLaughlin, S.S.N.D., Exec. Dir.

The Caroline Freiss Center, Inc., Employment training education for low income women. Total Assisted Annually 180; Total Staff 20.

Cathedral Library, 5200 N. Charles St., 21210. Tel: 410-464-4041. Laura M. Perry, Dir. Staffed by the Catholic Evidence League; Maintain a lending library open to anyone in the archdiocese on Monday from 10:00 AM-2:00 PM & Sunday from 9:30 AM-1:00 PM. Total Staff 7.

Catholic Alumni Club of Baltimore (1961) 4132 E. Joppa Rd., Sta. 11, P.O. Box 837, Perry Hall, 21236. Tel: 410-698-3889. Email: info@cacbalaltimore.org. Web: www.cacbalaltimore.org.

Catholic Evidence League of Baltimore (1922) c/o Cathedral of Mary Our Queen, 5200 N. Charles St., 21210. Tel: 410-464-4000. Ms. Donna R. Wilson, Pres. The object of this association is to increase in its members' knowledge of the history, teaching, and laws of the Catholic Church, and to make more effective an application of these teachings to their lives and to the general life of the community. Meeting on First Fridays from October through May at the Cathedral of Mary Our Queen for Rosary, Mass, Luncheon, and Speaker.

Catholic Relief Services - United States Conference of Catholic Bishops, 228 W. Lexington St., 21201. Tel: 410-625-2220; Fax: 410-234-2986. Web: www.crs.org. Dr. Carolyn Y. Woo, Pres. For a more detailed explanation of this organization, please consult the A-pages located in the front of the Directory.

Catholic Relief Services Foundation, Inc., 228 W. Lexington St., 21201. Tel: 410-951-7546; Fax: 443-825-3886. Rev. Robert Twele Esq., O.F.M.Conv., Sec.

Catholic War Veterans USA, Inc., 9511-P Kingscroft Ter., Perry Hall, 21128. Tel: 410-299-7283. Email: cvwm@yaboo.com. Web: www.cvwm.org. Gilbert T. Barker, Dept. Commander; Rev. Coman Timoney, Post Chap.

Christ Child Society of Baltimore, Inc., P.O. Box 584, Ridderwood, 21139. Tel: 410-812-0620; Fax: 410-339-3477. Cathleen White, Pres.

Christian Life Community Regional Information Center (1967) 615 Rest Ave., Catonsville, 21228. Tel: 410-465-1312; Fax: 410-646-6541. Email: cazieba@yahoo.com. Web: www.clc-usa.org. Carol A. Zieba, Regional Chm.; Al Yarzabinsky, Treas. CLC is a lay organization that forms and sustains men and women, adults and youth, who commit themselves to the church and its mission in the world and feel the urgent need to unite their human life in all its dimensions with the fullness of their Christian faith and to work for social justice. Members come together in community to share their experience of Ignatian spirituality and mission.

Cristo Rey Corporate Internship Program, Inc., 420 S. Chester St., 21231. Tel: 410-727-3255; Fax: 443-573-9898. Rev. John W. Swope, S.J., Pres.; Janet Shock, Dir.; Leigh Profit, Dir. Finance. Priests 1; Staff 5.

Esperanza Center Health Services Inc., 320 Cathedral St., 21201. Tel: 443-625-3450; Fax: 443-573-6100. Mr. William J. McCarthy Jr., Dir.

Food for Thought, Inc., 1625 E. Baltimore, 21231. Tel: 410-663-0081; Fax: 410-327-1345. Email: smaryannh@aol.com. Sr. Mary Ann Hartnett, S.S.N.D., Dir. Tutorial program for children & adult literacy.

Friends of Ijebu-Ode Diocese, Inc., 1130 N. Calvert St., 21202. Tel: 410-727-3386; Fax: 410-727-1006. Email: nelsonsj@hotmail.com. Very Rev. Nelson A. Moreira, S.S.J., Sec.-Treas.

**G S Properties, Inc.*, 5601 Loch Raven Blvd., 21239. Tel: 410-772-6719; Fax: 410-772-6998. Web: www.medstarhealth.org.

Holy Name Society (Union) (1911) 212 Elinor Ave., 21236. Tel: 410-661-3170. Rev. Michael W. Carrion, Spiritual Dir., 8501 Lock Raven Blvd., Towson, 21286-2313. Tel: 410-668-7935, Ext. 203; Carroll W. Pupa, Pres., 212 Elinor Ave., 21236. Tel: 410-262-7955. Purpose: Support Right to Life, Anti-Pornography, High School Scholarship Grants, Canonization of Blessed John of Vercelli, Support the Archbishop's discernment supper fund and works of charity.

Ignation Volunteer Corps, 801 St. Paul St., 21202. Tel: 410-752-4686; Fax: 410-752-8480. Email: info@ivcusa.org. Web: www.ivcusa.org. Ms. Mary C. McGuinity, Exec. Dir.; Rev. James R. Conroy, S.J., Founder; Thomas Ulrich, Dir. Prog. Operations & Regl. Devel.

Inter Parish Loan Fund, Inc., 320 Cathedral St., 21201. Tel: 410-647-5322; Fax: 410-332-8233. William J. Baird III, Sec.

Legion of Mary, 313 Streett Cir., Forest Hill, 21050. Tel: 703-408-5779. Dianne Van Pelt, Pres. Baltimore Comitium, governing body for the Legion of Mary in the Baltimore Archdiocese.

Marian House, Inc., 949 Gorsuch Ave., 21318. Tel: 410-467-4121; Fax: 410-467-6709. Web: www.marianhouse.org. Katie Allston, LCSW-C, Exec. Dir.

Mission Helper Productions, Inc., 1001 W. Joppa Rd., 21204-3787. Tel: 410-823-8585, Ext. 241; Fax: 410-296-4050. Email: aguinan@missionhelpers.org. Web: missionhelperproductions.org. Sisters Anne Guinan, M.H.S.H., Dir.; Caritas Kennedy, R.S.M., Assoc. Dir. A video production studio which provides full service professional work at nonprofit rates for independent producers and

nonprofit socially concerned groups or individuals. *Mother Seton House on Paca Street, Inc.*, 600 N. Paca St., 21201. Tel: 410-728-6464; Fax: 410-669-8140. Web: www.stmaryspaca.org. Rev. John C. Kamper, S.S., M.Div., M.A., D.Min., Dir. The Mother Seton House on Paca Street is part of the St. Mary's Spiritual Center and Historic Site. The federal style house served as home (1808) and school for St. Elizabeth Ann Seton, America's first native-born canonized saint. Also on the site is the Historic Seminary Chapel that served the needs of our nation's first Roman Catholic Seminary (1791). The Historic Site is owned and operated by the Society of St. Sulpice, Province of the US. The site is open Monday-Friday from 12 noon to 3:30 pm and Saturday-Sunday from 1-3 pm. Entrance to the site is free, with off street parking.

The Mount Saint Agnes Theological Center for Women, Inc., 909 Poplar Hill Rd., 21210. Tel: 410-435-7500; Fax: 410-435-9522. Email: wisdom@mountsaintagnes.org. Web: www.mountsaintagnes.org. Sr. Mary Aquin O'Neill, R.S.M., Ph.D., Dir.; Sarah Hobby, Administrative Asst. Total Staff 2.

**Murphy Initiative for Justice and Peace*, 1001 W. Joppa Rd., 21204. Tel: 410-823-5585, Ext. 244. Rosemary Thompson, Exec. Dir.

My Sister's Place Women's Center Fund, Inc., 320 Cathedral St., 21201. Tel: 410-547-5469. Email: bmccarth@cc-md.org. Mr. William J. McCarthy Jr., Exec. Dir.

Nigeria-Igbo Catholic Community, P.O. Box 66027, 21239. Tel: 443-910-3647. Email: office@niccchurch.org. Web: www.niccchurch.org. Dr. Clement Anyadike, Chm. Tel: 443-910-3647; Lyka Okwesili, Vice Chm. Tel: 202-250-0889; Felix Opara, Sec.; Rev. Anthony Abiamiri. Purpose: to provide an environment for all Igbos in the Baltimore Metropolitan area to worship in their native language.

Our Daily Bread Employment Center Fund, Inc., 320 Cathedral St., 21201. Tel: 410-547-5469. Email: bmccarth@cc-md.org. Mr. William J. McCarthy Jr., Exec. Dir.

Pallottine Charitable, Educational and Apostolic Ministry Trust, 512 W. Saratoga St., 21201. Tel: 410-685-3064.

Radio Mass of Baltimore, Inc., St. Ignatius Church, 740 N. Calvert St., 21202. Tel: 410-539-7812; Fax: 410-837-8883. Rev. James A. Casciotti, S.J., Dir.; Mrs. Carolyn Dunne, Admin. Mass is broadcast every Sunday morning from St. Ignatius Church at 9:00 A.M., WBAL, 1090 AM Radio Dial.

Reparation Society of the Immaculate Heart of Mary, Inc. (1946) Fatima House, 7920 Beverly Ave., 21234. Tel: 410-665-1199. Rev. Casimir M. Peterson, S.T.L., J.C.D., Pres. & Spiritual Dir. (Retired). Purpose: To promote prayer and penance in reparation to the Immaculate Heart of Mary in accordance with the message of Fatima. Volunteers 2; Total in Residence 1.

Sarah's House Fund, Inc., 320 Cathedral St., 21201. Tel: 410-547-5469. Email: bmccarth@cc-md.org. Mr. William J. McCarthy Jr., Exec. Dir.

Serra Foundation, 320 Cathedral St., 21201. Tel: 410-547-5426; Fax: 410-234-2953. Web: www.becomeapriest.org. Rev. Michael DeAscasis, Vocations Dir.; John Jordan, Treas. Tel: 410-561-7672.

Society of St. Sulpice Foundation US, Inc., 5408 Roland Ave., 21210. Tel: 410-323-6070; Fax: 410-433-6624. Very Rev. Thomas R. Ulshaefer, S.S., S.T.L., Ph.D., Pres. & Contact Person.

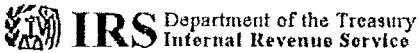
Stella Maris Seafarers' Center, 320 Cathedral St., 21201. Tel: 443-845-7227; Fax: 410-288-5504. Email: aosbalt@gmail.com. Web: www.aosbalt.org. Rev. Msgr. John L. FitzGerald, Dir.; Andrew Middleton, Dir. Oper. Christian hospitality services in the Catholic tradition with spiritual, temporal, and emotional support for seafarers and their families. Also, transportation to and from ships for their crew members to the local Stella Maris Seafarers' Center and the city.

St. Thomas More Society of Maryland Inc., 31 E. Lee St., Bel Air, 21014. Tel: 443-602-3939. Wilson K. Barnes III, Pres. The local branch of the St. Thomas More Society.

**The Thomas O'Neill Catholic Health Care Fund, Inc.*, 5601 Lock Raven Blvd., 21239. Tel: 410-772-6719; Fax: 410-772-6998.

Union of Catholic Apostolate USA, Inc., 512 W. Saratoga St., 21201. Tel: 302-956-0039; Fax: 410-244-8728. Email: usccc@sacapostles.org. Robert H. Gay, Pres.

ANNAPOLIS. Christ Child Society of Annapolis, P.O. Box 1801, 21404. Tel: 410-271-3392. Patricia Margerum, Pres.



Department of the Treasury
Internal Revenue Service

P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 0248164798
Jan. 28, 2014 LTR 4168C 0
52-2042543 000000 00

00025102
BODC: TE

DAYSPRING PROGRAMS INC
1125 N PATTERSON PARK AVENUE
BALTIMORE MD 21213



017196

Employer Identification Number: 52-2042543
Person to Contact: Mr Bayer
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Jan. 16, 2014, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in October 1997.

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.

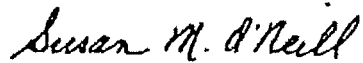
Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third 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.

0248164798
Jan. 28, 2014 LTR 4168C 0
52-2042543 000000 00
00025103

DAYSPRING PROGRAMS INC
1125 N PATTERSON PARK AVENUE
BALTIMORE MD 21213

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely yours,



Susan M. O'Neill, Department Mgr.
Accounts Management Operations

INTERNAL REVENUE SERVICE
DISTRICT DIRECTOR
31 HOPKINS PLAZA
BALTIMORE, MD 21201

DEPARTMENT OF THE TREASURY

Date: MAY 22 1992

AT JACOB'S WELL INC
331 E 25TH STREET
BALTIMORE, MD 21218-5303

Employer Identification Number:
52-1434808

Contact Person:
ED DETERMINATION AIDE

Contact Telephone Number:
(410) 962-7756

Our Letter Dated:
January 16, 1986

Addendum Applies:
Yes

Dear Applicant:

This modifies our letter of the above date in which we stated that you would be treated as an organization that is not a private foundation until the expiration of your advance ruling period.

Your exempt status under section 501(c)(3) of the Internal Revenue Code as an organization described in section 501(c)(3) is still in effect. Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the Code because you are an organization of the type described in section 509(a)(1) and 170(b)(1)(A)(vi).

Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(1) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act, or the substantial or material change on the part of the organization that resulted in your loss of such status, or if he or she acquired knowledge that the Internal Revenue Service had given notice that you would no longer be classified as a section 509(a)(1) organization.


If we have indicated in the heading of this letter that an addendum applies, the addendum enclosed is an integral part of this letter.

Because this letter could help resolve any questions about your private foundation status, please keep it in your permanent records.

AT JACOBS WELL INC

If you have any questions, please contact the person whose name and telephone number are shown above.

Sincerely yours,

A handwritten signature in cursive script, appearing to read "H. J. Lightner".

District Director

Enclosure:
Addendum

AT JACOBS WELL, INC

Guidelines under which private foundations may rely on this determination, for gifts, grants, and contributions made after March 13, 1989, were liberalized and published in Rev. Proc. 89-23, Cumulative Bulletin 1989-1, page 314.

You are required to make available for public inspection a copy of your exemption application, and supporting documents, and this exemption letter. If you are required to file an annual information return, you are also required to make a copy of the return available for public inspection for three years after the return is due. Failure to make these documents available for public inspection may subject you to a penalty of \$10 per day for each day there is a failure to comply (up maximum of \$5,000 in the case of an annual return). See Internal Revenue Service Notice 88-120, 1988-2 C.B. 454 for additional information.

Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember

- Additional training resources can be found on the HUD Exchange at <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/> - Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2017 Continuum of Care (CoC) Program Competition. For more information see FY 2017 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2017 CoC Program NOFA and the FY 2016 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- 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 2016 Project Application will be imported into the FY 2017 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the FY 2016 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.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, 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 2017 CoC Program Competition NOFA.

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:** 09/26/2017

4. **Applicant Identifier:**

5a. **Federal Entity Identifier:**

5b. **Federal Award Identifier:** MD0027

This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number

6. **Date Received by State:**

7. **State Application Identifier:**

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: City of Baltimore - Mayor's Office

b. Employer/Taxpayer Identification Number (EIN/TIN): 52-6000769

	c. Organizational DUNS:	052340973	PLUS 4	
--	--------------------------------	-----------	---------------	--

d. Address

Street 1: 7 E. Redwood Street

Street 2: 5th Floor

City: Baltimore

County: Baltimore City

State: Maryland

Country: United States

Zip / Postal Code: 21202

e. Organizational Unit (optional)

Department Name: Human Services

Division Name: Homeless Services Program

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Mr.

First Name: Chris

Middle Name:

Last Name: Rafferty

Suffix:

Title: Deputy Director - Homeless Services Program

Organizational Affiliation: City of Baltimore - Mayor's Office

Telephone Number: (410) 396-4885

Extension:
Fax Number: (410) 539-1091
Email: chris.rafferty@baltimorecity.gov

1C. SF-424 Application Details

9. Type of Applicant: C. City or Township Government

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: FR-6100-N-25

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (State(s) only): Maryland
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: Associated Catholic Charities - REACH Combined

16. Congressional District(s):

a. Applicant: MD-007, MD-003, MD-002
(for multiple selections hold CTRL key)

b. Project: MD-007, MD-003, MD-002
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 01/01/2018

b. End Date: 12/31/2018

18. Estimated Funding (\$)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process? b. Program is subject to E.O. 12372 but has not been selected by the State for review.

If "YES", enter the date this application was made available to the State for review:

20. Is the Applicant delinquent on any Federal debt? No

If "YES," provide an explanation:

1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

I AGREE:

21. Authorized Representative

Prefix: Mr.

First Name: Terry

Middle Name:

Last Name: Hickey

Suffix:

Title: Director, Mayor's Office of Human Services

Telephone Number: (410) 396-7543
(Format: 123-456-7890)

Fax Number: (410) 539-1091
(Format: 123-456-7890)

Email: terry.hickey@baltimorecity.gov

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 09/26/2017

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - Form 2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2510-0011 (exp.11/30/2018)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: City of Baltimore - Mayor's Office

Prefix: Mr.

First Name: Terry

Middle Name:

Last Name: Hickey

Suffix:

Title: Director, Mayor's Office of Human Services

Organizational Affiliation: City of Baltimore - Mayor's Office

Telephone Number: (410) 396-7543

Extension:

Email: terry.hickey@baltimorecity.gov

City: Baltimore

County: Baltimore City

State: Maryland

Country: United States

Zip/Postal Code: 21202

2. Employer ID Number (EIN): 52-6000769

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$742,942.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: Associated Catholic Charities - REACH Combined 7 E. Redwood Street Baltimore Maryland

Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? Yes
 (For further information, see 24 CFR Sec. 4.3).

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9. Yes

Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
City of Baltimore	Emergency Solutions Grant - Formula	\$1,719,500.00	Shelter, RRH, HMIS, Outreach, Prevention
City of Baltimore	Emergency Solutions Grant - Supplemental	2061204.0	Shelter, RRH, HMIS, Outreach, Prevention
City of Baltimore	HOPWA	\$8,331,845.00	TBRA, supportive services
NA			
NA			

Part III Interested Parties

You must disclose:
 1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
 2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation	Financial Interest in Project/Activity (\$)	Financial Interest in Project/Activity (%)
NA	NA	NA	\$0.00	0%

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I certify that this information is true and complete.

I AGREE:

Name / Title of Authorized Official: Terry Hickey, Director, Mayor's Office of Human Services

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 08/01/2017

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: City of Baltimore - Mayor's Office

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:	
<p>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.</p>	<p>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;</p>
<p>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.</p>	<p>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;</p>
<p>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.;</p>	<p>g. Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.</p>
<p>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;</p>	

Sites for Work Performance.

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)

Workplaces, including addresses, entered in the attached project application.
 Refer to addresses entered into the attached project application.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and

X

accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Authorized Representative

Prefix: Mr.

First Name: Terry

Middle Name

Last Name: Hickey

Suffix:

Title: Director, Mayor's Office of Human Services

Telephone Number: (410) 396-7543
(Format: 123-456-7890)

Fax Number: (410) 539-1091
(Format: 123-456-7890)

Email: terry.hickey@baltimorecity.gov

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 09/26/2017

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 Baltimore - Mayor's Office

Name / Title of Authorized Official: Terry Hickey, Director, Mayor's Office of Human Services

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 09/26/2017

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer "Yes" if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: "The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action."

Answer "No" if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program? No

Legal Name: City of Baltimore - Mayor's Office

Street 1: 7 E. Redwood Street

Street 2: 5th Floor

City: Baltimore

County: Baltimore City

State: Maryland

Country: United States

Zip / Postal Code: 21202

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: Mr.

First Name: Terry

Middle Name:

Last Name: Hickey

Suffix:

Title: Director, Mayor's Office of Human Services

Telephone Number: (410) 396-7543
(Format: 123-456-7890)

Fax Number: (410) 539-1091
(Format: 123-456-7890)

Email: terry.hickey@baltimorecity.gov

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 09/26/2017

Additional Information

Now that you have completed Part 1 of the application, please review Parts 2-7, which are in Read Only mode. Screen 3C, which is mandatory for all PH-PSH projects and screens 6D, 7A and 7B which are mandatory for all projects will be editable and must be answered prior to submission.



Once you are done reviewing, you will be guided to a "Submissions without Changes" screen. At this screen if you decide no edits or updates are required to any screens other than the mandatory questions for 3C and/or 6D,7A and 7B, you are allowed to submit the application without ever needing to edit the rest of the application. However, if you determine that changes need to be made to the application, we have given you the ability to open up individual screens for edit, instead of the entire application.

Once you select the screens you want to edit via checkboxes, you will click "Save", and those screens will be available for edit. An important reminder, once you make those selections and click "Save", you cannot uncheck those boxes. You are allowed to select additional boxes even after saving your initial selections. Again, you must click "Save" for those newly selected screens to be available for edit.

If your project is a First Time Renewal, your project will not be able to utilize the "Submit Without Changes" function. The Submissions Without Changes page will be automatically set to "Make Changes" and you will be required to input data into the application for all required fields relevant to the component type.

2A. Project Subrecipients

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the  icon. To view or update subrecipient information already listed, select the view  option.

Total Expected Sub-Awards: \$742,942

Organization	Type	Type	Sub-Award Amount
Associated Catholic Charities, Inc.	M. Nonprofit with 501C3 IRS Status	M. Nonprofit with 501C3 IRS Status	\$742,942

2A. Project Subrecipients Detail

a. Organization Name: Associated Catholic Charities, Inc.

b. Organization Type: M. Nonprofit with 501C3 IRS Status

c. Employer or Tax Identification Number: 52-0591538

	* d. Organizational DUNS:	080559461	PLUS 4	
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e. Physical Address

Street 1: 228 W. Lexington Street

Street 2:

City: Baltimore

State: Maryland

Zip Code: 21201

f. Congressional District(s): MD-007, MD-003, MD-002
(for multiple selections hold CTRL key)

g. Is the subrecipient a Faith-Based Organization? Yes

h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency? Yes

i. Expected Sub-Award Amount: \$742,942

j. Contact Person

Prefix: Ms.

First Name: Amy

Middle Name:

Last Name: Collier

Suffix:

Title: Director of Community Services

E-mail Address: acollier@catholiccharities-md.org

Confirm E-mail Address: acollier@catholiccharities-md.org

Phone Number: 410-261-6787

Extension:

Fax Number: 410-889-0203

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

2B. Recipient Performance

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

- 1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?** Yes

- 2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?** No

- 3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?** Yes

- 4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?** No

3A. Project Detail

1. Expiring Grant Number: MD0027

(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: MD-501 - Baltimore CoC

2b. CoC Collaborative Applicant Name: City of Baltimore - Mayor's Office

3. Project Name: Associated Catholic Charities - REACH Combined

4. Project Status: Standard

5. Component Type: PH

6. Does this project use one or more properties that have been conveyed through the Title V process? No

3B. Project Description

1. Provide a description that addresses the entire scope of the proposed project.

According to Baltimore City’s 2017 PIT Homeless Census, there were 2,669 people experiencing homelessness. The Reach Project provides Permanent Housing and supportive services to individuals and families. Upon entry, the typical client is homeless, has a disabling condition with a history of substance abuse, domestic violence, and/or mental health issues. To assist participants to succeed with employment, recovery, and housing, clients are encouraged to participate in the development of barrier reduction plans. Project REACH uses the Housing First approach to serve individuals who are in the most need of housing, and prioritizes serving those who are chronically homeless.

When possible, Catholic Charities’ outreach and advocacy efforts help to prevent homelessness from being criminalized in our state. The project is part of Catholic Charities’ systemic response to ending homelessness. Often clients of Catholic Charities are veterans, victims of domestic violence, and sometimes survivors of human trafficking, and we do everything possible to ensure these clients have priority for housing opportunities. We promote choice among our clients (such as participation in substance use counseling) and ensure that maintaining housing do not depend on those choices.

Support services include:

Case Management: Our Project REACH Team uses the Motivational Interviewing (MI) technique to deliver case management services. This goal-oriented, client-centered counseling style for eliciting behavior change helps clients to resolve ambivalence (from Wikipedia 10/13/2015).

Income Stabilization: All REACH clients are encouraged to participate in work-related activities, including volunteering and job readiness to increase their self-sufficiency. Catholic Charities Project REACH clients are linked to all public benefits for which they are eligible.

Life and Job Readiness Skills: To equip the adults with the skills to integrate effectively into the community, clients are encouraged to attend job readiness and life skills classes at Our Daily Bread Employment Center. Financial literacy and budgeting services are available through a partnership with the MD CASH Campaign. Communications, goal planning, computer training, nutrition, meal planning, and other life-skills workshops are provided by Catholic Charities, Enoch Pratt Free Library, and non-partner agencies.

Medical/Mental Health and Addiction Services: Inconsistent medical care due to poor nutrition, stress, and an inadequate living environment all contribute to substance use, mental health issues, and chronic health conditions. Helping clients address these issues is part of the case planning process. Project REACH works with community based providers including: Total Health Care for Behavioral Health and Health Care for the Homeless for medical, dental and mental health services.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

Chronic Homeless	<input type="checkbox"/>	Domestic Violence	<input checked="" type="checkbox"/>
Veterans	<input type="checkbox"/>	Substance Abuse	<input checked="" type="checkbox"/>
Youth (under 25)	<input type="checkbox"/>	Mental Illness	<input checked="" type="checkbox"/>
Families with Children	<input checked="" type="checkbox"/>	HIV/AIDS	<input checked="" type="checkbox"/>
		Other (Click 'Save' to update)	<input type="checkbox"/>

Other:

3. Housing First

3a. Does the project quickly move participants into permanent housing Yes

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

Having too little or little income	<input checked="" type="checkbox"/>
Active or history of substance use	<input checked="" type="checkbox"/>
Having a criminal record with exceptions for state-mandated restrictions	<input checked="" type="checkbox"/>
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

Failure to participate in supportive services	<input checked="" type="checkbox"/>
Failure to make progress on a service plan	<input checked="" type="checkbox"/>
Loss of income or failure to improve income	<input checked="" type="checkbox"/>
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

3d. Does the project follow a "Housing First" Yes

approach?

4. Does the PH project provide PSH or RRH? PSH

3C. Dedicated Plus

Dedicated and DedicatedPLUS

A "100% Dedicated" project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and families, according to NOFA Section III.3.b.

A "DedicatedPLUS" project is a permanent supportive housing project where 100% of the beds are dedicated to serve individuals with disabilities and families in which one adult or child has a disability, including unaccompanied homeless youth, that at a minimum, meet ONE of the following criteria according to NOFA Section III.3.d:

- (1) experiencing chronic homelessness as defined in 24 CFR 578.3;
- (2) residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project;
- (3) residing in a place not meant for human habitation, emergency shelter, or safe haven; but the individuals or families experiencing chronic homelessness as defined at 24 CFR 578.3 had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement;
- (4) residing in transitional housing funded by a joint TH and PH-RRH component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3 prior to entering the project;
- (5) residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions; or
- (6) receiving assistance through a Department of Veterans Affairs(VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

A renewal project where 100 percent of the beds are dedicated in their current grant as described in NOFA Section III.A.3.b. must either become DedicatedPLUS or remain 100% Dedicated. If a renewal project currently has 100 percent of its beds dedicated to chronically homeless individuals and families and elects to become a DedicatedPLUS project, the project will be required to adhere to all fair housing requirements at 24 CFR 578.93. Any beds that the applicant identifies in this application as being dedicated to chronically homeless individuals and families in a DedicatedPLUS project must continue to operate in accordance with Section III.A.3.b. Beds are identified on Screen 4B.

1. Indicate whether the project is "100% Dedicated", "DedicatedPLUS", or "N/A", according to the information provided above. N/A

4A. Supportive Services for Participants

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

**1. For all supportive services available to 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	Annually
Assistance with Moving Costs	Subrecipient	As needed
Case Management	Subrecipient	Bi-weekly
Child Care	Non-Partner	As needed
Education Services	Partner	As needed
Employment Assistance and Job Training	Subrecipient	As needed
Food	Subrecipient	As needed
Housing Search and Counseling Services	Subrecipient	As needed
Legal Services	Non-Partner	As needed
Life Skills Training	Subrecipient	As needed
Mental Health Services	Partner	As needed
Outpatient Health Services	Partner	As needed
Outreach Services	Non-Partner	As needed
Substance Abuse Treatment Services	Subrecipient	As needed
Transportation	Subrecipient	As needed
Utility Deposits	Subrecipient	As needed

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

2b. Use of a single application form for four or more mainstream programs? Yes

2c. At least annual follow-ups with participants to ensure mainstream benefits Yes

are received and renewed?

3. Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Yes

3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Yes

4B. Housing Type and Location

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

The following list summarizes each housing site in the project. To add a housing site to the list, select the icon. To view or update a housing site already listed, select the icon.

Total Units: 24

Total Beds: 73

Total Dedicated CH Beds: 26

Housing Type	Units	Beds
Scattered-site apartments (...)	24	73

4B. Housing Type and Location Detail

1. Housing Type: Scattered-site apartments (including efficiencies)

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.

a. Units: 24

b. Beds: 73

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 26

This includes both the "dedicated" and "prioritized" beds from previous competitions.

4. Address:

Street 1: 228 W. Lexington Street

Street 2:

City: Baltimore

State: Maryland

ZIP Code: 21201

**5. Select the geographic area(s) associated with the address:
(for multiple selections hold CTRL Key)**

240066 Baltimore

5A. Project Participants - Households

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	11	13		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
Adults over age 24	13	36		49
Adults ages 18-24	3	0		3
Accompanied Children under age 18	22		0	22
Unaccompanied Children under age 18			0	0
Total Persons	38	36	0	74

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

Persons in Households with at Least One Adult and One Child

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represent ed by listed subpopu lations
Adults over age 24	13	0	0	3	1	10	3	3	0	0
Adults ages 18-24	2	0		0		1		0	0	0
Children under age 18	22					2	0	0	0	0
Total Persons	37	0	0	3	1	13	3	3	0	0

Click Save to automatically calculate totals

Persons in Households without Children

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represent ed by listed subpopu lations
Adults over age 24	13	4	3	34	2	27	0	6	3	
Adults ages 18-24		0	0		0	0	0	0	0	0
Total Persons	13	4	3	34	2	27	0	6	3	0

Click Save to automatically calculate totals

Persons in Households with Only Children

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represent ed by listed subpopu lations
Accompanied Children under age 18										
Unaccompanied Children under age 18										
Total Persons	0			0	0	0	0	0	0	0

5C. Outreach for Participants

1. Enter the percentage of project participants that will be coming from each of the following locations.

50%	Directly from the street or other locations not meant for human habitation.
45%	Directly from emergency shelters.
1%	Directly from safe havens.
1%	Persons fleeing domestic violence.
0%	Directly from transitional housing.
3%	Directly from the TH Portion of a Joint TH and PH-RRH Component project.
	Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program.
100%	Total of above percentages

6A. Funding Request

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. Do any of the properties in this project have an active restrictive covenant? No
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? No
3. Does this project propose to allocate funds according to an indirect cost rate? No
4. Renewal Grant Term: 1 Year
5. Select the costs for which funding is being requested:
- | | |
|---------------------|-------------------------------------|
| Leased Units | <input checked="" type="checkbox"/> |
| Leased Structures | <input type="checkbox"/> |
| Rental Assistance | <input type="checkbox"/> |
| Supportive Services | <input checked="" type="checkbox"/> |
| Operating | <input checked="" type="checkbox"/> |
| HMIS | <input type="checkbox"/> |

6B. Leased Units Budget

The following list summarizes the funds being requested for one or more units leased for operating the projects. To add information to the list, select the icon. To view or update information already listed, select the icon.

Total Annual Assistance Requested:		\$294,620	
Grant Term:		1 Year	
Total Request for Grant Term:		\$294,620	
Total Units:		24	
FMR Area	Total Units Requested	Total Annual Budget Requested	Total Budget Requested
MD - Baltimore-Co...	24	\$294,620	\$294,620

Leased Units Budget Detail

Enter the appropriate values in the "Number of Units" AND "Total Request" fields.

Metropolitan or non-metropolitan fair market rent area: MD - Baltimore-Columbia-Towson, MD MSA (2400399999)

Leased Units Annual Budget

Size of Units	# of Units (Applicant)	Total Request (Applicant)
SRO		
0 Bedroom		
1 Bedroom		
2 Bedroom	6	
3 Bedroom	12	
4 Bedroom	6	
5 Bedroom		
6 Bedroom		
7 Bedroom		
8 Bedroom		
9 Bedroom		
Total Units and Annual Assistance Requested	24	\$294,620
Grant Term		1 Year
Total Request for Grant Term		\$294,620

Click the 'Save' button to automatically calculate totals.

6D. Sources of Match

The following list summarizes the funds that will be used as Match for the project. To add a Matching source to the list, select the icon. To view or update a Matching source already listed, select the icon.

Summary for Match

Total Value of Cash Commitments:	\$112,081
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$112,081

1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? No

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Private	Associated Cathol...	09/28/2017	\$112,081

Sources of Match Detail

- 1. Will this commitment be used towards Match?** Yes
- 2. Type of Commitment:** Cash
- 3. Type of Source:** Private
- 4. Name the Source of the Commitment:** Associated Catholic Charities, Inc.
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 09/28/2017
- 6. Value of Written Commitment:** \$112,081

6E. Summary Budget

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

The following 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 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, 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	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	\$294,620
1b. Leased Structures	\$0
2. Rental Assistance	\$0
3. Supportive Services	\$325,087
4. Operating	\$76,737
5. HMIS	\$0
6. Sub-total Costs Requested	\$696,444
7. Admin (Up to 10%)	\$46,498
8. Total Assistance plus Admin Requested	\$742,942
9. Cash Match	\$112,081
10. In-Kind Match	\$0
11. Total Match	\$112,081
12. Total Budget	\$855,023

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	ACC 501(c)(3)	11/06/2015
2) Other Attachmenbt	No		
3) Other Attachment	No		

Attachment Details

Document Description: ACC 501(c)(3)

Attachment Details

Document Description:

Attachment Details

Document Description:

7B. Certification

A. For all projects: Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

For applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

C. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official Terry Hickey
Date: 09/26/2017
Title: Director, Mayor's Office of Human Services
Applicant Organization: City of Baltimore - Mayor's Office

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant

X

Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of 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- Recipient and Subrecipient Information	
2A. Subrecipients	<input type="checkbox"/>
2B. Recipient Performance	<input type="checkbox"/>
Part 3 - Project Information	
3A. Project Detail	<input checked="" type="checkbox"/>
3B. Description	<input checked="" type="checkbox"/>
3C. Dedicated Plus	<input checked="" type="checkbox"/>
Part 4 - Housing Services and HMIS	
4A. Services	<input type="checkbox"/>
4B. Housing Type	<input type="checkbox"/>
Part 5 - Participants and Outreach Information	
5A. Households	<input checked="" type="checkbox"/>
5B. Subpopulations	<input checked="" type="checkbox"/>
5C. Outreach	<input checked="" type="checkbox"/>
Part 6 - Budget Information	
6A. Funding Request	<input type="checkbox"/>

6B. Leased Units	<input checked="" type="checkbox"/>
6D. Match	<input checked="" type="checkbox"/>
6E. Summary Budget	<input type="checkbox"/>
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	<input checked="" type="checkbox"/>
7B. Certification	<input checked="" type="checkbox"/>

The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

Change in project description to reflect PIT count and changes to reflect shift in family composition.

The applicant has selected "Make Changes". Once this screen is saved, the applicant 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.

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	09/18/2017
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/26/2017
Renewal Project Application FY2017	Page 48 09/26/2017

1E. SF-424 Compliance	09/18/2017
1F. SF-424 Declaration	09/18/2017
1G. HUD-2880	09/18/2017
1H. HUD-50070	09/18/2017
1I. Cert. Lobbying	09/18/2017
1J. SF-LLL	09/18/2017
2A. Subrecipients	09/18/2017
2B. Recipient Performance	09/18/2017
3A. Project Detail	09/18/2017
3B. Description	09/26/2017
3C. Dedicated Plus	09/19/2017
4A. Services	09/18/2017
4B. Housing Type	09/18/2017
5A. Households	09/26/2017
5B. Subpopulations	No Input Required
5C. Outreach	09/26/2017
6A. Funding Request	09/18/2017
6B. Leased Units	09/26/2017
6D. Match	09/26/2017
6E. Summary Budget	No Input Required
7A. Attachment(s)	09/18/2017
7B. Certification	09/26/2017
Submission Without Changes	09/26/2017

Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember

- Additional training resources can be found on the HUD Exchange at <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/> - Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2017 Continuum of Care (CoC) Program Competition. For more information see FY 2017 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2017 CoC Program NOFA and the FY 2016 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- 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 2016 Project Application will be imported into the FY 2017 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the FY 2016 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.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, 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 2017 CoC Program Competition NOFA.

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:** 09/26/2017

4. **Applicant Identifier:**

5a. **Federal Entity Identifier:**

5b. **Federal Award Identifier:** MD0030

This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number

6. **Date Received by State:**

7. **State Application Identifier:**

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: City of Baltimore - Mayor's Office

b. Employer/Taxpayer Identification Number (EIN/TIN): 52-6000769

	c. Organizational DUNS:	052340973	PLUS 4	
--	--------------------------------	-----------	---------------	--

d. Address

Street 1: 7 E. Redwood Street

Street 2: 5th Floor

City: Baltimore

County: Baltimore City

State: Maryland

Country: United States

Zip / Postal Code: 21202

e. Organizational Unit (optional)

Department Name: Human Services

Division Name: Homeless Services Program

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Mr.

First Name: Chris

Middle Name:

Last Name: Rafferty

Suffix:

Title: Deputy Director - Homeless Services Program

Organizational Affiliation: City of Baltimore - Mayor's Office

Telephone Number: (410) 396-4885

Applicant: Projects - City of Baltimore

052340973

Project: Associated Catholic Charities - Project FRESH Start

158921

Extension:

Fax Number: (410) 539-1091

Email: chris.rafferty@baltimorecity.gov

1C. SF-424 Application Details

9. Type of Applicant: C. City or Township Government

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: FR-6100-N-25

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (State(s) only): Maryland
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: Associated Catholic Charities - Project FRESH Start

16. Congressional District(s):

a. Applicant: MD-007, MD-003, MD-002
(for multiple selections hold CTRL key)

b. Project: MD-007, MD-003, MD-002
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 12/01/2018

b. End Date: 11/30/2019

18. Estimated Funding (\$)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process? b. Program is subject to E.O. 12372 but has not been selected by the State for review.

If "YES", enter the date this application was made available to the State for review:

20. Is the Applicant delinquent on any Federal debt? No

If "YES," provide an explanation:

1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

I AGREE:

21. Authorized Representative

Prefix: Mr.

First Name: Terry

Middle Name:

Last Name: Hickey

Suffix:

Title: Director, Mayor's Office of Human Services

Telephone Number: (410) 396-7543
(Format: 123-456-7890)

Fax Number: (410) 539-1091
(Format: 123-456-7890)

Email: terry.hickey@baltimorecity.gov

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 09/26/2017

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - Form 2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2510-0011 (exp.11/30/2018)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: City of Baltimore - Mayor's Office
Prefix: Mr.
First Name: Terry
Middle Name:
Last Name: Hickey
Suffix:
Title: Director, Mayor's Office of Human Services
Organizational Affiliation: City of Baltimore - Mayor's Office
Telephone Number: (410) 396-7543
Extension:
Email: terry.hickey@baltimorecity.gov
City: Baltimore
County: Baltimore City
State: Maryland
Country: United States
Zip/Postal Code: 21202

2. Employer ID Number (EIN): 52-6000769
3. HUD Program: Continuum of Care Program
4. Amount of HUD Assistance Requested/Received: \$102,638.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: Associated Catholic Charities - Project FRESH Start 7 E. Redwood Street Baltimore Maryland

Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? Yes
 (For further information, see 24 CFR Sec. 4.3).

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9. Yes

Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
City of Baltimore	Emergency Solutions Grant - Formula	\$1,719,500.00	Shelter, RRH, HMIS, Outreach, Prevention
City of Baltimore	Emergency Solutions Grant - Supplemental	2061204.0	Shelter, RRH, HMIS, Outreach, Prevention
City of Baltimore	HOPWA	\$8,331,845.00	TBRA, supportive services
NA			
NA			

Part III Interested Parties

You must disclose:
 1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
 2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation	Financial Interest in Project/Activity (\$)	Financial Interest in Project/Activity (%)
NA	NA	NA	\$0.00	0%

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I certify that this information is true and complete.

I AGREE:

Name / Title of Authorized Official: Terry Hickey, Director, Mayor's Office of Human Services

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 08/01/2017

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: City of Baltimore - Mayor's Office

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 hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and

X

accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Authorized Representative

Prefix: Mr.

First Name: Terry

Middle Name

Last Name: Hickey

Suffix:

Title: Director, Mayor's Office of Human Services

Telephone Number: (410) 396-7543
(Format: 123-456-7890)

Fax Number: (410) 539-1091
(Format: 123-456-7890)

Email: terry.hickey@baltimorecity.gov

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 09/26/2017

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 Baltimore - Mayor's Office

Name / Title of Authorized Official: Terry Hickey, Director, Mayor's Office of Human Services

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 09/26/2017

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer "Yes" if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: "The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action."

Answer "No" if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program? No

Legal Name: City of Baltimore - Mayor's Office

Street 1: 7 E. Redwood Street

Street 2: 5th Floor

City: Baltimore

County: Baltimore City

State: Maryland

Country: United States

Zip / Postal Code: 21202

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: Mr.

First Name: Terry

Middle Name:

Last Name: Hickey

Suffix:

Title: Director, Mayor's Office of Human Services

Telephone Number: (410) 396-7543
(Format: 123-456-7890)

Fax Number: (410) 539-1091
(Format: 123-456-7890)

Email: terry.hickey@baltimorecity.gov

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 09/26/2017

Additional Information

Now that you have completed Part 1 of the application, please review Parts 2-7, which are in Read Only mode. Screen 3C, which is mandatory for all PH-PSH projects and screens 6D, 7A and 7B which are mandatory for all projects will be editable and must be answered prior to submission.

Once you are done reviewing, you will be guided to a "Submissions without Changes" screen. At this screen if you decide no edits or updates are required to any screens other than the mandatory questions for 3C and/or 6D,7A and 7B, you are allowed to submit the application without ever needing to edit the rest of the application. However, if you determine that changes need to be made to the application, we have given you the ability to open up individual screens for edit, instead of the entire application.

Once you select the screens you want to edit via checkboxes, you will click "Save", and those screens will be available for edit. An important reminder, once you make those selections and click "Save", you cannot uncheck those boxes. You are allowed to select additional boxes even after saving your initial selections. Again, you must click "Save" for those newly selected screens to be available for edit.

If your project is a First Time Renewal, your project will not be able to utilize the "Submit Without Changes" function. The Submissions Without Changes page will be automatically set to "Make Changes" and you will be required to input data into the application for all required fields relevant to the component type.

2A. Project Subrecipients

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the icon. To view or update subrecipient information already listed, select the view option.

Total Expected Sub-Awards: \$102,638

Organization	Type	Type	Sub-Award Amount
Associated Catholic Charities, Inc.	M. Nonprofit with 501C3 IRS Status	M. Nonprofit with 501C3 IRS Status	\$102,638

2A. Project Subrecipients Detail

a. Organization Name: Associated Catholic Charities, Inc.

b. Organization Type: M. Nonprofit with 501C3 IRS Status

c. Employer or Tax Identification Number: 52-0591538

	* d. Organizational DUNS:	080559461	PLUS 4	
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e. Physical Address

Street 1: 320 Cathedral Street

Street 2:

City: Baltimore

State: Maryland

Zip Code: 21201

f. Congressional District(s): MD-007, MD-003, MD-002
(for multiple selections hold CTRL key)

g. Is the subrecipient a Faith-Based Organization? Yes

h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency? Yes

i. Expected Sub-Award Amount: \$102,638

j. Contact Person

Prefix: Mrs.

First Name: Amy

Middle Name:

Last Name: Collier

Suffix:

Title: Director of Community Services

E-mail Address: acollier@catholiccharities-md.org

Confirm E-mail Address: acollier@catholiccharities-md.org

Phone Number: 410-261-6787

Extension:

Fax Number: 410-889-0203

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

2B. Recipient Performance

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

- 1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?** Yes

- 2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?** No

- 3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?** Yes

- 4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?** No

3A. Project Detail

1. Expiring Grant Number: MD0030

(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: MD-501 - Baltimore CoC

2b. CoC Collaborative Applicant Name: City of Baltimore - Mayor's Office

3. Project Name: Associated Catholic Charities - Project FRESH Start

4. Project Status: Standard

5. Component Type: PH

6. Does this project use one or more properties that have been conveyed through the Title V process? No

3B. Project Description

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. Provide a description that addresses the entire scope of the proposed project.

Project Family Relocation, Empowerment and Self Help (FRESH) Start, (PFS), is a joint program of Associated Catholic Charities, Associated Black Charities, and The Associated Jewish Charities. PFS serves Baltimore City homeless families by providing permanent supportive housing and services that empower families to reach self-sufficiency. Referrals often come from Baltimore City Public School social workers with knowledge of homeless children and from Coordinated Access. PFS is adopting a Housing First model to serve those with the most need.

PFS serves families composed of single mothers with dependent children. The average participant upon entry into the program is a single mother with a disabling condition and has two children. These single parents have a history of substance abuse, domestic violence, mental health issues, lack of education, lack of marketable job skills, and inadequate life and decision-making skills, which tend to be major factors in these family's cycles of poverty and homelessness.

Case Management: Our Team uses the Motivational Interviewing (MI) technique to deliver case management services. MI is a goal-oriented, client-centered counseling style for eliciting behavior change by helping clients to explore and resolve ambivalence (Wikipedia, 10/13/2015). Clients meet with their case manager regularly, and are assisted to attain permanent housing. Weekly case management sessions are held to monitor participants' progress. PFS Caseworkers meet with clients in their homes to monitor the family's progress toward independence. During these sessions, the worker and client review the family's budget and expenses; time management, child rearing, and conflict resolution skills with neighbors, co-workers, and family members; and the status of attaining their goals related to employment, sobriety, health, and mental health.

When working with clients who are able to work or available for classes, the caseworker helps locate employment and educational programs, assists the client with enrollment, and monitors progress toward completion. Clients also work with their caseworker to enroll in all of the public benefits for which they may be eligible. The caseworker assists the clients to complete the necessary paperwork and, if needed, sets up appointments with providers for the client. Money management is another focus area. Clients work with their caseworker to develop a money management plan that addresses payment of bills, savings, and debt reduction.

Partners: Baltimore City Public School System provides services for children;

HCAM enrolls clients in Medicaid; My Sister's Place Women's Center offers emergency assistance; and Our Daily Bread Employment Center offers: Ex-Offender and Recovery support, which includes AA/NA programs and addictions counseling.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

Chronic Homeless	<input type="checkbox"/>	Domestic Violence	<input type="checkbox"/>
Veterans	<input type="checkbox"/>	Substance Abuse	<input checked="" type="checkbox"/>
Youth (under 25)	<input type="checkbox"/>	Mental Illness	<input checked="" type="checkbox"/>
Families with Children	<input checked="" type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>
		Other (Click 'Save' to update)	<input type="checkbox"/>

Other:

3. Housing First

3a. Does the project quickly move participants into permanent housing? Yes

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

Having too little or little income	<input checked="" type="checkbox"/>
Active or history of substance use	<input checked="" type="checkbox"/>
Having a criminal record with exceptions for state-mandated restrictions	<input checked="" type="checkbox"/>
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

Failure to participate in supportive services	<input checked="" type="checkbox"/>
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Failure to make progress on a service plan	<input checked="" type="checkbox"/>
Loss of income or failure to improve income	<input checked="" type="checkbox"/>
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

3d. Does the project follow a "Housing First" approach? Yes

4. Does the PH project provide PSH or RRH? PSH

3C. Dedicated Plus

Dedicated and DedicatedPLUS

A "100% Dedicated" project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and families, according to NOFA Section III.3.b.

A "DedicatedPLUS" project is a permanent supportive housing project where 100% of the beds are dedicated to serve individuals with disabilities and families in which one adult or child has a disability, including unaccompanied homeless youth, that at a minimum, meet ONE of the following criteria according to NOFA Section III.3.d:

- (1) experiencing chronic homelessness as defined in 24 CFR 578.3;
- (2) residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project;
- (3) residing in a place not meant for human habitation, emergency shelter, or safe haven; but the individuals or families experiencing chronic homelessness as defined at 24 CFR 578.3 had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement;
- (4) residing in transitional housing funded by a joint TH and PH-RRH component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3 prior to entering the project;
- (5) residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions; or
- (6) receiving assistance through a Department of Veterans Affairs(VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

A renewal project where 100 percent of the beds are dedicated in their current grant as described in NOFA Section III.A.3.b. must either become DedicatedPLUS or remain 100% Dedicated. If a renewal project currently has 100 percent of its beds dedicated to chronically homeless individuals and families and elects to become a DedicatedPLUS project, the project will be required to adhere to all fair housing requirements at 24 CFR 578.93. Any beds that the applicant identifies in this application as being dedicated to chronically homeless individuals and families in a DedicatedPLUS project must continue to operate in accordance with Section III.A.3.b. Beds are identified on Screen 4B.

1. Indicate whether the project is "100% Dedicated", "DedicatedPLUS", or "N/A", according to the information provided above. N/A

4A. Supportive Services for Participants

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

**1. For all supportive services available to 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	Annually
Assistance with Moving Costs	Non-Partner	As needed
Case Management	Subrecipient	Bi-weekly
Child Care	Non-Partner	As needed
Education Services	Non-Partner	As needed
Employment Assistance and Job Training	Subrecipient	As needed
Food	Non-Partner	As needed
Housing Search and Counseling Services	Subrecipient	As needed
Legal Services	Non-Partner	As needed
Life Skills Training	Subrecipient	As needed
Mental Health Services	Partner	As needed
Outpatient Health Services	Partner	As needed
Outreach Services	Non-Partner	As needed
Substance Abuse Treatment Services	Non-Partner	As needed
Transportation	Subrecipient	As needed
Utility Deposits	Non-Partner	As needed

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

2b. Use of a single application form for four or more mainstream programs? Yes

2c. At least annual follow-ups with participants to ensure mainstream benefits Yes

are received and renewed?

3. Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Yes

3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Yes

4B. Housing Type and Location

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

The following list summarizes each housing site in the project. To add a housing site to the list, select the icon. To view or update a housing site already listed, select the icon.

Total Units: 6

Total Beds: 15

Total Dedicated CH Beds: 13

Housing Type	Units	Beds
Scattered-site apartments (...)	6	15

4B. Housing Type and Location Detail

1. Housing Type: Scattered-site apartments (including efficiencies)

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.

a. Units: 6

b. Beds: 15

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 13

This includes both the "dedicated" and "prioritized" beds from previous competitions.

4. Address:

Street 1: 228 W. Lexington Street

Street 2: Suite 220

City: Baltimore

State: Maryland

ZIP Code: 21201

**5. Select the geographic area(s) associated with the address:
(for multiple selections hold CTRL Key)**

240066 Baltimore

5A. Project Participants - Households

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	5	1		6

Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Adults over age 24	5	1		6
Adults ages 18-24	3	1		4
Accompanied Children under age 18	5		0	5
Unaccompanied Children under age 18			0	0
Total Persons	13	2	0	15

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

Persons in Households with at Least One Adult and One Child

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represent ed by listed subpopu lations
Adults over age 24	5	0	0	3	0	5	0	1	1	0
Adults ages 18-24	3	0				0			0	0
Children under age 18	0				0	0	0	0	0	5
Total Persons	8	0	0	3	0	5	0	1	1	5

Click Save to automatically calculate totals

Persons in Households without Children

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represent ed by listed subpopu lations
Adults over age 24	1					1				
Adults ages 18-24										1
Total Persons	1	0	0	0	0	1	0	0	0	1

Click Save to automatically calculate totals

Persons in Households with Only Children

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represent ed by listed subpopu lations
Accompanied Children under age 18										
Unaccompanied Children under age 18										
Total Persons	0			0	0	0	0	0	0	0

Describe the unlisted subpopulations referred to above:

The numbers indicated in "Persons not represented by listed subpopulations" represent children in households with at least one adult and one child or adult children in households without children.

5C. Outreach for Participants

1. Enter the percentage of project participants that will be coming from each of the following locations.

50%	Directly from the street or other locations not meant for human habitation.
45%	Directly from emergency shelters.
1%	Directly from safe havens.
1%	Persons fleeing domestic violence.
0%	Directly from transitional housing.
3%	Directly from the TH Portion of a Joint TH and PH-RRH Component project.
	Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program.
100%	Total of above percentages

6A. Funding Request

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. Do any of the properties in this project have an active restrictive covenant? No
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? No
3. Does this project propose to allocate funds according to an indirect cost rate? No
4. Renewal Grant Term: 1 Year
5. Select the costs for which funding is being requested:
- | | |
|---------------------|-------------------------------------|
| Leased Units | <input checked="" type="checkbox"/> |
| Leased Structures | <input type="checkbox"/> |
| Rental Assistance | <input type="checkbox"/> |
| Supportive Services | <input checked="" type="checkbox"/> |
| Operating | <input type="checkbox"/> |
| HMIS | <input type="checkbox"/> |

6B. Leased Units Budget

The following list summarizes the funds being requested for one or more units leased for operating the projects. To add information to the list, select the icon. To view or update information already listed, select the icon.

Total Annual Assistance Requested:		\$51,923	
Grant Term:		1 Year	
Total Request for Grant Term:		\$51,923	
Total Units:		6	
FMR Area	Total Units Requested	Total Annual Budget Requested	Total Budget Requested
MD - Baltimore-Co...	6	\$51,923	\$51,923

Leased Units Budget Detail

Enter the appropriate values in the "Number of Units" AND "Total Request" fields.

Metropolitan or non-metropolitan fair market rent area: MD - Baltimore-Columbia-Towson, MD MSA (2400399999)

Leased Units Annual Budget

Size of Units	# of Units (Applicant)	Total Request (Applicant)
SRO		
0 Bedroom		
1 Bedroom		
2 Bedroom	5	
3 Bedroom	1	
4 Bedroom		
5 Bedroom		
6 Bedroom		
7 Bedroom		
8 Bedroom		
9 Bedroom		
Total Units and Annual Assistance Requested	6	\$51,923
Grant Term		1 Year
Total Request for Grant Term		\$51,923

Click the 'Save' button to automatically calculate totals.

6D. Sources of Match

The following list summarizes the funds that will be used as Match for the project. To add a Matching source to the list, select the icon. To view or update a Matching source already listed, select the icon.

Summary for Match

Total Value of Cash Commitments:	\$12,679
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$12,679

1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? No

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Private	Associated Cathol...	09/28/2017	\$12,679

Sources of Match Detail

1. Will this commitment be used towards Match? Yes

2. Type of Commitment: Cash

3. Type of Source: Private

4. Name the Source of the Commitment: Associated Catholic Charities
(Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 09/28/2017

6. Value of Written Commitment: \$12,679

6E. Summary Budget

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

The following 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 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, 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	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	\$51,923
1b. Leased Structures	\$0
2. Rental Assistance	\$0
3. Supportive Services	\$44,312
4. Operating	\$0
5. HMIS	\$0
6. Sub-total Costs Requested	\$96,235
7. Admin (Up to 10%)	\$6,403
8. Total Assistance plus Admin Requested	\$102,638
9. Cash Match	\$12,679
10. In-Kind Match	\$0
11. Total Match	\$12,679
12. Total Budget	\$115,317

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	Catholic Charitie...	11/09/2015
2) Other Attachmenbt	No		
3) Other Attachment	No		

Attachment Details

Document Description: Catholic Charities - 501(c)(3) doc

Attachment Details

Document Description:

Attachment Details

Document Description:

7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

For applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

C. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official Terry Hickey
Date: 09/26/2017
Title: Director, Mayor's Office of Human Services
Applicant Organization: City of Baltimore - Mayor's Office

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant

X

Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of 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- Recipient and Subrecipient Information	
2A. Subrecipients	<input type="checkbox"/>
2B. Recipient Performance	<input type="checkbox"/>
Part 3 - Project Information	
3A. Project Detail	<input checked="" type="checkbox"/>
3B. Description	<input type="checkbox"/>
3C. Dedicated Plus	<input checked="" type="checkbox"/>
Part 4 - Housing Services and HMIS	
4A. Services	<input type="checkbox"/>
4B. Housing Type	<input type="checkbox"/>
Part 5 - Participants and Outreach Information	
5A. Households	<input checked="" type="checkbox"/>
5B. Subpopulations	<input checked="" type="checkbox"/>
5C. Outreach	<input checked="" type="checkbox"/>
Part 6 - Budget Information	
6A. Funding Request	<input type="checkbox"/>

6B. Leased Units	<input checked="" type="checkbox"/>
6D. Match	<input checked="" type="checkbox"/>
6E. Summary Budget	<input type="checkbox"/>
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	<input checked="" type="checkbox"/>
7B. Certification	<input checked="" type="checkbox"/>

The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

Changes made to reflect changes in family composition.

The applicant has selected "Make Changes". Once this screen is saved, the applicant 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.

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	09/13/2017
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/26/2017
Renewal Project Application FY2017	Page 48 09/26/2017

1E. SF-424 Compliance	09/13/2017
1F. SF-424 Declaration	09/13/2017
1G. HUD-2880	09/13/2017
1H. HUD-50070	09/13/2017
1I. Cert. Lobbying	09/13/2017
1J. SF-LLL	09/13/2017
2A. Subrecipients	09/13/2017
2B. Recipient Performance	09/13/2017
3A. Project Detail	09/14/2017
3B. Description	09/13/2017
3C. Dedicated Plus	09/14/2017
4A. Services	09/13/2017
4B. Housing Type	09/13/2017
5A. Households	09/26/2017
5B. Subpopulations	09/26/2017
5C. Outreach	09/26/2017
6A. Funding Request	09/13/2017
6B. Leased Units	09/26/2017
6D. Match	09/26/2017
6E. Summary Budget	No Input Required
7A. Attachment(s)	09/13/2017
7B. Certification	09/26/2017
Submission Without Changes	09/26/2017

Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember

- Additional training resources can be found on the HUD Exchange at <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/> - Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2017 Continuum of Care (CoC) Program Competition. For more information see FY 2017 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2017 CoC Program NOFA and the FY 2016 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- 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 2016 Project Application will be imported into the FY 2017 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the FY 2016 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.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, 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 2017 CoC Program Competition NOFA.

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:** 09/26/2017

4. **Applicant Identifier:**

5a. **Federal Entity Identifier:**

5b. **Federal Award Identifier:** MD0033

This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number

6. **Date Received by State:**

7. **State Application Identifier:**

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: City of Baltimore - Mayor's Office

b. Employer/Taxpayer Identification Number (EIN/TIN): 52-6000769

	c. Organizational DUNS:	052340973	PLUS 4	
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d. Address

Street 1: 7 E. Redwood Street

Street 2: 5th Floor

City: Baltimore

County: Baltimore City

State: Maryland

Country: United States

Zip / Postal Code: 21202

e. Organizational Unit (optional)

Department Name: Human Services

Division Name: Homeless Services Program

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Mr.

First Name: Chris

Middle Name:

Last Name: Rafferty

Suffix:

Title: Deputy Director - Homeless Services Program

Organizational Affiliation: City of Baltimore - Mayor's Office

Telephone Number: (410) 396-4885

Applicant: Projects - City of Baltimore

052340973

Project: Dayspring Programs Tenant Based S+C

158883

Extension:

Fax Number: (410) 539-1091

Email: chris.rafferty@baltimorecity.gov

1C. SF-424 Application Details

9. Type of Applicant: C. City or Township Government

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: FR-6100-N-25

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (State(s) only): Maryland
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: Dayspring Programs Tenant Based S+C

16. Congressional District(s):

a. Applicant: MD-007, MD-003, MD-002
(for multiple selections hold CTRL key)

b. Project: MD-007, MD-003, MD-002
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 04/01/2018

b. End Date: 03/31/2019

18. Estimated Funding (\$)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process? b. Program is subject to E.O. 12372 but has not been selected by the State for review.

If "YES", enter the date this application was made available to the State for review:

20. Is the Applicant delinquent on any Federal debt? No

If "YES," provide an explanation:

1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

I AGREE:

21. Authorized Representative

Prefix: Mr.

First Name: Terry

Middle Name:

Last Name: Hickey

Suffix:

Title: Director, Mayor's Office of Human Services

Telephone Number: (410) 396-7543
(Format: 123-456-7890)

Fax Number: (410) 539-1091
(Format: 123-456-7890)

Email: terry.hickey@baltimorecity.gov

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 09/26/2017

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - Form 2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2510-0011 (exp.11/30/2018)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: City of Baltimore - Mayor's Office

Prefix: Mr.

First Name: Terry

Middle Name:

Last Name: Hickey

Suffix:

Title: Director, Mayor's Office of Human Services

Organizational Affiliation: City of Baltimore - Mayor's Office

Telephone Number: (410) 396-7543

Extension:

Email: terry.hickey@baltimorecity.gov

City: Baltimore

County: Baltimore City

State: Maryland

Country: United States

Zip/Postal Code: 21202

2. Employer ID Number (EIN): 52-6000769

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$411,440.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: Dayspring Programs Tenant Based S+C 7 E. Redwood Street Baltimore Maryland

Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? Yes
 (For further information, see 24 CFR Sec. 4.3).

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9. Yes

Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
City of Baltimore	Emergency Solutions Grant - Formula	\$1,719,500.00	Shelter, RRH, HMIS, Outreach, Prevention
City of Baltimore	Emergency Solutions Grant - Supplemental	2061204.0	Shelter, RRH, HMIS, Outreach, Prevention
City of Baltimore	HOPWA	\$8,331,845.00	TBRA, supportive services
NA			
NA			

Part III Interested Parties

You must disclose:
 1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
 2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation	Financial Interest in Project/Activity (\$)	Financial Interest in Project/Activity (%)
NA	NA	NA	\$0.00	0%

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I certify that this information is true and complete.

I AGREE:

Name / Title of Authorized Official: Terry Hickey, Director, Mayor's Office of Human Services

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 08/01/2017

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: City of Baltimore - Mayor's Office

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 hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and

X

accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Authorized Representative

Prefix: Mr.

First Name: Terry

Middle Name

Last Name: Hickey

Suffix:

Title: Director, Mayor's Office of Human Services

Telephone Number: (410) 396-7543
(Format: 123-456-7890)

Fax Number: (410) 539-1091
(Format: 123-456-7890)

Email: terry.hickey@baltimorecity.gov

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 09/26/2017

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 Baltimore - Mayor's Office

Name / Title of Authorized Official: Terry Hickey, Director, Mayor's Office of Human Services

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 09/26/2017

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer "Yes" if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: "The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action."

Answer "No" if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program? No

Legal Name: City of Baltimore - Mayor's Office
Street 1: 7 E. Redwood Street
Street 2: 5th Floor
City: Baltimore
County: Baltimore City
State: Maryland
Country: United States
Zip / Postal Code: 21202

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I certify that this information is true and complete.

Authorized Representative

Prefix: Mr.

First Name: Terry

Middle Name:

Last Name: Hickey

Suffix:

Title: Director, Mayor's Office of Human Services

Telephone Number: (410) 396-7543
(Format: 123-456-7890)

Fax Number: (410) 539-1091
(Format: 123-456-7890)

Email: terry.hickey@baltimorecity.gov

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 09/26/2017

Additional Information


Now that you have completed Part 1 of the application, please review Parts 2-7, which are in Read Only mode. Screen 3C, which is mandatory for all PH-PSH projects and screens 6D, 7A and 7B which are mandatory for all projects will be editable and must be answered prior to submission.

Once you are done reviewing, you will be guided to a "Submissions without Changes" screen. At this screen if you decide no edits or updates are required to any screens other than the mandatory questions for 3C and/or 6D,7A and 7B, you are allowed to submit the application without ever needing to edit the rest of the application. However, if you determine that changes need to be made to the application, we have given you the ability to open up individual screens for edit, instead of the entire application.

Once you select the screens you want to edit via checkboxes, you will click "Save", and those screens will be available for edit. An important reminder, once you make those selections and click "Save", you cannot uncheck those boxes. You are allowed to select additional boxes even after saving your initial selections. Again, you must click "Save" for those newly selected screens to be available for edit.

If your project is a First Time Renewal, your project will not be able to utilize the "Submit Without Changes" function. The Submissions Without Changes page will be automatically set to "Make Changes" and you will be required to input data into the application for all required fields relevant to the component type.

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: \$411,400

Organization	Type	Type	Sub-Award Amount
Dayspring Programs, Inc.	M. Nonprofit with 501C3 IRS Status	M. Nonprofit with 501C3 IRS Status	\$411,400

2A. Project Subrecipients Detail

a. Organization Name: Dayspring Programs, Inc.

b. Organization Type: M. Nonprofit with 501C3 IRS Status

c. Employer or Tax Identification Number: 52-2042543

	* d. Organizational DUNS:	036880342	PLUS 4	
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e. Physical Address

Street 1: 1125 N. Patterson Park Avenue

Street 2:

City: Baltimore

State: Maryland

Zip Code: 21213

f. Congressional District(s): MD-007, MD-003, MD-002
(for multiple selections hold CTRL key)

g. Is the subrecipient a Faith-Based Organization? No

h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency? Yes

i. Expected Sub-Award Amount: \$411,400

j. Contact Person

Prefix: Dr.

First Name: Pamela

Middle Name:

Last Name: Talabis

Suffix:

Title: Executive Director

E-mail Address: Day1sp@aol.com

Confirm E-mail Address: Day1sp@aol.com

Phone Number: 410-563-3459

Extension:

Fax Number: 410-276-0036

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

2B. Recipient Performance

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request? Yes

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request? No

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request? Yes

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request? Yes

Explain the circumstances that led HUD to recapture funds from the most recently expired grant term related to this renewal project request.

Funds were recaptured due to grant being funded at the full FMR and the total units leased did not exceed the awarded amount.

3A. Project Detail

1. Expiring Grant Number: MD0033

(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: MD-501 - Baltimore CoC

2b. CoC Collaborative Applicant Name: City of Baltimore - Mayor's Office

3. Project Name: Dayspring Programs Tenant Based S+C

4. Project Status: Standard

5. Component Type: PH

6. Does this project use one or more properties that have been conveyed through the Title V process? No

3B. Project Description

1. Provide a description that addresses the entire scope of the proposed project.

"The Dayspring Permanent Supportive Housing Program provides tenant-based housing rental assistance and supportive services for 21 homeless families with a parent in recovery from substance abuse. Many parents also have a mental illness and/or have been a victim of domestic violence. Unaccompanied youth mothers aged 18-24 are a now a target population for the program. Families are referred through the Coordinated Access System. Dayspring's Intake Case Manager meets with the adult to complete an intake assessment and ensure appropriate placement in a scattered site housing unit. The Case Manager (CM) meets with the family within 7 days of move-in and, with the client, develops a Family Plan that is reviewed every 90 days. Emphasis is placed on goals that lead to stabilization of permanent housing, addressing health, employment needs and providing a safe, stable and nurturing environment for children. Weekly or more often, home visits provide the family with support. Individuals may benefit from supportive services such as mental health or substance abuse counseling. The CM is proactive in using the family goals and other creative strategies to engage tenants in services, although participation is voluntary. The CM assists the family to find and keep employment and work toward upgrading employment to increase family resources. Dayspring offers a Job Readiness Program with on-the-job experience as a receptionist to familiarize participants with a work environment in a familiar setting. If the parent is unable to work due to disability the CM will refer to appropriate resources. The CM provides information and encouragement for participants to access mainstream services to address their individual needs. A weekly support group at Dayspring's main location is available. Other family activities such as gardening, holiday parties, parenting education, tenants' council and other activities are held on a regular basis. The projected outcomes are (1) maintaining permanent housing for at least 2 years, (2) maintaining or increasing total cash income and, as appropriate, maintaining or increasing non-cash benefits, (3) remaining free of substance abuse. Mainstream and community-based collaborators provide a variety of support services that assist clients in meeting their goals. Housing is located in east Baltimore and is in walking distance to bus service, schools, health clinics and other city amenities. Housing stability and case management services are provided to all family members. The CM ensures that children are attending school and work with parents to assist them to advocate for their child's appropriate placement and services for special needs children. Assistance is provided to refer children to appropriate health and mental health services.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

Chronic Homeless	<input checked="" type="checkbox"/>	Domestic Violence	<input checked="" type="checkbox"/>
Veterans	<input type="checkbox"/>	Substance Abuse	<input checked="" type="checkbox"/>
Youth (under 25)	<input checked="" type="checkbox"/>	Mental Illness	<input checked="" type="checkbox"/>
Families with Children	<input checked="" type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>
		Other (Click 'Save' to update)	<input type="checkbox"/>

Other:

3. Housing First

3a. Does the project quickly move participants into permanent housing Yes

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

Having too little or little income	<input checked="" type="checkbox"/>
Active or history of substance use	<input checked="" type="checkbox"/>
Having a criminal record with exceptions for state-mandated restrictions	<input checked="" type="checkbox"/>
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

Failure to participate in supportive services	<input checked="" type="checkbox"/>
Failure to make progress on a service plan	<input checked="" type="checkbox"/>
Loss of income or failure to improve income	<input checked="" type="checkbox"/>
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

3d. Does the project follow a "Housing First" Yes

approach?

4. Does the PH project provide PSH or RRH? PSH
Is this an SHP Project that had been approved by HUD to change the renewal project budget from leasing to rental assistance? No

3C. Dedicated Plus

Dedicated and DedicatedPLUS

A “100% Dedicated” project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and families, according to NOFA Section III.3.b.

A “DedicatedPLUS” project is a permanent supportive housing project where 100% of the beds are dedicated to serve individuals with disabilities and families in which one adult or child has a disability, including unaccompanied homeless youth, that at a minimum, meet ONE of the following criteria according to NOFA Section III.3.d:

- (1) experiencing chronic homelessness as defined in 24 CFR 578.3;
- (2) residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project;
- (3) residing in a place not meant for human habitation, emergency shelter, or safe haven; but the individuals or families experiencing chronic homelessness as defined at 24 CFR 578.3 had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement;
- (4) residing in transitional housing funded by a joint TH and PH-RRH component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3 prior to entering the project;
- (5) residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions; or
- (6) receiving assistance through a Department of Veterans Affairs(VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

A renewal project where 100 percent of the beds are dedicated in their current grant as described in NOFA Section III.A.3.b. must either become DedicatedPLUS or remain 100% Dedicated. If a renewal project currently has 100 percent of its beds dedicated to chronically homeless individuals and families and elects to become a DedicatedPLUS project, the project will be required to adhere to all fair housing requirements at 24 CFR 578.93. Any beds that the applicant identifies in this application as being dedicated to chronically homeless individuals and families in a DedicatedPLUS project must continue to operate in accordance with Section III.A.3.b. Beds are identified on Screen 4B.

1. Indicate whether the project is "100% Dedicated", "DedicatedPLUS", or "N/A", according to the information provided above. N/A

4A. Supportive Services for Participants

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

**1. For all supportive services available to participants, indicate who will provide them and how often they will be provided.
 Click 'Save' to update.**

Supportive Services	Provider	Frequency
Assessment of Service Needs	Subrecipient	Quarterly
Assistance with Moving Costs		
Case Management	Subrecipient	Bi-weekly
Child Care	Subrecipient	As needed
Education Services	Partner	As needed
Employment Assistance and Job Training	Subrecipient	As needed
Food		
Housing Search and Counseling Services	Subrecipient	As needed
Legal Services	Non-Partner	As needed
Life Skills Training	Subrecipient	As needed
Mental Health Services	Subrecipient	Weekly
Outpatient Health Services	Subrecipient	As needed
Outreach Services		
Substance Abuse Treatment Services	Subrecipient	As needed
Transportation		
Utility Deposits		

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? No

2b. Use of a single application form for four or more mainstream programs? No

2c. At least annual follow-ups with participants to ensure mainstream benefits Yes

are received and renewed?

3. Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Yes

3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Yes

4B. Housing Type and Location

The following list summarizes each housing site in the project. To add a housing site to the list, select the  icon. To view or update a housing site already listed, select the  icon.

Total Units: 21

Total Beds: 63

Total Dedicated CH Beds: 0

Housing Type	Units	Beds
Scattered-site apartments (...)	21	63

4B. Housing Type and Location Detail

1. Housing Type: Scattered-site apartments (including efficiencies)

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.

a. Units: 21

b. Beds: 63

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 0

This includes both the "dedicated" and "prioritized" beds from previous competitions.

4. Address:

Street 1: 1125 N. Patterson Park Avenue

Street 2:

City: Baltimore

State: Maryland

ZIP Code: 21213

**5. Select the geographic area(s) associated with the address:
(for multiple selections hold CTRL Key)**

240066 Baltimore

5A. Project Participants - Households

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	21	0	0	21

Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Adults over age 24	21	0		21
Adults ages 18-24	0	0		0
Accompanied Children under age 18	42		0	42
Unaccompanied Children under age 18			0	0
Total Persons	63	0	0	63

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

Persons in Households with at Least One Adult and One Child

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represen ted by listed subpopu lations
Adults over age 24		0	0	21	0	6	1	0	0	0
Adults ages 18-24		0						0	0	0
Children under age 18	0				0	0	0	0	0	42
Total Persons	0	0	0	21	0	6	1	0	0	42

Click Save to automatically calculate totals

Persons in Households without Children

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represen ted by listed subpopu lations
Adults over age 24										
Adults ages 18-24										
Total Persons	0	0	0	0	0	0	0	0	0	0

Persons in Households with Only Children

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represen ted by listed subpopu lations
Accompanied Children under age 18										
Unaccompanied Children under age 18										
Total Persons	0			0	0	0	0	0	0	0

Describe the unlisted subpopulations referred to above:

The unlisted subpopulation refers to non disabled children.

5C. Outreach for Participants

1. Enter the percentage of project participants that will be coming from each of the following locations.

50%	Directly from the street or other locations not meant for human habitation.
45%	Directly from emergency shelters.
1%	Directly from safe havens.
1%	Persons fleeing domestic violence.
3%	Directly from transitional housing.
0%	Directly from the TH Portion of a Joint TH and PH-RRH Component project.
0%	Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program.
100%	Total of above percentages

6A. Funding Request

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. Do any of the properties in this project have an active restrictive covenant? No
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? No
3. Does this project propose to allocate funds according to an indirect cost rate? No
4. Renewal Grant Term: 1 Year
5. Select the costs for which funding is being requested:
- | | |
|---------------------|-------------------------------------|
| Leased Units | <input type="checkbox"/> |
| Leased Structures | <input type="checkbox"/> |
| Rental Assistance | <input checked="" type="checkbox"/> |
| Supportive Services | <input type="checkbox"/> |
| Operating | <input type="checkbox"/> |
| HMIS | <input type="checkbox"/> |

6C. Rental Assistance Budget

The following list summarizes the rental assistance funding request for the total term of the project. To add information to the list, select the icon. To view or update information already listed, select the icon.

Total Request for Grant Term:		\$383,292	
Total Units:		21	
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	MD - Baltimore-Columbia-Towson, MD MS...	21	\$383,292

Rental Assistance Budget Detail

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: MD - Baltimore-Columbia-Towson, MD MSA (2400399999)

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? Yes

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	HUD Paid Rent (Applicant)		12 Months		Total Request (Applicant)
SRO		x	\$638	\$638	x	12	=	\$0
0 Bedroom		x	\$851	\$851	x	12	=	\$0
1 Bedroom		x	\$1,033	\$1,033	x	12	=	\$0
2 Bedrooms		x	\$1,298	\$1,298	x	12	=	\$0
3 Bedrooms	21	x	\$1,663	\$1,521	x	12	=	\$383,292
4 Bedrooms		x	\$1,934	\$1,934	x	12	=	\$0
5 Bedrooms		x	\$2,224	\$2,224	x	12	=	\$0
6 Bedrooms		x	\$2,514	\$2,514	x	12	=	\$0
7 Bedrooms		x	\$2,804	\$2,804	x	12	=	\$0
8 Bedrooms		x	\$3,094	\$3,094	x	12	=	\$0
9 Bedrooms		x	\$3,385	\$3,385	x	12	=	\$0
Total Units and Annual Assistance Requested	21							\$383,292
Grant Term								1 Year
Total Request for Grant Term								\$383,292

Click the 'Save' button to automatically calculate totals.

6D. Sources of Match

The following list summarizes the funds that will be used as Match for the project. To add a Matching source to the list, select the icon. To view or update a Matching source already listed, select the icon.

Summary for Match

Total Value of Cash Commitments:	\$106,364
Total Value of In-Kind Commitments:	\$9,500
Total Value of All Commitments:	\$115,864

1. Does this project generate program income No
 as described in 24 CFR 578.97 that will be
 used as Match for this grant?

Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Private	Dayspring Programs	09/28/2017	\$34,364
Yes	Cash	Private	Dayspring Program	09/28/2017	\$72,000
Yes	In-Kind	Private	Dayspring Programs	09/28/2017	\$9,500

Sources of Match Detail

- 1. Will this commitment be used towards Match? Yes
- 2. Type of Commitment: Cash
- 3. Type of Source: Private
- 4. Name the Source of the Commitment: Dayspring Programs
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment: 09/28/2017
- 6. Value of Written Commitment: \$34,364

Sources of Match Detail

- 1. Will this commitment be used towards Match? Yes
- 2. Type of Commitment: Cash
- 3. Type of Source: Private
- 4. Name the Source of the Commitment: Dayspring Program
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment: 09/28/2017
- 6. Value of Written Commitment: \$72,000

Sources of Match Detail

- 1. Will this commitment be used towards Match? Yes
- 2. Type of Commitment: In-Kind
- 3. Type of Source: Private
- 4. Name the Source of the Commitment: Dayspring Programs
(Be as specific as possible and include the

office or grant program as applicable)

5. Date of Written Commitment: 09/28/2017

6. Value of Written Commitment: \$9,500

Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.

6E. Summary Budget

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, 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	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	\$0
1b. Leased Structures	\$0
2. Rental Assistance	\$383,292
3. Supportive Services	\$0
4. Operating	\$0
5. HMIS	\$0
6. Sub-total Costs Requested	\$383,292
7. Admin (Up to 10%)	\$28,148
8. Total Assistance plus Admin Requested	\$411,440
9. Cash Match	\$106,364
10. In-Kind Match	\$9,500
11. Total Match	\$115,864
12. Total Budget	\$527,304

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	Dayspring 501c3	11/06/2015
2) Other Attachmenbt	No	Dayspring Program...	09/22/2017
3) Other Attachment	No		

Attachment Details

Document Description: Dayspring 501c3

Attachment Details

Document Description: Dayspring Program Tenant Based Match

Attachment Details

Document Description:

7A. In-Kind Match MOU Attachment

Document Type	Required?	Document Description	Date Attached
In-Kind Match MOU	No	Dayspring Program ...	09/13/2017

Attachment Details

Document Description: Dayspring Program Tenant Based Match

7B. Certification

A. For all projects: Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

For applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

C. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official Terry Hickey
Date: 09/26/2017
Title: Director, Mayor's Office of Human Services
Applicant Organization: City of Baltimore - Mayor's Office

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant

X

Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of 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- Recipient and Subrecipient Information	
2A. Subrecipients	<input checked="" type="checkbox"/>
2B. Recipient Performance	<input type="checkbox"/>
Part 3 - Project Information	
3A. Project Detail	<input checked="" type="checkbox"/>
3B. Description	<input checked="" type="checkbox"/>
3C. Dedicated Plus	<input checked="" type="checkbox"/>
Part 4 - Housing Services and HMIS	
4A. Services	<input type="checkbox"/>
4B. Housing Type	<input checked="" type="checkbox"/>
Part 5 - Participants and Outreach Information	
5A. Households	<input checked="" type="checkbox"/>
5B. Subpopulations	<input checked="" type="checkbox"/>
5C. Outreach	<input checked="" type="checkbox"/>
Part 6 - Budget Information	
6A. Funding Request	<input type="checkbox"/>

6C. Rental Assistance	<input checked="" type="checkbox"/>
6D. Match	<input checked="" type="checkbox"/>
6E. Summary Budget	<input checked="" type="checkbox"/>
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	<input checked="" type="checkbox"/>
7A. In-Kind Match MOU Attachment	<input checked="" type="checkbox"/>
7B. Certification	<input checked="" type="checkbox"/>

The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

- 2a. Updated award amount to reflect combined totals of merged grants.
- 3b. Updated project description.
- 4b. Updated program unit and bed count.
- 5a. Updated subpopulation numbers due to merging of grants.
- 5b. Updated subpopulations due to merged grants.


The applicant has selected "Make Changes". Once this screen is saved, the applicant 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.

8B Submission Summary


Page	Last Updated
1A. SF-424 Application Type	09/12/2017
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required

Renewal Project Application FY2017	Page 51	09/26/2017
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1D. SF-424 Congressional District(s)	09/25/2017
1E. SF-424 Compliance	09/12/2017
1F. SF-424 Declaration	09/13/2017
1G. HUD-2880	09/13/2017
1H. HUD-50070	09/13/2017
1I. Cert. Lobbying	09/13/2017
1J. SF-LLL	09/13/2017
2A. Subrecipients	09/14/2017
2B. Recipient Performance	09/12/2017
3A. Project Detail	09/13/2017
3B. Description	09/21/2017
3C. Dedicated Plus	09/13/2017
4A. Services	09/12/2017
4B. Housing Type	09/22/2017
5A. Households	09/22/2017
5B. Subpopulations	09/12/2017
5C. Outreach	09/25/2017
6A. Funding Request	09/12/2017
6C. Rental Assistance	09/25/2017
6D. Match	09/26/2017
6E. Summary Budget	No Input Required
7A. Attachment(s)	09/22/2017
7A. In-Kind Match MOU Attachment	09/13/2017
7B. Certification	09/13/2017
Submission Without Changes	09/26/2017

 **IRS** Department of the Treasury
Internal Revenue Service
P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 0248164798
Jan. 28, 2014 LTR 4168C 0
52-2042543 000000 00
00025102
BODC: TE


DAYSPRING PROGRAMS INC
1125 N PATTERSON PARK AVENUE
BALTIMORE MD 21213

017196

Employer Identification Number: 52-2042543
Person to Contact: Mr Bayer
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Jan. 16, 2014, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in October 1997.

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.

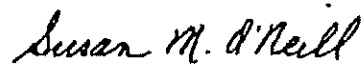
Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third 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.

0248164798
Jan. 28, 2014 LTR 4168C 0
52-2042543 000000 00
00025103

DAYSPRING PROGRAMS INC
1125 N PATTERSON PARK AVENUE
BALTIMORE MD 21213

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely yours,



Susan M. O'Neill, Department Mgr.
Accounts Management Operations



DAYSRING PROGRAMS, INC.

Terry Hickey, Director
Mayor's Office of Human Services
7 E. Redwood Street, 5th Floor
Baltimore, Maryland 21202

September 28, 2017

RE: Dayspring In-Kind Match Letter
Dayspring's Tenant-based PSH- MD0033L3B011609
Fiscal Year 2017

Dear Mr. Hickey,

I am writing to you regarding Dayspring Programs, Inc. renewal application for its' Continuum of Care Program Grant for our Tenant-based PSH rental assistance.

Please let this letter serve as our commitment to provide in-kind match in the amount of \$ 24,864 for Dayspring Head Start child development services and \$9,500 for goods and materials. This in-kind match will be available starting April 1, 2018 for the grant period, April 1, 2018 through March 31, 2019.

The in-kind match will be used to provide:

Head Start child development services, 5 days a week for children 3 to 5 years of age. The services are valued at \$8, 288 per child for 3 children and provided by qualified staff as required by Head Start.

Good and materials for families that include diapers, food, clothing, toys, school supplies valued at \$9,500.

We are pleased to offer this continued service and we look forward to assisting those experiencing homelessness.

In the interest of children,

Pamela Talabis, Ph.D
Executive Director



1125 N. Patterson Park Avenue
Baltimore, Maryland 21213
Email: Day1Sp@aol.com

Phone: (410) 563-3459
Fax: (410) 276-0036
www.dayspringbaltimore.com



DAYSRING PROGRAMS, INC.

Terry Hickey, Director
Mayor's Office of Human Services
7 E. Redwood Street, 5th Floor
Baltimore, Maryland 21202

September 28, 2017

RE: Dayspring Cash Match Letter
Dayspring's Tenant-based PSH- MD0033L3B011609
Fiscal Year 2017

Dear Mr. Hickey,

I am writing to you regarding Dayspring Programs, Inc. renewal application for its' Continuum of Care Program Grant for our Tenant-based PSH rental assistance.

Please let this letter serve as our commitment to provide cash match in the amount of \$ 72,000 for supportive services. This cash match will be available starting April 1, 2018 for the grant period, April 1, 2018 through March 31, 2019.

The cash match will be used to provide domestic violence services and IOP substance abuse treatment services.

We are pleased to offer these continued services and we look forward to assisting those experiencing homelessness.

In the interest of children,

Pamela Talabis, Ph.D
Executive Director



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Baltimore, Maryland 21213
Email: Day1Sp@aol.com

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Fax: (410) 276-0036
www.dayspringbaltimore.com



DAYSRING PROGRAMS, INC.

Terry Hickey, Director
Mayor's Office of Human Services
7 E. Redwood Street, 5th Floor
Baltimore, Maryland 21202

September 28, 2017

RE: Dayspring In-Kind Match Letter
Dayspring's Tenant-based PSH- MD0033L3B011609
Fiscal Year 2017

Dear Mr. Hickey,

I am writing to you regarding Dayspring Programs, Inc. renewal application for its' Continuum of Care Program Grant for our Tenant-based PSH rental assistance.

Please let this letter serve as our commitment to provide in-kind match in the amount of \$ 24,864 for Dayspring Head Start child development services and \$9,500 for goods and materials. This in-kind match will be available starting April 1, 2018 for the grant period, April 1, 2018 through March 31, 2019.

The in-kind match will be used to provide:

Head Start child development services, 5 days a week for children 3 to 5 years of age. The services are valued at \$8, 288 per child for 3 children and provided by qualified staff as required by Head Start.

Good and materials for families that include diapers, food, clothing, toys, school supplies valued at \$9,500.

We are pleased to offer this continued service and we look forward to assisting those experiencing homelessness.

In the interest of children,

Pamela Talabis, Ph.D
Executive Director



1125 N. Patterson Park Avenue
Baltimore, Maryland 21213
Email: Day1Sp@aol.com

Phone: (410) 563-3459
Fax: (410) 276-0036
www.dayspringbaltimore.com



DAYSRING PROGRAMS, INC.

Terry Hickey, Director
Mayor's Office of Human Services
7 E. Redwood Street, 5th Floor
Baltimore, Maryland 21202

September 28, 2017

RE: Dayspring Cash Match Letter
Dayspring's Tenant-based PSH- MD0033L3B011609
Fiscal Year 2017

Dear Mr. Hickey,

I am writing to you regarding Dayspring Programs, Inc. renewal application for its' Continuum of Care Program Grant for our Tenant-based PSH rental assistance.

Please let this letter serve as our commitment to provide cash match in the amount of \$ 72,000 for supportive services. This cash match will be available starting April 1, 2018 for the grant period, April 1, 2018 through March 31, 2019.

The cash match will be used to provide domestic violence services and IOP substance abuse treatment services.

We are pleased to offer these continued services and we look forward to assisting those experiencing homelessness.

In the interest of children,

Pamela Talabis, Ph.D
Executive Director



1125 N. Patterson Park Avenue
Baltimore, Maryland 21213
Email: Day1Sp@aol.com

Phone: (410) 563-3459
Fax: (410) 276-0036
www.dayspringbaltimore.com

Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember

- Additional training resources can be found on the HUD Exchange at <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/> - Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2017 Continuum of Care (CoC) Program Competition. For more information see FY 2017 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2017 CoC Program NOFA and the FY 2016 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- 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 2016 Project Application will be imported into the FY 2017 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the FY 2016 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.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, 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 2017 CoC Program Competition NOFA.

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: 09/26/2017

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: MD0034

This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: City of Baltimore - Mayor's Office

b. Employer/Taxpayer Identification Number (EIN/TIN): 52-6000769

	c. Organizational DUNS:	052340973	PLUS 4	
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d. Address

Street 1: 7 E. Redwood Street

Street 2: 5th Floor

City: Baltimore

County: Baltimore City

State: Maryland

Country: United States

Zip / Postal Code: 21202

e. Organizational Unit (optional)

Department Name: Human Services

Division Name: Homeless Services Program

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Mr.

First Name: Chris

Middle Name:

Last Name: Rafferty

Suffix:

Title: Deputy Director - Homeless Services Program

Organizational Affiliation: City of Baltimore - Mayor's Office

Telephone Number: (410) 396-4885

Extension:

Fax Number: (410) 539-1091

Email: chris.rafferty@baltimorecity.gov

1C. SF-424 Application Details

9. Type of Applicant: C. City or Township Government

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: FR-6100-N-25

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (State(s) only): Maryland
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: Dayspring Programs PHP

16. Congressional District(s):

a. Applicant: MD-007, MD-003, MD-002
(for multiple selections hold CTRL key)

b. Project: MD-007, MD-003, MD-002
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 01/01/2018

b. End Date: 12/31/2018

18. Estimated Funding (\$)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process? b. Program is subject to E.O. 12372 but has not been selected by the State for review.

If "YES", enter the date this application was made available to the State for review:

20. Is the Applicant delinquent on any Federal debt? No

If "YES," provide an explanation:

1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

I AGREE:

21. Authorized Representative

Prefix: Mr.

First Name: Terry

Middle Name:

Last Name: Hickey

Suffix:

Title: Director, Mayor's Office of Human Services

Telephone Number: (410) 396-7543
(Format: 123-456-7890)

Fax Number: (410) 539-1091
(Format: 123-456-7890)

Email: terry.hickey@baltimorecity.gov

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 09/26/2017

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - Form 2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2510-0011 (exp.11/30/2018)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: City of Baltimore - Mayor's Office

Prefix: Mr.

First Name: Terry

Middle Name:

Last Name: Hickey

Suffix:

Title: Director, Mayor's Office of Human Services

Organizational Affiliation: City of Baltimore - Mayor's Office

Telephone Number: (410) 396-7543

Extension:

Email: terry.hickey@baltimorecity.gov

City: Baltimore

County: Baltimore City

State: Maryland

Country: United States

Zip/Postal Code: 21202

2. Employer ID Number (EIN): 52-6000769

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$296,792.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: Dayspring Programs PHP 7 E. Redwood Street
Baltimore Maryland

Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? Yes
(For further information, see 24 CFR Sec. 4.3).

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9. Yes

Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
City of Baltimore	Emergency Solutions Grant - Formula	\$1,719,500.00	Shelter, RRH, HMIS, Outreach, Prevention
City of Baltimore	Emergency Solutions Grant - Supplemental	2061204.0	Shelter, RRH, HMIS, Outreach, Prevention
City of Baltimore	HOPWA	\$8,331,845.00	TBRA, supportive services
NA			
NA			

Part III Interested Parties

You must disclose:
 1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
 2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation	Financial Interest in Project/Activity (\$)	Financial Interest in Project/Activity (%)
NA	NA	NA	\$0.00	0%

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I certify that this information is true and complete.

I AGREE:

Name / Title of Authorized Official: Terry Hickey, Director, Mayor's Office of Human Services

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 08/01/2017

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: City of Baltimore - Mayor's Office

Program/Activity Receiving Federal Grant Funding: CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:	
a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.	e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
b. Establishing an on-going drug-free awareness program to inform employees --- (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.	f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted --- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;	g. Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.
d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will --- (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;	

Sites for Work Performance.

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)

Workplaces, including addresses, entered in the attached project application.
Refer to addresses entered into the attached project application.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and

X

accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Authorized Representative

Prefix: Mr.

First Name: Terry

Middle Name

Last Name: Hickey

Suffix:

Title: Director, Mayor's Office of Human Services

Telephone Number: (410) 396-7543
(Format: 123-456-7890)

Fax Number: (410) 539-1091
(Format: 123-456-7890)

Email: terry.hickey@baltimorecity.gov

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 09/26/2017

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 Baltimore - Mayor's Office

Name / Title of Authorized Official: Terry Hickey, Director, Mayor's Office of Human Services

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 09/26/2017

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.

Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer "Yes" if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: "The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action."

Answer "No" if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program? No

Legal Name: City of Baltimore - Mayor's Office

Street 1: 7 E. Redwood Street

Street 2: 5th Floor

City: Baltimore

County: Baltimore City

State: Maryland

Country: United States

Zip / Postal Code: 21202

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: Mr.

First Name: Terry

Middle Name:

Last Name: Hickey

Suffix:

Title: Director, Mayor's Office of Human Services

Telephone Number: (410) 396-7543
(Format: 123-456-7890)

Fax Number: (410) 539-1091
(Format: 123-456-7890)

Email: terry.hickey@baltimorecity.gov

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 09/26/2017

Additional Information

Now that you have completed Part 1 of the application, please review Parts 2-7, which are in Read Only mode. Screen 3C, which is mandatory for all PH-PSH projects and screens 6D, 7A and 7B which are mandatory for all projects will be editable and must be answered prior to submission.



Once you are done reviewing, you will be guided to a "Submissions without Changes" screen. At this screen if you decide no edits or updates are required to any screens other than the mandatory questions for 3C and/or 6D,7A and 7B, you are allowed to submit the application without ever needing to edit the rest of the application. However, if you determine that changes need to be made to the application, we have given you the ability to open up individual screens for edit, instead of the entire application.

Once you select the screens you want to edit via checkboxes, you will click "Save", and those screens will be available for edit. An important reminder, once you make those selections and click "Save", you cannot uncheck those boxes. You are allowed to select additional boxes even after saving your initial selections. Again, you must click "Save" for those newly selected screens to be available for edit.

If your project is a First Time Renewal, your project will not be able to utilize the "Submit Without Changes" function. The Submissions Without Changes page will be automatically set to "Make Changes" and you will be required to input data into the application for all required fields relevant to the component type.

2A. Project Subrecipients

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the  icon. To view or update subrecipient information already listed, select the view  option.

Total Expected Sub-Awards: \$296,792

Organization	Type	Type	Sub-Award Amount
Dayspring Programs, Inc.	M. Nonprofit with 501C3 IRS Status	M. Nonprofit with 501C3 IRS Status	\$296,792

2A. Project Subrecipients Detail

a. Organization Name: Dayspring Programs, Inc.

b. Organization Type: M. Nonprofit with 501C3 IRS Status

c. Employer or Tax Identification Number: 52-2042543

	* d. Organizational DUNS:	036880342	PLUS 4	
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e. Physical Address

Street 1: 1125 N. Patterson Park Avenue

Street 2:

City: Baltimore

State: Maryland

Zip Code: 21213

f. Congressional District(s): MD-007
(for multiple selections hold CTRL key)

g. Is the subrecipient a Faith-Based Organization? No

h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency? Yes

i. Expected Sub-Award Amount: \$296,792

j. Contact Person

Prefix: Dr.

First Name: Pamela

Middle Name:

Last Name: Talabis

Suffix:

Title: Executive Director

E-mail Address: Day1sp@aol.com

Confirm E-mail Address: Day1sp@aol.com

Phone Number: 410-563-3459

Extension:

Fax Number: 410-276-0036

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

2B. Recipient Performance

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

- 1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?** Yes

- 2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?** No

- 3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?** Yes

- 4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?** No

3A. Project Detail

1. Expiring Grant Number: MD0034

(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: MD-501 - Baltimore CoC

2b. CoC Collaborative Applicant Name: City of Baltimore - Mayor's Office

3. Project Name: Dayspring Programs PHP

4. Project Status: Standard

5. Component Type: PH

6. Does this project use one or more properties that have been conveyed through the Title V process? No

3B. Project Description

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. Provide a description that addresses the entire scope of the proposed project.

"The Dayspring Supportive Housing Program provides services for 60 families living in rental assisted units of permanent supportive housing . Families are homeless with a parent in recovery from substance abuse. Many parents also have a mental illness and/or have been a victim of domestic violence. Unaccompanied youth mothers aged 18-24 are a now a target population for the program. Families are referred through the Coordinated Access System. Dayspring's Intake Case Manager meets with the adult to complete an intake assessment and ensure appropriate placement in a scattered site housing unit. The Case Manager (CM) meets with the family within 7 days of move-in and, with the client, develops a Family Plan that is reviewed every 90 days. Emphasis is placed on goals that lead to stabilization of permanent housing, addressing health, employment needs and providing a safe, stable and nurturing environment for children. Weekly or more often, home visits provide the family with support. Individuals may benefit from supportive services such as mental health or substance abuse counseling. The CM is proactive in using the family goals and other creative strategies to engage tenants in services, although participation is voluntary. The CM assists the family to find and keep employment and work toward upgrading employment to increase family resources. Dayspring offers a Job Readiness Program with on-the-job experience as a receptionist to familiarize participants with a work environment in a familiar setting. If the parent is unable to work due to disability the CM will refer to appropriate resources. The CM provides information and encouragement for participants to access mainstream services to address their individual needs. A weekly support group at Dayspring's main location in available. Other family activities such as gardening, holiday parties, parenting education, tenants' council and other activities are held on a regular basis The projected outcomes are (1) maintaining permanent housing for at least 2 years, (2) maintaining or increasing total cash income and, as appropriate, maintaining or increasing non-cash benefits, (3) remaining free of substance abuse. Mainstream and community-based collaborators provide a variety of support services that assist clients in meeting their goals. Housing is located in east Baltimore and is in walking distance to bus service, schools, health clinics and other city amenities. Housing stability and case management services are provided to all family members. The CM ensures that children are attending school and work with parents to assist them to advocate for their child's appropriate placement and services for special needs children. Assistance is provided to refer children to appropriate health and mental health services.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

Chronic Homeless	<input checked="" type="checkbox"/>	Domestic Violence	<input checked="" type="checkbox"/>
Veterans	<input type="checkbox"/>	Substance Abuse	<input checked="" type="checkbox"/>
Youth (under 25)	<input checked="" type="checkbox"/>	Mental Illness	<input checked="" type="checkbox"/>
Families with Children	<input checked="" type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>
		Other (Click 'Save' to update)	<input type="checkbox"/>

Other:

3. Housing First

3a. Does the project quickly move participants into permanent housing? Yes

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

Having too little or little income	<input checked="" type="checkbox"/>
Active or history of substance use	<input checked="" type="checkbox"/>
Having a criminal record with exceptions for state-mandated restrictions	<input checked="" type="checkbox"/>
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

Failure to participate in supportive services	<input checked="" type="checkbox"/>
---	-------------------------------------

Failure to make progress on a service plan	<input checked="" type="checkbox"/>
Loss of income or failure to improve income	<input checked="" type="checkbox"/>
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

3d. Does the project follow a "Housing First" approach? Yes

4. Does the PH project provide PSH or RRH? PSH

3C. Dedicated Plus

Dedicated and DedicatedPLUS

A “100% Dedicated” project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and families, according to NOFA Section III.3.b.

A “DedicatedPLUS” project is a permanent supportive housing project where 100% of the beds are dedicated to serve individuals with disabilities and families in which one adult or child has a disability, including unaccompanied homeless youth, that at a minimum, meet ONE of the following criteria according to NOFA Section III.3.d:

- (1) experiencing chronic homelessness as defined in 24 CFR 578.3;
- (2) residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project;
- (3) residing in a place not meant for human habitation, emergency shelter, or safe haven; but the individuals or families experiencing chronic homelessness as defined at 24 CFR 578.3 had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement;
- (4) residing in transitional housing funded by a joint TH and PH-RRH component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3 prior to entering the project;
- (5) residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions; or
- (6) receiving assistance through a Department of Veterans Affairs(VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

A renewal project where 100 percent of the beds are dedicated in their current grant as described in NOFA Section III.A.3.b. must either become DedicatedPLUS or remain 100% Dedicated. If a renewal project currently has 100 percent of its beds dedicated to chronically homeless individuals and families and elects to become a DedicatedPLUS project, the project will be required to adhere to all fair housing requirements at 24 CFR 578.93. Any beds that the applicant identifies in this application as being dedicated to chronically homeless individuals and families in a DedicatedPLUS project must continue to operate in accordance with Section III.A.3.b. Beds are identified on Screen 4B.

1. Indicate whether the project is "100% Dedicated", "DedicatedPLUS", or "N/A", according to the information provided above. N/A

4A. Supportive Services for Participants

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

**1. For all supportive services available to participants, indicate who will provide them and how often they will be provided.
Click 'Save' to update.**

Supportive Services	Provider	Frequency
Assessment of Service Needs	Subrecipient	Quarterly
Assistance with Moving Costs	Non-Partner	As needed
Case Management	Subrecipient	Bi-weekly
Child Care	Subrecipient	Weekly
Education Services	Non-Partner	As needed
Employment Assistance and Job Training	Subrecipient	As needed
Food	Non-Partner	As needed
Housing Search and Counseling Services	Subrecipient	As needed
Legal Services	Non-Partner	As needed
Life Skills Training	Subrecipient	As needed
Mental Health Services	Subrecipient	Bi-weekly
Outpatient Health Services	Partner	Monthly
Outreach Services	Non-Partner	As needed
Substance Abuse Treatment Services	Subrecipient	Bi-weekly
Transportation	Non-Partner	As needed
Utility Deposits	Non-Partner	As needed

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? No

2b. Use of a single application form for four or more mainstream programs? Yes

2c. At least annual follow-ups with participants to ensure mainstream benefits Yes

are received and renewed?

3. Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Yes

3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Yes

4B. Housing Type and Location

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

The following list summarizes each housing site in the project. To add a housing site to the list, select the icon. To view or update a housing site already listed, select the icon.

Total Units: 63

Total Beds: 189

Total Dedicated CH Beds: 0

Housing Type	Units	Beds
Scattered-site apartments (...)	63	189

4B. Housing Type and Location Detail

1. **Housing Type:** Scattered-site apartments (including efficiencies)

2. **Indicate the maximum number of units and beds available for project participants at the selected housing site.**

a. **Units:** 63

b. **Beds:** 189

3. **How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless?** 0

This includes both the "dedicated" and "prioritized" beds from previous competitions.

4. **Address:**

Street 1: 1125 N. Patterson Park Avenue

Street 2:

City: Baltimore

State: Maryland

ZIP Code: 21213

5. **Select the geographic area(s) associated with the address: (for multiple selections hold CTRL Key)**

240066 Baltimore

5A. Project Participants - Households

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	60	0	0	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
Adults over age 24	60	0		60
Adults ages 18-24	30	0		30
Accompanied Children under age 18	88		0	88
Unaccompanied Children under age 18			0	0
Total Persons	178	0	0	178

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

Persons in Households with at Least One Adult and One Child

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24		0	0	60	1	20	3	0	0	0
Adults ages 18-24		0	0	0	0	0	1	1	2	26
Children under age 18				0	0	0	5	1	8	75
Total Persons	0	0	0	60	1	20	9	2	10	101

Click Save to automatically calculate totals

Persons in Households without Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24										
Adults ages 18-24										
Total Persons	0	0	0	0	0	0	0	0	0	0

Persons in Households with Only Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Accompanied Children under age 18										
Unaccompanied Children under age 18										
Total Persons	0			0	0	0	0	0	0	0

Describe the unlisted subpopulations referred to above:

The unlisted subpopulation refers to non-disabled children.

5C. Outreach for Participants

1. Enter the percentage of project participants that will be coming from each of the following locations.

50%	Directly from the street or other locations not meant for human habitation.
45%	Directly from emergency shelters.
1%	Directly from safe havens.
1%	Persons fleeing domestic violence.
3%	Directly from transitional housing.
0%	Directly from the TH Portion of a Joint TH and PH-RRH Component project.
0%	Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program.
100%	Total of above percentages

6A. Funding Request

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. Do any of the properties in this project have an active restrictive covenant? No

2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? No

3. Does this project propose to allocate funds according to an indirect cost rate? No

4. Renewal Grant Term: 1 Year

5. Select the costs for which funding is being requested:

Leased Units	<input type="checkbox"/>
Leased Structures	<input type="checkbox"/>
Rental Assistance	<input type="checkbox"/>
Supportive Services	<input checked="" type="checkbox"/>
Operating	<input type="checkbox"/>
HMIS	<input type="checkbox"/>

6D. Sources of Match

The following list summarizes the funds that will be used as Match for the project. To add a Matching source to the list, select the  icon. To view or update a Matching source already listed, select the  icon.

Summary for Match

Total Value of Cash Commitments:	\$70,000
Total Value of In-Kind Commitments:	\$24,864
Total Value of All Commitments:	\$94,864

1. Does this project generate program income No
as described in 24 CFR 578.97 that will be
used as Match for this grant?

Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	In-Kind	Private	Dayspring Programs	09/28/2017	\$24,864
Yes	Cash	Private	Dayspring Programs	09/28/2017	\$70,000

Sources of Match Detail

1. Will this commitment be used towards Match? Yes

2. Type of Commitment: In-Kind

3. Type of Source: Private

4. Name the Source of the Commitment: Dayspring Programs
(Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 09/28/2017

6. Value of Written Commitment: \$24,864

Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.

Sources of Match Detail

1. Will this commitment be used towards Match? Yes

2. Type of Commitment: Cash

3. Type of Source: Private

4. Name the Source of the Commitment: Dayspring Programs
(Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 09/28/2017

6. Value of Written Commitment: \$70,000

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 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, 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	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	\$0
1b. Leased Structures	\$0
2. Rental Assistance	\$0
3. Supportive Services	\$269,817
4. Operating	\$0
5. HMIS	\$0
6. Sub-total Costs Requested	\$269,817
7. Admin (Up to 10%)	\$26,975
8. Total Assistance plus Admin Requested	\$296,792
9. Cash Match	\$70,000
10. In-Kind Match	\$24,864
11. Total Match	\$94,864
12. Total Budget	\$391,656

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	Dayspring Program...	11/06/2015
2) Other Attachmenbt	No		
3) Other Attachment	No		

Attachment Details

Document Description: Dayspring Programs 501c3

Attachment Details

Document Description: Dayspring Match Letters

Attachment Details

Document Description:

7A. In-Kind Match MOU Attachment

Document Type	Required?	Document Description	Date Attached
In-Kind Match MOU	No	Dayspring Program...	09/13/2017

Attachment Details

Document Description: Dayspring Programs Match

7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

For applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

C. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official Terry Hickey

Date: 09/26/2017

Title: Director, Mayor's Office of Human Services

Applicant Organization: City of Baltimore - Mayor's Office

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant

Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of 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- Recipient and Subrecipient Information	
2A. Subrecipients	<input type="checkbox"/>
2B. Recipient Performance	<input type="checkbox"/>
Part 3 - Project Information	
3A. Project Detail	<input checked="" type="checkbox"/>
3B. Description	<input type="checkbox"/>
3C. Dedicated Plus	<input checked="" type="checkbox"/>
Part 4 - Housing Services and HMIS	
4A. Services	<input type="checkbox"/>
4B. Housing Type	<input type="checkbox"/>
Part 5 - Participants and Outreach Information	
5A. Households	<input type="checkbox"/>
5B. Subpopulations	<input type="checkbox"/>
5C. Outreach	<input checked="" type="checkbox"/>
Part 6 - Budget Information	
6A. Funding Request	<input type="checkbox"/>

6D. Match	<input checked="" type="checkbox"/>
6E. Summary Budget	<input checked="" type="checkbox"/>
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	<input checked="" type="checkbox"/>
7A. In-Kind Match MOU Attachment	<input checked="" type="checkbox"/>
7B. Certification	<input checked="" type="checkbox"/>

The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):


- 5c. Making changes to 5C to include full outreach percentage.
- 6c. Adding new 10% match information and adjusted support service amount.

The applicant has selected "Make Changes". Once this screen is saved, the applicant 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.


8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	09/12/2017
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/21/2017
Renewal Project Application FY2017	Page 49 09/26/2017

1E. SF-424 Compliance	09/12/2017
1F. SF-424 Declaration	09/12/2017
1G. HUD-2880	09/13/2017
1H. HUD-50070	09/12/2017
1I. Cert. Lobbying	09/12/2017
1J. SF-LLL	09/12/2017
2A. Subrecipients	09/12/2017
2B. Recipient Performance	09/12/2017
3A. Project Detail	09/12/2017
3B. Description	09/12/2017
3C. Dedicated Plus	09/12/2017
4A. Services	09/12/2017
4B. Housing Type	09/12/2017
5A. Households	09/12/2017
5B. Subpopulations	09/12/2017
5C. Outreach	09/21/2017
6A. Funding Request	09/12/2017
6D. Match	09/13/2017
6E. Summary Budget	No Input Required
7A. Attachment(s)	09/12/2017
7A. In-Kind Match MOU Attachment	09/13/2017
7B. Certification	09/13/2017
Submission Without Changes	09/22/2017

 **IRS** Department of the Treasury
Internal Revenue Service
P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 0248164798
Jan. 28, 2014 LTR 4168C 0
52-2042543 000000 00
00025102
BODC: TE


DAYSPRING PROGRAMS INC
1125 N PATTERSON PARK AVENUE
BALTIMORE MD 21213

017196

Employer Identification Number: 52-2042543
Person to Contact: Mr Bayer
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Jan. 16, 2014, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in October 1997.

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.

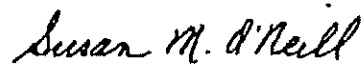
Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third 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.

0248164798
Jan. 28, 2014 LTR 4168C 0
52-2042543 000000 00
00025103

DAYSPRING PROGRAMS INC
1125 N PATTERSON PARK AVENUE
BALTIMORE MD 21213

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely yours,



Susan M. O'Neill, Department Mgr.
Accounts Management Operations



DAYSRING PROGRAMS, INC.

Terry Hickey, Director
Mayor's Office of Human Services
7 E. Redwood Street, 5th Floor
Baltimore, Maryland 21202

September 28, 2017

RE: Dayspring In-Kind Match Letter
Dayspring's Supportive Housing for Permanent Housing- MD0034L3B011609
Fiscal Year 2017

Dear Mr. Hickey,

I am writing to you regarding Dayspring Programs, Inc. renewal application for its' Continuum of Care Program Grant for our Supportive Housing for Permanent Housing Program.

Please let this letter serve as our commitment to provide in-kind match in the amount of \$ 24,864 for Dayspring Head Start child development services and \$9,500 for goods and materials. This in-kind match will be available starting January 1, 2019 for the grant period, January 1, 2019 to December 31, 2019.

The in-kind match will be used to provide:

Head Start child development services, 5 days a week for children 3 to 5 years of age. The services are valued at \$8,288 per child and provided by qualified staff as required by Head Start.

Good and materials for families that include diapers, food, clothing, toys, school supplies valued at \$9,500.

We are pleased to offer this continued service and we look forward to assisting those experiencing homelessness.

In the interest of children,

Pamela Talabis, Ph.D
Executive Director



1125 N. Patterson Park Avenue
Baltimore, Maryland 21213
Email: Day1Sp@aol.com

Phone: (410) 563-3459
Fax: (410) 276-0036
www.dayspringbaltimore.com



DAYSRING PROGRAMS, INC.

Terry Hickey, Director
Mayor's Office of Human Services
7 E. Redwood Street, 5th Floor
Baltimore, Maryland 21202

September 28, 2017

RE: Dayspring Cash Match Letter
Dayspring's Supportive Housing for Permanent Housing- MD0034L3B011609
Fiscal Year 2017

Dear Mr. Hickey,

I am writing to you regarding Dayspring Programs, Inc. renewal application for its' Continuum of Care Program Grant for our Supportive Housing for Permanent Housing Program.

Please let this letter serve as our commitment to provide cash match in the amount of \$70,000 for supportive services. This cash match will be available starting January 1, 2019 for the grant period, January 1, 2019 through December 31, 2019.

This cash match will be used to provide domestic violence services and IOP substance abuse treatment services.

We are pleased to offer this continued service and we look forward to assisting those experiencing homelessness.

In the interest of children,

Pamela Talabis, Ph.D
Executive Director

1125 N. Patterson Park Avenue
Baltimore, Maryland 21213
Email: Day1Sp@aol.com



Phone: (410) 563-3459
Fax: (410) 276-0036
www.dayspringbaltimore.com

Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember

- Additional training resources can be found on the HUD Exchange at <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/> - Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2017 Continuum of Care (CoC) Program Competition. For more information see FY 2017 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2017 CoC Program NOFA and the FY 2016 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- 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 2016 Project Application will be imported into the FY 2017 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the FY 2016 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.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, 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 2017 CoC Program Competition NOFA.

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:** 09/27/2017

4. **Applicant Identifier:**

5a. **Federal Entity Identifier:**

5b. **Federal Award Identifier:** MD0038

This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number

6. **Date Received by State:**

7. **State Application Identifier:**

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: City of Baltimore - Mayor's Office

b. Employer/Taxpayer Identification Number (EIN/TIN): 52-6000769

	c. Organizational DUNS:	052340973	PLUS 4	
--	--------------------------------	-----------	---------------	--

d. Address

Street 1: 7 E. Redwood Street

Street 2: 5th Floor

City: Baltimore

County: Baltimore City

State: Maryland

Country: United States

Zip / Postal Code: 21202

e. Organizational Unit (optional)

Department Name: Human Services

Division Name: Homeless Services Program

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Mr.

First Name: Chris

Middle Name:

Last Name: Rafferty

Suffix:

Title: Deputy Director - Homeless Services Program

Organizational Affiliation: City of Baltimore - Mayor's Office

Telephone Number: (410) 396-4885

Applicant: Projects - City of Baltimore

052340973

Project: GEDCO - Supportive Housing Harford House and Micah House

158712

Extension:

Fax Number: (410) 539-1091

Email: chris.rafferty@baltimorecity.gov

1C. SF-424 Application Details

9. Type of Applicant: C. City or Township Government

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: FR-6100-N-25

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (State(s) only): Maryland
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: GEDCO - Supportive Housing Harford House and Micah House

16. Congressional District(s):

a. Applicant: MD-007, MD-003, MD-002
(for multiple selections hold CTRL key)

b. Project: MD-007, MD-003
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 06/01/2018

b. End Date: 05/31/2019

18. Estimated Funding (\$)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process? b. Program is subject to E.O. 12372 but has not been selected by the State for review.

If "YES", enter the date this application was made available to the State for review:

20. Is the Applicant delinquent on any Federal debt? No

If "YES," provide an explanation:

1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

I AGREE:

21. Authorized Representative

Prefix: Mr.

First Name: Terry

Middle Name:

Last Name: Hickey

Suffix:

Title: Director, Mayor's Office of Human Services

Telephone Number: (410) 396-7543
(Format: 123-456-7890)

Fax Number: (410) 539-1091
(Format: 123-456-7890)

Email: terry.hickey@baltimorecity.gov

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 09/27/2017

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - Form 2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2510-0011 (exp.11/30/2018)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: City of Baltimore - Mayor's Office

Prefix: Mr.

First Name: Terry

Middle Name:

Last Name: Hickey

Suffix:

Title: Director, Mayor's Office of Human Services

Organizational Affiliation: City of Baltimore - Mayor's Office

Telephone Number: (410) 396-7543

Extension:

Email: terry.hickey@baltimorecity.gov

City: Baltimore

County: Baltimore City

State: Maryland

Country: United States

Zip/Postal Code: 21202

2. Employer ID Number (EIN): 52-6000769

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$104,006.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: GEDCO - Supportive Housing Harford House and Micah House 7 E. Redwood Street Baltimore Maryland

Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? Yes
 (For further information, see 24 CFR Sec. 4.3).

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9. Yes

Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
City of Baltimore	Emergency Solutions Grant - Formula	\$1,719,500.00	Shelter, RRH, HMIS, Outreach, Prevention
City of Baltimore	Emergency Solutions Grant - Supplemental	2061204.0	Shelter, RRH, HMIS, Outreach, Prevention
City of Baltimore	HOPWA	\$8,331,845.00	TBRA, supportive services
NA			
NA			

Part III Interested Parties

You must disclose:
 1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
 2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation	Financial Interest in Project/Activity (\$)	Financial Interest in Project/Activity (%)
NA	NA	NA	\$0.00	0%

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I certify that this information is true and complete.

I AGREE:

Name / Title of Authorized Official: Terry Hickey, Director, Mayor's Office of Human Services

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 08/01/2017

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: City of Baltimore - Mayor's Office

Program/Activity Receiving Federal Grant Funding: CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:	
a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.	e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
b. Establishing an on-going drug-free awareness program to inform employees --- (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.	f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted --- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;	g. Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.
d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will --- (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;	

Sites for Work Performance.

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)

Workplaces, including addresses, entered in the attached project application.
 Refer to addresses entered into the attached project application.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and

X

accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Authorized Representative

Prefix: Mr.

First Name: Terry

Middle Name

Last Name: Hickey

Suffix:

Title: Director, Mayor's Office of Human Services

Telephone Number: (410) 396-7543
(Format: 123-456-7890)

Fax Number: (410) 539-1091
(Format: 123-456-7890)

Email: terry.hickey@baltimorecity.gov

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 09/27/2017

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 Baltimore - Mayor's Office

Name / Title of Authorized Official: Terry Hickey, Director, Mayor's Office of Human Services

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 09/27/2017

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer "Yes" if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: "The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action."

Answer "No" if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program? No

Legal Name: City of Baltimore - Mayor's Office

Street 1: 7 E. Redwood Street

Street 2: 5th Floor

City: Baltimore

County: Baltimore City

State: Maryland

Country: United States

Zip / Postal Code: 21202

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: Mr.

First Name: Terry

Middle Name:

Last Name: Hickey

Suffix:

Title: Director, Mayor's Office of Human Services

Telephone Number: (410) 396-7543
(Format: 123-456-7890)

Fax Number: (410) 539-1091
(Format: 123-456-7890)

Email: terry.hickey@baltimorecity.gov

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 09/27/2017

Additional Information

Now that you have completed Part 1 of the application, please review Parts 2-7, which are in Read Only mode. Screen 3C, which is mandatory for all PH-PSH projects and screens 6D, 7A and 7B which are mandatory for all projects will be editable and must be answered prior to submission.

Once you are done reviewing, you will be guided to a "Submissions without Changes" screen. At this screen if you decide no edits or updates are required to any screens other than the mandatory questions for 3C and/or 6D,7A and 7B, you are allowed to submit the application without ever needing to edit the rest of the application. However, if you determine that changes need to be made to the application, we have given you the ability to open up individual screens for edit, instead of the entire application.

Once you select the screens you want to edit via checkboxes, you will click "Save", and those screens will be available for edit. An important reminder, once you make those selections and click "Save", you cannot uncheck those boxes. You are allowed to select additional boxes even after saving your initial selections. Again, you must click "Save" for those newly selected screens to be available for edit.

If your project is a First Time Renewal, your project will not be able to utilize the "Submit Without Changes" function. The Submissions Without Changes page will be automatically set to "Make Changes" and you will be required to input data into the application for all required fields relevant to the component type.

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: \$104,006

Organization	Type	Type	Sub-Award Amount
Govans Ecumenical Development Corporation, Inc.	M. Nonprofit with 501C3 IRS Status	M. Nonprofit with 501C3 IRS Status	\$104,006

2A. Project Subrecipients Detail

a. Organization Name: Govans Ecumenical Development Corporation, Inc.

b. Organization Type: M. Nonprofit with 501C3 IRS Status

c. Employer or Tax Identification Number: 52-1767577

	* d. Organizational DUNS:	849283262	PLUS 4
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e. Physical Address

Street 1: 1010 E. 33rd Street

Street 2:

City: Baltimore

State: Maryland

Zip Code: 21218

f. Congressional District(s): MD-007, MD-003
(for multiple selections hold CTRL key)

g. Is the subrecipient a Faith-Based Organization? Yes

h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency? Yes

i. Expected Sub-Award Amount: \$104,006

j. Contact Person

Prefix: Ms.

First Name: Roxanne

Middle Name:

Last Name: Fiddler

Suffix:

Title: Philanthropy Manager

E-mail Address: rfiddler@gedco.org

Confirm E-mail Address: rfiddler@gedco.org

Phone Number: 410-433-2442

Extension: 15

Fax Number: 410-433-4834

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

2B. Recipient Performance

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request? Yes

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request? No

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request? Yes

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request? Yes

Explain the circumstances that led HUD to recapture funds from the most recently expired grant term related to this renewal project request.

Funds were recaptured due to high turnover the all awarded funds were not able to be utilized.

3A. Project Detail

1. Expiring Grant Number: MD0038

(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: MD-501 - Baltimore CoC

2b. CoC Collaborative Applicant Name: City of Baltimore - Mayor's Office

3. Project Name: GEDCO - Supportive Housing Harford House and Micah House

4. Project Status: Standard

5. Component Type: PH

6. Does this project use one or more properties that have been conveyed through the Title V process? No

3B. Project Description

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. Provide a description that addresses the entire scope of the proposed project.

GEDCO's mission is in partnership with faith-based and community organizations, GEDCO provides affordable housing, supportive services, and emergency assistance to community residents. Harford House and Micah House, programs of GEDCO's Homeless Services program provide permanent housing and supportive services to 59 men and women with disabilities including addictions and mental illness. Case Managers help each person develop a Goals and Action plan and pursue concrete steps to stay housed, improve health, and accomplish other goals leading to greater independence. Underlying every service is our respect for the contributions and worth of all people, and our determination to foster personal independence. We are absolutely committed to helping each person achieve greater stability and self-reliance, and our track record attests to the success of our approach. In addition, our permanent housing for those who were homeless aligns with Baltimore City's 10-Year Plan to End Homelessness. We help people gain life skills, access medical care and increase their incomes to avoid future homelessness.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

Chronic Homeless	<input type="checkbox"/>	Domestic Violence	<input type="checkbox"/>
Veterans	<input type="checkbox"/>	Substance Abuse	<input checked="" type="checkbox"/>
Youth (under 25)	<input type="checkbox"/>	Mental Illness	<input checked="" type="checkbox"/>
Families with Children	<input type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>
		Other (Click 'Save' to update)	<input type="checkbox"/>

Other:

3. Housing First

3a. Does the project quickly move participants into permanent housing Yes

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

Having too little or little income	<input checked="" type="checkbox"/>
Active or history of substance use	<input checked="" type="checkbox"/>
Having a criminal record with exceptions for state-mandated restrictions	<input checked="" type="checkbox"/>
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

Failure to participate in supportive services	<input checked="" type="checkbox"/>
Failure to make progress on a service plan	<input checked="" type="checkbox"/>
Loss of income or failure to improve income	<input checked="" type="checkbox"/>
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

3d. Does the project follow a "Housing First" approach? Yes

4. Does the PH project provide PSH or RRH? PSH

3C. Dedicated Plus

Dedicated and DedicatedPLUS

A "100% Dedicated" project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and families, according to NOFA Section III.3.b.

A "DedicatedPLUS" project is a permanent supportive housing project where 100% of the beds are dedicated to serve individuals with disabilities and families in which one adult or child has a disability, including unaccompanied homeless youth, that at a minimum, meet ONE of the following criteria according to NOFA Section III.3.d:

- (1) experiencing chronic homelessness as defined in 24 CFR 578.3;
- (2) residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project;
- (3) residing in a place not meant for human habitation, emergency shelter, or safe haven; but the individuals or families experiencing chronic homelessness as defined at 24 CFR 578.3 had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement;
- (4) residing in transitional housing funded by a joint TH and PH-RRH component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3 prior to entering the project;
- (5) residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions; or
- (6) receiving assistance through a Department of Veterans Affairs(VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

A renewal project where 100 percent of the beds are dedicated in their current grant as described in NOFA Section III.A.3.b. must either become DedicatedPLUS or remain 100% Dedicated. If a renewal project currently has 100 percent of its beds dedicated to chronically homeless individuals and families and elects to become a DedicatedPLUS project, the project will be required to adhere to all fair housing requirements at 24 CFR 578.93. Any beds that the applicant identifies in this application as being dedicated to chronically homeless individuals and families in a DedicatedPLUS project must continue to operate in accordance with Section III.A.3.b. Beds are identified on Screen 4B.

1. Indicate whether the project is "100% Dedicated", "DedicatedPLUS", or "N/A", according to the information provided above. N/A

4A. Supportive Services for Participants

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

**1. For all supportive services available to 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	Annually
Assistance with Moving Costs	Subrecipient	Quarterly
Case Management	Subrecipient	Weekly
Child Care		
Education Services	Non-Partner	Weekly
Employment Assistance and Job Training	Partner	Weekly
Food	Subrecipient	Weekly
Housing Search and Counseling Services	Subrecipient	Monthly
Legal Services	Partner	Monthly
Life Skills Training	Subrecipient	Weekly
Mental Health Services	Partner	Weekly
Outpatient Health Services	Partner	Weekly
Outreach Services		
Substance Abuse Treatment Services	Subrecipient	Weekly
Transportation	Non-Partner	Daily
Utility Deposits		

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

2b. Use of a single application form for four or more mainstream programs? Yes

2c. At least annual follow-ups with participants to ensure mainstream benefits Yes

are received and renewed?

3. Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Yes

3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Yes

4B. Housing Type and Location

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

The following list summarizes each housing site in the project. To add a housing site to the list, select the icon. To view or update a housing site already listed, select the icon.

Total Units: 59

Total Beds: 59

Total Dedicated CH Beds: 0

Housing Type	Units	Beds
Single Room Occupancy (SRO)...	26	26
Single Room Occupancy (SRO)...	33	33

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 project participants at the selected housing site.

a. Units: 26

b. Beds: 26

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 0

This includes both the "dedicated" and "prioritized" beds from previous competitions.

4. Address:

Street 1: 1517 E North Avenue

Street 2:

City: Baltimore

State: Maryland

ZIP Code: 21213

5. Select the geographic area(s) associated with the address: (for multiple selections hold CTRL Key)

240066 Baltimore

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 project participants at the selected housing site.

a. Units: 33

b. Beds: 33

**3. How many beds of the total beds in "2b. 0
Beds" are dedicated to the chronically
homeless?**

**This includes both the "dedicated" and "prioritized" beds from previous
competitions.**

4. Address:

Street 1: 5025 York Road

Street 2:

City: Baltimore

State: Maryland

ZIP Code: 21212

**5. Select the geographic area(s) associated with the address:
(for multiple selections hold CTRL Key)**

240066 Baltimore

5A. Project Participants - Households

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households		76		76

Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Adults over age 24	0	74		74
Adults ages 18-24	0	2		2
Accompanied Children under age 18	0		0	0
Unaccompanied Children under age 18			0	0
Total Persons	0	76	0	76

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

Persons in Households with at Least One Adult and One Child

Characteristics	Chronic Homeless Non-Veterans	Chronic Homeless Veterans	Non-Chronic Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24										
Adults ages 18-24										
Children under age 18										
Total Persons	0	0	0	0	0	0	0	0	0	0

Persons in Households without Children

Characteristics	Chronic Homeless Non-Veterans	Chronic Homeless Veterans	Non-Chronic Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24	32	1	1	50	14	48	1	20	2	0
Adults ages 18-24	2	0	0	2	0	1	0	1	0	0
Total Persons	34	1	1	52	14	49	1	21	2	0

Click Save to automatically calculate totals

Persons in Households with Only Children

Characteristics	Chronic Homeless Non-Veterans	Chronic Homeless Veterans	Non-Chronic Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Accompanied Children under age 18										
Unaccompanied Children under age 18										
Total Persons	0			0	0	0	0	0	0	0

5C. Outreach for Participants

1. Enter the percentage of project participants that will be coming from each of the following locations.

50%	Directly from the street or other locations not meant for human habitation.
45%	Directly from emergency shelters.
1%	Directly from safe havens.
1%	Persons fleeing domestic violence.
3%	Directly from transitional housing.
	Directly from the TH Portion of a Joint TH and PH-RRH Component project.
	Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program.
100%	Total of above percentages

6A. Funding Request

1. Do any of the properties in this project have an active restrictive covenant? No
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? No
3. Does this project propose to allocate funds according to an indirect cost rate? No
4. Renewal Grant Term: 1 Year
5. Select the costs for which funding is being requested:
- | | |
|---------------------|-------------------------------------|
| Leased Units | <input type="checkbox"/> |
| Leased Structures | <input type="checkbox"/> |
| Rental Assistance | <input type="checkbox"/> |
| Supportive Services | <input checked="" type="checkbox"/> |
| Operating | <input type="checkbox"/> |
| HMIS | <input type="checkbox"/> |

6D. Sources of Match

The following list summarizes the funds that will be used as Match for the project. To add a Matching source to the list, select the icon. To view or update a Matching source already listed, select the icon.

Summary for Match

Total Value of Cash Commitments:	\$26,665
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$26,665

1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? No

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Private	GEDCO	09/28/2017	\$26,665

Sources of Match Detail

1. Will this commitment be used towards Match? Yes

2. Type of Commitment: Cash

3. Type of Source: Private

4. Name the Source of the Commitment: GEDCO
(Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 09/28/2017

6. Value of Written Commitment: \$26,665

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 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, 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	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	\$0
1b. Leased Structures	\$0
2. Rental Assistance	\$0
3. Supportive Services	\$94,551
4. Operating	\$0
5. HMIS	\$0
6. Sub-total Costs Requested	\$94,551
7. Admin (Up to 10%)	\$9,455
8. Total Assistance plus Admin Requested	\$104,006
9. Cash Match	\$26,665
10. In-Kind Match	\$0
11. Total Match	\$26,665
12. Total Budget	\$130,671

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	501 C3 Letter	11/17/2015
2) Other Attachmenbt	No		
3) Other Attachment	No		

Attachment Details

Document Description: 501 C3 Letter

Attachment Details

Document Description:

Attachment Details

Document Description:

7B. Certification

A. For all projects: Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

For applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

C. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official Terry Hickey
Date: 09/27/2017
Title: Director, Mayor's Office of Human Services
Applicant Organization: City of Baltimore - Mayor's Office

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant

X

Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of 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- Recipient and Subrecipient Information	
2A. Subrecipients	<input checked="" type="checkbox"/>
2B. Recipient Performance	<input type="checkbox"/>
Part 3 - Project Information	
3A. Project Detail	<input checked="" type="checkbox"/>
3B. Description	<input type="checkbox"/>
3C. Dedicated Plus	<input checked="" type="checkbox"/>
Part 4 - Housing Services and HMIS	
4A. Services	<input type="checkbox"/>
4B. Housing Type	<input type="checkbox"/>
Part 5 - Participants and Outreach Information	
5A. Households	<input type="checkbox"/>
5B. Subpopulations	<input type="checkbox"/>
5C. Outreach	<input checked="" type="checkbox"/>
Part 6 - Budget Information	
6A. Funding Request	<input checked="" type="checkbox"/>

6D. Match	<input checked="" type="checkbox"/>
6E. Summary Budget	<input checked="" type="checkbox"/>
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	<input checked="" type="checkbox"/>
7B. Certification	<input checked="" type="checkbox"/>

The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

- 2a. Updated total award amount to match GIW.
- 5c. Updated outreach percentages to reflect information from coordinated access.
- 6e. Updated budget summary

The applicant has selected "Make Changes". Once this screen is saved, the applicant 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.

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	09/08/2017
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/26/2017

1E. SF-424 Compliance	09/08/2017
1F. SF-424 Declaration	09/08/2017
1G. HUD-2880	09/12/2017
1H. HUD-50070	09/08/2017
1I. Cert. Lobbying	09/08/2017
1J. SF-LLL	09/08/2017
2A. Subrecipients	09/26/2017
2B. Recipient Performance	09/08/2017
3A. Project Detail	09/26/2017
3B. Description	09/08/2017
3C. Dedicated Plus	09/26/2017
4A. Services	09/08/2017
4B. Housing Type	09/08/2017
5A. Households	09/08/2017
5B. Subpopulations	No Input Required
5C. Outreach	09/26/2017
6A. Funding Request	09/08/2017
6D. Match	09/26/2017
6E. Summary Budget	No Input Required
7A. Attachment(s)	09/08/2017
7B. Certification	09/26/2017
Submission Without Changes	09/26/2017

INTERNAL REVENUE SERVICE
DISTRICT DIRECTOR
31 HOPKINS PLAZA
BALTIMORE, MD 21201

DEPARTMENT OF THE TREASURY

Date: JUN 21 1996

GOVANS ECUMENICAL DEVELOPMENT
CORPORATION
C/O JULIA PIERSON
5513 YORK ROAD
BALTIMORE, MD 21212-3806

Employer Identification Number:
52-1767577

Case Number:
526172018

Contact Person:
EP/EO CUSTOMER SERVICE UNIT

Contact Telephone Number:
(410) 962-6058

Our Letter Dated:
November 24, 1992

Addendum Applies:
Yes

Dear Applicant:

This modifies our letter of the above date in which we stated that you would be treated as an organization that is not a private foundation until the expiration of your advance ruling period.

Your exempt status under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3) is still in effect. Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the Code because you are an organization of the type described in section 509(a)(1) and 170(b)(1)(A)(vi).

Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(1) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act, or the substantial or material change on the part of the organization that resulted in your loss of such status, or if he or she acquired knowledge that the Internal Revenue Service had given notice that you would no longer be classified as a section 509(a)(1) organization.

If we have indicated in the heading of this letter that an addendum applies, the addendum enclosed is an integral part of this letter.

Because this letter could help resolve any questions about your private foundation status, please keep it in your permanent records.

GOVANS ECUMENICAL DEVELOPMENT

If you have any questions, please contact the person whose name and telephone number are shown above.

Sincerely yours,



District Director

Enclosure:
Addendum

GOVANS ECUMENICAL DEVELOPMENT

Guidelines under which private foundations may rely on this determination, for gifts, grants, and contributions made after March 13, 1989, were liberalized and published in Rev. Proc. 89-23, Cumulative Bulletin 1989-1, page 844.

You are required to make available for public inspection a copy of your exemption application, and supporting documents, and this exemption letter. If you are required to file an annual information return, you are also required to make a copy of the return available for public inspection for three years after the return is due. Failure to make these documents available for public inspection may subject you to a penalty of \$10 per day for each day there is a failure to comply (up to a maximum of \$5,000 in the case of an annual return). See Internal Revenue Service Notice 88-120, 1988-2 C.B. 454, for additional information.

Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember

- Additional training resources can be found on the HUD Exchange at <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/> - Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2017 Continuum of Care (CoC) Program Competition. For more information see FY 2017 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2017 CoC Program NOFA and the FY 2016 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- 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 2016 Project Application will be imported into the FY 2017 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the FY 2016 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.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, 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 2017 CoC Program Competition NOFA.

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: 09/26/2017

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: MD0039

This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: City of Baltimore - Mayor's Office

b. Employer/Taxpayer Identification Number (EIN/TIN): 52-6000769

	c. Organizational DUNS:	052340973	PLUS 4	
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d. Address

Street 1: 7 E. Redwood Street

Street 2: 5th Floor

City: Baltimore

County: Baltimore City

State: Maryland

Country: United States

Zip / Postal Code: 21202

e. Organizational Unit (optional)

Department Name: Human Services

Division Name: Homeless Services Program

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Mr.

First Name: Chris

Middle Name:

Last Name: Rafferty

Suffix:

Title: Deputy Director - Homeless Services Program

Organizational Affiliation: City of Baltimore - Mayor's Office

Telephone Number: (410) 396-4885

Extension:
Fax Number: (410) 539-1091
Email: chris.rafferty@baltimorecity.gov

1C. SF-424 Application Details

9. Type of Applicant: C. City or Township Government

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: FR-6100-N-25

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (State(s) only): Maryland
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: SVdP Home Connections III

16. Congressional District(s):

a. Applicant: MD-007, MD-003, MD-002
(for multiple selections hold CTRL key)

b. Project: MD-007, MD-003, MD-002
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 08/01/2018

b. End Date: 07/31/2019

18. Estimated Funding (\$)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process? b. Program is subject to E.O. 12372 but has not been selected by the State for review.

If "YES", enter the date this application was made available to the State for review:

20. Is the Applicant delinquent on any Federal debt? No

If "YES," provide an explanation:

1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

I AGREE:

21. Authorized Representative

Prefix: Mr.

First Name: Terry

Middle Name:

Last Name: Hickey

Suffix:

Title: Director, Mayor's Office of Human Services

Telephone Number: (410) 396-7543
(Format: 123-456-7890)

Fax Number: (410) 539-1091
(Format: 123-456-7890)

Email: terry.hickey@baltimorecity.gov

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 09/26/2017

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - Form 2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2510-0011 (exp.11/30/2018)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: City of Baltimore - Mayor's Office

Prefix: Mr.

First Name: Terry

Middle Name:

Last Name: Hickey

Suffix:

Title: Director, Mayor's Office of Human Services

Organizational Affiliation: City of Baltimore - Mayor's Office

Telephone Number: (410) 396-7543

Extension:

Email: terry.hickey@baltimorecity.gov

City: Baltimore

County: Baltimore City

State: Maryland

Country: United States

Zip/Postal Code: 21202

2. Employer ID Number (EIN): 52-6000769

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$125,436.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: SVdP Home Connections III 7 E. Redwood Street Baltimore Maryland

Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? Yes
 (For further information, see 24 CFR Sec. 4.3).

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9. Yes

Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
City of Baltimore	Emergency Solutions Grant - Formula	\$1,719,500.00	Shelter, RRH, HMIS, Outreach, Prevention
City of Baltimore	Emergency Solutions Grant - Supplemental	2061204.0	Shelter, RRH, HMIS, Outreach, Prevention
City of Baltimore	HOPWA	\$8,331,845.00	TBRA, supportive services
NA			
NA			

Part III Interested Parties

You must disclose:
 1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
 2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation	Financial Interest in Project/Activity (\$)	Financial Interest in Project/Activity (%)
NA	NA	NA	\$0.00	0%

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I certify that this information is true and complete.

I AGREE:

Name / Title of Authorized Official: Terry Hickey, Director, Mayor's Office of Human Services

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 08/01/2017

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: City of Baltimore - Mayor's Office

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 hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and

X

accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Authorized Representative

Prefix: Mr.

First Name: Terry

Middle Name

Last Name: Hickey

Suffix:

Title: Director, Mayor's Office of Human Services

Telephone Number: (410) 396-7543
(Format: 123-456-7890)

Fax Number: (410) 539-1091
(Format: 123-456-7890)

Email: terry.hickey@baltimorecity.gov

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 09/26/2017

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 Baltimore - Mayor's Office

Name / Title of Authorized Official: Terry Hickey, Director, Mayor's Office of Human Services

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 09/26/2017

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer "Yes" if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: "The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action."

Answer "No" if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program? No

Legal Name: City of Baltimore - Mayor's Office

Street 1: 7 E. Redwood Street

Street 2: 5th Floor

City: Baltimore

County: Baltimore City

State: Maryland

Country: United States

Zip / Postal Code: 21202

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: Mr.

First Name: Terry

Middle Name:

Last Name: Hickey

Suffix:

Title: Director, Mayor's Office of Human Services

Telephone Number: (410) 396-7543
(Format: 123-456-7890)

Fax Number: (410) 539-1091
(Format: 123-456-7890)

Email: terry.hickey@baltimorecity.gov

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 09/26/2017

Additional Information

Now that you have completed Part 1 of the application, please review Parts 2-7, which are in Read Only mode. Screen 3C, which is mandatory for all PH-PSH projects and screens 6D, 7A and 7B which are mandatory for all projects will be editable and must be answered prior to submission.

Once you are done reviewing, you will be guided to a "Submissions without Changes" screen. At this screen if you decide no edits or updates are required to any screens other than the mandatory questions for 3C and/or 6D,7A and 7B, you are allowed to submit the application without ever needing to edit the rest of the application. However, if you determine that changes need to be made to the application, we have given you the ability to open up individual screens for edit, instead of the entire application.

Once you select the screens you want to edit via checkboxes, you will click "Save", and those screens will be available for edit. An important reminder, once you make those selections and click "Save", you cannot uncheck those boxes. You are allowed to select additional boxes even after saving your initial selections. Again, you must click "Save" for those newly selected screens to be available for edit.

If your project is a First Time Renewal, your project will not be able to utilize the "Submit Without Changes" function. The Submissions Without Changes page will be automatically set to "Make Changes" and you will be required to input data into the application for all required fields relevant to the component type.

2A. Project Subrecipients

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the icon. To view or update subrecipient information already listed, select the view option.

Total Expected Sub-Awards: \$121,333

Organization	Type	Type	Sub-Award Amount
St. Vincent de Paul of Baltimore, Inc.	N. Nonprofit without 501C3 IRS Status	N. Nonprofit without 501C3 IRS Status	\$121,333

2A. Project Subrecipients Detail

a. Organization Name: St. Vincent de Paul of Baltimore, Inc.

b. Organization Type: N. Nonprofit without 501C3 IRS Status

c. Employer or Tax Identification Number: 52-0597056

	* d. Organizational DUNS:	074929530	PLUS 4	
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e. Physical Address

Street 1: 2305 N. Charles Street

Street 2: Suite 300

City: Baltimore

State: Maryland

Zip Code: 21218

f. Congressional District(s): MD-007, MD-003, MD-002
(for multiple selections hold CTRL key)

g. Is the subrecipient a Faith-Based Organization? No

h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency? Yes

i. Expected Sub-Award Amount: \$121,333

j. Contact Person

Prefix: Mr.

First Name: Matthew

Middle Name:

Last Name: Kurlanski

Suffix:

Title: Director, Foundation Relations & Grants

E-mail Address: Matthew.Kurlanski@vincentbaltimore.org

Confirm E-mail Address: Matthew.Kurlanski@vincentbaltimore.org

Phone Number: 410-662-0500

Extension: 214

Fax Number: 410-662-0508

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

2B. Recipient Performance

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

- 1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?** Yes

- 2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?** No

- 3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?** Yes

- 4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?** No

3A. Project Detail

1. Expiring Grant Number: MD0039

(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: MD-501 - Baltimore CoC

2b. CoC Collaborative Applicant Name: City of Baltimore - Mayor's Office

3. Project Name: SVdP Home Connections III

4. Project Status: Standard

5. Component Type: PH

6. Does this project use one or more properties that have been conveyed through the Title V process? No

3B. Project Description

1. Provide a description that addresses the entire scope of the proposed project.

Home Connections is a permanent supportive housing program that serves 60 single adults (men and women) who are chronically homeless and have one or more disabilities, supported by three HUD CoC grants. Home Connections III (the subject of this application) serves 60 clients; Home Connections I serves 28 clients, and Home Connections II serves 32 clients. Home Connections is a Housing First, no barrier program that accepts clients directly through the Baltimore City Coordinated Access system. By providing housing immediately, coupled with a supportive services model that focuses on relationship building and assertive engagement in services, Home Connections reduces the amount of time individuals are homeless, helps them maintain their housing long term, and improve their health and well-being. Clients access mental health, substance abuse and health services; however, use of these services are not a condition for receiving or maintaining housing. Our intensive case management approach includes an Intake and Engagement Case Manager is responsible for engaging clients on housing through an intake, and a administering a structured assessment, working with clients to remove housing barriers and linking clients to permanent housing. Home Connections Case Managers meet with clients to develop an Independent Service Plan (ISP) that helps them identify resources, coordinate services, and support efforts to increase income and maximize independent living. Home Connections' clients experience mental health, substance abuse, and/or health challenges, and are supported with access to providers of their choosing across Baltimore City. Home Connections partners with Health Care for the Homeless (HCH) Interdisciplinary Care Team to encourage and ensure that all participants in need of mental health, substance abuse services and/or health have receive these services. The partnership between Home Connections and HCH, ensures that all clients who need and want evaluation and treatment for their challenges have coordinated care and seamless access to services, in home and in the community. Home Connections has established relations with more than 25 landlords who offer scattered site housing in stable communities that meet HUD standards for rental assistance. Home Connections ensures that the apartments to be leased by clients are located in stable neighborhoods that contain a mix of community amenities. Home Connections also works with clients to identify community resources for food, clothing, and utility assistance, and offers ongoing guidance and support for community integration before, during, and after client placement.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

Chronic Homeless		Domestic Violence	
Renewal Project Application FY2017		Page 24	09/26/2017

	<input checked="" type="checkbox"/>		<input type="checkbox"/>
Veterans	<input type="checkbox"/>	Substance Abuse	<input type="checkbox"/>
Youth (under 25)	<input type="checkbox"/>	Mental Illness	<input type="checkbox"/>
Families with Children	<input type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>
		Other (Click 'Save' to update)	<input type="checkbox"/>

Other:

3. Housing First

3a. Does the project quickly move participants into permanent housing Yes

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

Having too little or little income	<input checked="" type="checkbox"/>
Active or history of substance use	<input checked="" type="checkbox"/>
Having a criminal record with exceptions for state-mandated restrictions	<input checked="" type="checkbox"/>
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

Failure to participate in supportive services	<input checked="" type="checkbox"/>
Failure to make progress on a service plan	<input checked="" type="checkbox"/>
Loss of income or failure to improve income	<input checked="" type="checkbox"/>
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

3d. Does the project follow a "Housing First" approach? Yes

4. Does the PH project provide PSH or RRH? PSH

3C. Dedicated Plus

Dedicated and DedicatedPLUS

A "100% Dedicated" project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and families, according to NOFA Section III.3.b.

A "DedicatedPLUS" project is a permanent supportive housing project where 100% of the beds are dedicated to serve individuals with disabilities and families in which one adult or child has a disability, including unaccompanied homeless youth, that at a minimum, meet ONE of the following criteria according to NOFA Section III.3.d:

- (1) experiencing chronic homelessness as defined in 24 CFR 578.3;
- (2) residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project;
- (3) residing in a place not meant for human habitation, emergency shelter, or safe haven; but the individuals or families experiencing chronic homelessness as defined at 24 CFR 578.3 had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement;
- (4) residing in transitional housing funded by a joint TH and PH-RRH component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3 prior to entering the project;
- (5) residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions; or
- (6) receiving assistance through a Department of Veterans Affairs(VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

A renewal project where 100 percent of the beds are dedicated in their current grant as described in NOFA Section III.A.3.b. must either become DedicatedPLUS or remain 100% Dedicated. If a renewal project currently has 100 percent of its beds dedicated to chronically homeless individuals and families and elects to become a DedicatedPLUS project, the project will be required to adhere to all fair housing requirements at 24 CFR 578.93. Any beds that the applicant identifies in this application as being dedicated to chronically homeless individuals and families in a DedicatedPLUS project must continue to operate in accordance with Section III.A.3.b. Beds are identified on Screen 4B.

1. Indicate whether the project is "100% DedicatedPLUS Dedicated", "DedicatedPLUS", or "N/A", according to the information provided above.

4A. Supportive Services for Participants

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

**1. For all supportive services available to 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	Annually
Assistance with Moving Costs	Subrecipient	As needed
Case Management	Subrecipient	Weekly
Child Care		
Education Services	Subrecipient	As needed
Employment Assistance and Job Training	Subrecipient	As needed
Food		
Housing Search and Counseling Services	Subrecipient	As needed
Legal Services	Non-Partner	As needed
Life Skills Training	Subrecipient	As needed
Mental Health Services	Partner	As needed
Outpatient Health Services	Partner	As needed
Outreach Services		
Substance Abuse Treatment Services	Partner	As needed
Transportation		
Utility Deposits		

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

2b. Use of a single application form for four or more mainstream programs? Yes

2c. At least annual follow-ups with participants to ensure mainstream benefits Yes

are received and renewed?

3. Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Yes

3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Yes

4B. Housing Type and Location

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

The following list summarizes each housing site in the project. To add a housing site to the list, select the icon. To view or update a housing site already listed, select the icon.

Total Units: 60

Total Beds: 60

Total Dedicated CH Beds: 60

Housing Type	Units	Beds
Scattered-site apartments (...)	60	60

4B. Housing Type and Location Detail

1. Housing Type: Scattered-site apartments (including efficiencies)

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.

a. Units: 60

b. Beds: 60

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 60

This includes both the "dedicated" and "prioritized" beds from previous competitions.

4. Address:

Street 1: 400 S. Bond Street

Street 2:

City: Baltimore

State: Maryland

ZIP Code: 21231

**5. Select the geographic area(s) associated with the address:
(for multiple selections hold CTRL Key)**

240066 Baltimore

5A. Project Participants - Households

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	0	60	0	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
Adults over age 24	0	60		60
Adults ages 18-24	0	0		0
Accompanied Children under age 18	0		0	0
Unaccompanied Children under age 18			0	0
Total Persons	0	60	0	60

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

Persons in Households with at Least One Adult and One Child

Characteristics	Chronic Homeless Non-Veterans	Chronic Homeless Veterans	Non-Chronic Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24										
Adults ages 18-24										
Children under age 18										
Total Persons	0	0	0	0	0	0	0	0	0	0

Persons in Households without Children

Characteristics	Chronic Homeless Non-Veterans	Chronic Homeless Veterans	Non-Chronic Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24	55	5	0	46	4	51	1	16	7	0
Adults ages 18-24	0	0	0	0	0	0	0	0	0	0
Total Persons	55	5	0	46	4	51	1	16	7	0

Click Save to automatically calculate totals

Persons in Households with Only Children

Characteristics	Chronic Homeless Non-Veterans	Chronic Homeless Veterans	Non-Chronic Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Accompanied Children under age 18										
Unaccompanied Children under age 18										
Total Persons	0			0	0	0	0	0	0	0

5C. Outreach for Participants

1. Enter the percentage of project participants that will be coming from each of the following locations.

50%	Directly from the street or other locations not meant for human habitation.
45%	Directly from emergency shelters.
1%	Directly from safe havens.
1%	Persons fleeing domestic violence.
3%	Directly from transitional housing eliminated in the FY 2017 CoC Program Competition.
0%	Directly from the TH Portion of a Joint TH and PH-RRH Component project.
0%	Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program.
100%	Total of above percentages

6A. Funding Request

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. Do any of the properties in this project have an active restrictive covenant? No
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? No
3. Does this project propose to allocate funds according to an indirect cost rate? No
4. Renewal Grant Term: 1 Year
5. Select the costs for which funding is being requested:
- | | |
|---------------------|-------------------------------------|
| Leased Units | <input type="checkbox"/> |
| Leased Structures | <input type="checkbox"/> |
| Rental Assistance | <input type="checkbox"/> |
| Supportive Services | <input checked="" type="checkbox"/> |
| Operating | <input type="checkbox"/> |
| HMIS | <input type="checkbox"/> |

6D. Sources of Match

The following list summarizes the funds that will be used as Match for the project. To add a Matching source to the list, select the  icon. To view or update a Matching source already listed, select the  icon.

Summary for Match

Total Value of Cash Commitments:	\$18,932
Total Value of In-Kind Commitments:	\$12,427
Total Value of All Commitments:	\$31,359

1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? No

Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Private	St. Vincent de Paul	08/01/2018	\$18,932
Yes	In-Kind	Private	St. Vincent de Paul	08/01/2018	\$12,427

Sources of Match Detail

- 1. Will this commitment be used towards Match?** Yes
- 2. Type of Commitment:** Cash
- 3. Type of Source:** Private
- 4. Name the Source of the Commitment:** St. Vincent de Paul
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 08/01/2018
- 6. Value of Written Commitment:** \$18,932

Sources of Match Detail

- 1. Will this commitment be used towards Match?** Yes
- 2. Type of Commitment:** In-Kind
- 3. Type of Source:** Private
- 4. Name the Source of the Commitment:** St. Vincent de Paul
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 08/01/2018
- 6. Value of Written Commitment:** \$12,427

Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.

6E. Summary Budget

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, 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	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	\$0
1b. Leased Structures	\$0
2. Rental Assistance	\$0
3. Supportive Services	\$114,036
4. Operating	\$0
5. HMIS	\$0
6. Sub-total Costs Requested	\$114,036
7. Admin (Up to 10%)	\$11,400
8. Total Assistance plus Admin Requested	\$125,436
9. Cash Match	\$18,932
10. In-Kind Match	\$12,427
11. Total Match	\$31,359
12. Total Budget	\$156,795

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	SVdP Nonprofit Do...	11/16/2015
2) Other Attachmenbt	No	SVdP Home Connect...	09/25/2017
3) Other Attachment	No		

Attachment Details

Document Description: SVdP Nonprofit Documentation

Attachment Details

Document Description: SVdP Home Connections III Cash Match Letter - MD0039

Attachment Details

Document Description:

7A. In-Kind Match MOU Attachment

Document Type	Required?	Document Description	Date Attached
In-Kind Match MOU	No	SVdP Home Connect...	09/25/2017

Attachment Details

Document Description: SVdP Home Connections III In-Kind Match Letter
- MD0039

7B. Certification

A. For all projects: Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

For applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

C. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official Terry Hickey

Date: 09/26/2017

Title: Director, Mayor's Office of Human Services

Applicant Organization: City of Baltimore - Mayor's Office

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant

Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of 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- Recipient and Subrecipient Information	
2A. Subrecipients	<input type="checkbox"/>
2B. Recipient Performance	<input type="checkbox"/>
Part 3 - Project Information	
3A. Project Detail	<input checked="" type="checkbox"/>
3B. Description	<input checked="" type="checkbox"/>
3C. Dedicated Plus	<input checked="" type="checkbox"/>
Part 4 - Housing Services and HMIS	
4A. Services	<input type="checkbox"/>
4B. Housing Type	<input type="checkbox"/>
Part 5 - Participants and Outreach Information	
5A. Households	<input type="checkbox"/>
5B. Subpopulations	<input type="checkbox"/>
5C. Outreach	<input checked="" type="checkbox"/>
Part 6 - Budget Information	
6A. Funding Request	<input type="checkbox"/>

6D. Match	<input checked="" type="checkbox"/>
6E. Summary Budget	<input checked="" type="checkbox"/>
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	<input checked="" type="checkbox"/>
7A. In-Kind Match MOU Attachment	<input checked="" type="checkbox"/>
7B. Certification	<input checked="" type="checkbox"/>

The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

- 3B. Update to project description.
- 5C. Changes made to the Outreach Participant percentage to reflect the CoC Coordinated Assessment data.
- 6E. Change in Admin.

The applicant has selected "Make Changes". Once this screen is saved, the applicant 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.

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	09/25/2017
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/25/2017
Renewal Project Application FY2017	Page 48 09/26/2017

1E. SF-424 Compliance	09/25/2017
1F. SF-424 Declaration	09/25/2017
1G. HUD-2880	09/25/2017
1H. HUD-50070	09/25/2017
1I. Cert. Lobbying	09/25/2017
1J. SF-LLL	09/25/2017
2A. Subrecipients	09/25/2017
2B. Recipient Performance	09/25/2017
3A. Project Detail	09/25/2017
3B. Description	09/25/2017
3C. Dedicated Plus	09/25/2017
4A. Services	09/25/2017
4B. Housing Type	09/25/2017
5A. Households	09/25/2017
5B. Subpopulations	No Input Required
5C. Outreach	09/25/2017
6A. Funding Request	09/25/2017
6D. Match	09/25/2017
6E. Summary Budget	No Input Required
7A. Attachment(s)	09/25/2017
7A. In-Kind Match MOU Attachment	09/25/2017
7B. Certification	09/25/2017
Submission Without Changes	09/25/2017

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date **SEP 20 2010**

ST VINCENT DE PAUL OF BALTIMORE INC
C/O JOHN SCHIAVONE
2305 N CHARLES ST STE 300
BALTIMORE, MD 21218

Employer Identification Number:
52-0597056
DLN:
200162011
Contact Person:
MARC KENNEDY ID# 52413
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
September 30
Public Charity Status:
170(b)(1)(A)(vi)
Form 990 Required:
Yes
Effective Date of Exemption:
May 11, 1867
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

Sincerely,



Robert Choi
Director, Exempt Organizations
Rulings and Agreements

Enclosure: Publication 4221-PC



September 28, 2017

Terry Hickey
Director
Mayor's Office of Human Services
Homeless Services Program
7 E. Redwood Street, 5th fl.
Baltimore, Maryland 21202

RE: St. Vincent de Paul of Baltimore – Cash Match Letter
SVdP Home Connections III – MD0039L3B011609
Fiscal Year 2017

Dear Mr. Hickey;

I am writing to you regarding St. Vincent de Paul of Baltimore's renewal application for its' Continuum of Care Program grant for SVdP Home Connections III.

Please let this letter serve as our commitment to provide cash match in the amount of \$18,932 for case management and housing and counseling services provided by SVdP Housing staff, and day-to-day operations of the supportive services facility, including maintenance, repair, building security, furniture, utilities, and equipment. This cash match will be available August 1, 2018 for the grant period, August 1, 2018 through July 31, 2019.

Thank you for your continued support of this project.

Sincerely,

John Schiavone
President & CEO

ADMINISTRATIVE OFFICE
2305 N. Charles Street, Suite 300
Baltimore, Maryland 21218
410-662-0500
www.vincentbaltimore.org

*Since 1865, helping our community move beyond
hunger, homelessness, unemployment and childhood poverty.*





September 28, 2017

Terry Hickey
Director
Mayor's Office of Human Services
Homeless Services Program
7 E. Redwood Street, 5th fl.
Baltimore, Maryland 21202

RE: St. Vincent de Paul of Baltimore – In-kind Support Letter
SVdP Home Connections III – MD0039L3B011609
Fiscal Year 2017


Dear Mr. Hickey;

I am writing to you regarding St. Vincent de Paul of Baltimore's renewal application for its' Continuum of Care Program grant for SVdP Home Connections III.

Please let this letter serve as our commitment to provide a portion of real property, located at 400 S. Bond Street, Baltimore, MD 21231, to be used as program offices, valued at \$12,427, as an in-kind match to serve 28 clients in the SVdP Home Connections III. This cash match will be available August 1, 2018 for the grant period, August 1, 2018 through July 31, 2019.

Thank you for your continued support of this project.

Sincerely,



John Schiavone
President & CEO

ADMINISTRATIVE OFFICE
2305 N. Charles Street, Suite 300
Baltimore, Maryland 21218
410-662-0500
www.vincentbaltimore.org

*Since 1865, helping our community move beyond
hunger, homelessness, unemployment and childhood poverty.*



STANDARDS FOR EXCELLENCE

UNITED WAY

Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember

- Additional training resources can be found on the HUD Exchange at <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/> - Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.

- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2017 Continuum of Care (CoC) Program Competition. For more information see FY 2017 CoC Program Competition NOFA.

- To ensure that applications are considered for funding, applicants should read all sections of the FY 2017 CoC Program NOFA and the FY 2016 General Section NOFA.

- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.

- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.

- 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 2016 Project Application will be imported into the FY 2017 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the FY 2016 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.

- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).

- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, 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 2017 CoC Program Competition NOFA.

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: 09/26/2017

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: MD0051

This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: City of Baltimore - Mayor's Office

b. Employer/Taxpayer Identification Number (EIN/TIN): 52-6000769

	c. Organizational DUNS:	052340973	PLUS 4	
--	--------------------------------	-----------	---------------	--

d. Address

Street 1: 7 E. Redwood Street

Street 2: 5th Floor

City: Baltimore

County: Baltimore City

State: Maryland

Country: United States

Zip / Postal Code: 21202

e. Organizational Unit (optional)

Department Name: Human Services

Division Name: Homeless Services Program

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Mr.

First Name: Chris

Middle Name:

Last Name: Rafferty

Suffix:

Title: Deputy Director - Homeless Services Program

Organizational Affiliation: City of Baltimore - Mayor's Office

Telephone Number: (410) 396-4885

Extension:

Fax Number: (410) 539-1091

Email: chris.rafferty@baltimorecity.gov

1C. SF-424 Application Details

9. Type of Applicant: C. City or Township Government

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: FR-6100-N-25

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (State(s) only): Maryland
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: Marian House PH

16. Congressional District(s):

a. Applicant: MD-007, MD-003, MD-002
(for multiple selections hold CTRL key)

b. Project: MD-007, MD-003, MD-002
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 09/01/2018

b. End Date: 08/31/2019

18. Estimated Funding (\$)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process? b. Program is subject to E.O. 12372 but has not been selected by the State for review.

If "YES", enter the date this application was made available to the State for review:

20. Is the Applicant delinquent on any Federal debt? No

If "YES," provide an explanation:

1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

I AGREE:

21. Authorized Representative

Prefix: Mr.

First Name: Terry

Middle Name:

Last Name: Hickey

Suffix:

Title: Director, Mayor's Office of Human Services

Telephone Number: (410) 396-7543
(Format: 123-456-7890)

Fax Number: (410) 539-1091
(Format: 123-456-7890)

Email: terry.hickey@baltimorecity.gov

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 09/26/2017

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - Form 2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2510-0011 (exp.11/30/2018)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: City of Baltimore - Mayor's Office

Prefix: Mr.

First Name: Terry

Middle Name:

Last Name: Hickey

Suffix:

Title: Director, Mayor's Office of Human Services

Organizational Affiliation: City of Baltimore - Mayor's Office

Telephone Number: (410) 396-7543

Extension:

Email: terry.hickey@baltimorecity.gov

City: Baltimore

County: Baltimore City

State: Maryland

Country: United States

Zip/Postal Code: 21202

2. Employer ID Number (EIN): 52-6000769

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$70,577.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: Marian House PH 7 E. Redwood Street Baltimore Maryland

Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? Yes
(For further information, see 24 CFR Sec. 4.3).

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9. Yes

Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
City of Baltimore	Emergency Solutions Grant - Formula	\$1,719,500.00	Shelter, RRH, HMIS, Outreach, Prevention
City of Baltimore	Emergency Solutions Grant - Supplemental	2061204.0	Shelter, RRH, HMIS, Outreach, Prevention
City of Baltimore	HOPWA	\$8,331,845.00	TBRA, supportive services
NA			
NA			

Part III Interested Parties

You must disclose:

1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation	Financial Interest in Project/Activity (\$)	Financial Interest in Project/Activity (%)
NA	NA	NA	\$0.00	0%

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I certify that this information is true and complete.

I AGREE:

Name / Title of Authorized Official: Terry Hickey, Director, Mayor's Office of Human Services

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 08/01/2017

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: City of Baltimore - Mayor's Office

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 hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and

X

accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Authorized Representative

Prefix: Mr.

First Name: Terry

Middle Name

Last Name: Hickey

Suffix:

Title: Director, Mayor's Office of Human Services

Telephone Number: (410) 396-7543
(Format: 123-456-7890)

Fax Number: (410) 539-1091
(Format: 123-456-7890)

Email: terry.hickey@baltimorecity.gov

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 09/26/2017

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 Baltimore - Mayor's Office

Name / Title of Authorized Official: Terry Hickey, Director, Mayor's Office of Human Services

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 09/26/2017

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.

Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer "Yes" if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: "The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action."

Answer "No" if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program? No

Legal Name: City of Baltimore - Mayor's Office

Street 1: 7 E. Redwood Street

Street 2: 5th Floor

City: Baltimore

County: Baltimore City

State: Maryland

Country: United States

Zip / Postal Code: 21202

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: Mr.

First Name: Terry

Middle Name:

Last Name: Hickey

Suffix:

Title: Director, Mayor's Office of Human Services

Telephone Number: (410) 396-7543
(Format: 123-456-7890)

Fax Number: (410) 539-1091
(Format: 123-456-7890)

Email: terry.hickey@baltimorecity.gov

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 09/26/2017

Additional Information

Now that you have completed Part 1 of the application, please review Parts 2-7, which are in Read Only mode. Screen 3C, which is mandatory for all PH-PSH projects and screens 6D, 7A and 7B which are mandatory for all projects will be editable and must be answered prior to submission.



Once you are done reviewing, you will be guided to a "Submissions without Changes" screen. At this screen if you decide no edits or updates are required to any screens other than the mandatory questions for 3C and/or 6D,7A and 7B, you are allowed to submit the application without ever needing to edit the rest of the application. However, if you determine that changes need to be made to the application, we have given you the ability to open up individual screens for edit, instead of the entire application.

Once you select the screens you want to edit via checkboxes, you will click "Save", and those screens will be available for edit. An important reminder, once you make those selections and click "Save", you cannot uncheck those boxes. You are allowed to select additional boxes even after saving your initial selections. Again, you must click "Save" for those newly selected screens to be available for edit.

If your project is a First Time Renewal, your project will not be able to utilize the "Submit Without Changes" function. The Submissions Without Changes page will be automatically set to "Make Changes" and you will be required to input data into the application for all required fields relevant to the component type.

2A. Project Subrecipients

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the  icon. To view or update subrecipient information already listed, select the view  option.

Total Expected Sub-Awards: \$70,577

Organization	Type	Type	Sub-Award Amount
Marian House, Inc.	M. Nonprofit with 501C3 IRS Status	M. Nonprofit with 501C3 IRS Status	\$70,577

2A. Project Subrecipients Detail

a. Organization Name: Marian House, Inc.

b. Organization Type: M. Nonprofit with 501C3 IRS Status

c. Employer or Tax Identification Number: 52-1243849

	* d. Organizational DUNS:	621494517	PLUS 4	
--	----------------------------------	-----------	---------------	--

e. Physical Address

Street 1: 949 Gorsuch Avenue

Street 2:

City: Baltimore

State: Maryland

Zip Code: 21218

f. Congressional District(s): MD-007, MD-003, MD-002
(for multiple selections hold CTRL key)

g. Is the subrecipient a Faith-Based Organization? Yes

h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency? Yes

i. Expected Sub-Award Amount: \$70,577

j. Contact Person

Prefix: Ms.

First Name: Katie

Middle Name:

Last Name: Allston

Suffix:

Title: Executive Director

E-mail Address: kallston@marianhouse.org

Confirm E-mail Address: kallston@marianhouse.org

Phone Number: 410-467-4121

Extension: 229

Fax Number: 410-467-6709

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

2B. Recipient Performance

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

- 1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request? Yes

- 2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request? No

- 3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request? Yes

- 4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request? No

3A. Project Detail

1. Expiring Grant Number: MD0051

(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: MD-501 - Baltimore CoC

2b. CoC Collaborative Applicant Name: City of Baltimore - Mayor's Office

3. Project Name: Marian House PH

4. Project Status: Standard

5. Component Type: PH

6. Does this project use one or more properties that have been conveyed through the Title V process? No

3B. Project Description

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. Provide a description that addresses the entire scope of the proposed project.

The Marian House PH program provides case management services to women in northeast and northwest Baltimore. The adults participating in this project have histories that include any or all of the following: long-term chemical addiction, childhood sexual abuse, domestic violence, chronic mental illness, incarceration and serious physical health issues, including HIV/AIDS.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

Chronic Homeless	<input type="checkbox"/>	Domestic Violence	<input checked="" type="checkbox"/>
Veterans	<input type="checkbox"/>	Substance Abuse	<input checked="" type="checkbox"/>
Youth (under 25)	<input type="checkbox"/>	Mental Illness	<input checked="" type="checkbox"/>
Families with Children	<input checked="" type="checkbox"/>	HIV/AIDS	<input checked="" type="checkbox"/>
		Other (Click 'Save' to update)	<input type="checkbox"/>

Other:

3. Housing First

3a. Does the project quickly move participants into permanent housing? Yes

3b. Does the project ensure that participants are not screened out based

on the following items? Select all that apply.

Having too little or little income	<input checked="" type="checkbox"/>
Active or history of substance use	<input checked="" type="checkbox"/>
Having a criminal record with exceptions for state-mandated restrictions	<input checked="" type="checkbox"/>
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

Failure to participate in supportive services	<input checked="" type="checkbox"/>
Failure to make progress on a service plan	<input checked="" type="checkbox"/>
Loss of income or failure to improve income	<input checked="" type="checkbox"/>
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

3d. Does the project follow a "Housing First" approach? Yes

4. Does the PH project provide PSH or RRH? PSH

3C. Dedicated Plus

Dedicated and DedicatedPLUS

A "100% Dedicated" project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and families, according to NOFA Section III.3.b.

A "DedicatedPLUS" project is a permanent supportive housing project where 100% of the beds are dedicated to serve individuals with disabilities and families in which one adult or child has a disability, including unaccompanied homeless youth, that at a minimum, meet ONE of the following criteria according to NOFA Section III.3.d:

- (1) experiencing chronic homelessness as defined in 24 CFR 578.3;
- (2) residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project;
- (3) residing in a place not meant for human habitation, emergency shelter, or safe haven; but the individuals or families experiencing chronic homelessness as defined at 24 CFR 578.3 had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement;
- (4) residing in transitional housing funded by a joint TH and PH-RRH component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3 prior to entering the project;
- (5) residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions; or
- (6) receiving assistance through a Department of Veterans Affairs(VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

A renewal project where 100 percent of the beds are dedicated in their current grant as described in NOFA Section III.A.3.b. must either become DedicatedPLUS or remain 100% Dedicated. If a renewal project currently has 100 percent of its beds dedicated to chronically homeless individuals and families and elects to become a DedicatedPLUS project, the project will be required to adhere to all fair housing requirements at 24 CFR 578.93. Any beds that the applicant identifies in this application as being dedicated to chronically homeless individuals and families in a DedicatedPLUS project must continue to operate in accordance with Section III.A.3.b. Beds are identified on Screen 4B.

1. Indicate whether the project is "100% Dedicated", "DedicatedPLUS", or "N/A", according to the information provided above. N/A

4A. Supportive Services for Participants

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

**1. For all supportive services available to 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	Annually
Assistance with Moving Costs	Non-Partner	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	Non-Partner	As needed
Legal Services	Non-Partner	As needed
Life Skills Training	Subrecipient	Bi-monthly
Mental Health Services	Subrecipient	As needed
Outpatient Health Services	Partner	As needed
Outreach Services	Non-Partner	As needed
Substance Abuse Treatment Services	Subrecipient	Monthly
Transportation	Non-Partner	Monthly
Utility Deposits	Non-Partner	As needed

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

2b. Use of a single application form for four or more mainstream programs? Yes

2c. At least annual follow-ups with participants to ensure mainstream benefits Yes

are received and renewed?

3. Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Yes

3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Yes

4B. Housing Type and Location

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

The following list summarizes each housing site in the project. To add a housing site to the list, select the icon. To view or update a housing site already listed, select the icon.

Total Units: 19

Total Beds: 37

Total Dedicated CH Beds: 0

Housing Type	Units	Beds
Scattered-site apartments (...)	19	37

4B. Housing Type and Location Detail

1. **Housing Type:** Scattered-site apartments (including efficiencies)

2. **Indicate the maximum number of units and beds available for project participants at the selected housing site.**

a. **Units:** 19

b. **Beds:** 37

3. **How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless?** 0

This includes both the "dedicated" and "prioritized" beds from previous competitions.

4. **Address:**

Street 1: 949 Gorsuch Avenue

Street 2:

City: Baltimore

State: Maryland

ZIP Code: 21218

5. **Select the geographic area(s) associated with the address: (for multiple selections hold CTRL Key)**

240066 Baltimore

5A. Project Participants - Households

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	7	12	0	19

Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Adults over age 24	7	12		19
Adults ages 18-24	5	0		5
Accompanied Children under age 18	13		0	13
Unaccompanied Children under age 18			0	0
Total Persons	25	12	0	37

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

Persons in Households with at Least One Adult and One Child

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24		0	0	7	0	1	5	3	0	0
Adults ages 18-24		0		0		0			0	5
Children under age 18				0	0	0	0	0	0	13
Total Persons	0	0	0	7	0	1	5	3	0	18

Click Save to automatically calculate totals

Persons in Households without Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24	0		0	11	2	6	8	1	0	0
Adults ages 18-24		0	0	0	0	0	0	0	0	0
Total Persons	0	0	0	11	2	6	8	1	0	0

Click Save to automatically calculate totals

Persons in Households with Only Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Accompanied Children under age 18										

Unaccompanied Children under age 18										
Total Persons	0			0	0	0	0	0	0	0

Describe the unlisted subpopulations referred to above:

The unlisted subpopulation refers to non-disabled adult and children.

5C. Outreach for Participants

1. Enter the percentage of project participants that will be coming from each of the following locations.

50%	Directly from the street or other locations not meant for human habitation.
45%	Directly from emergency shelters.
1%	Directly from safe havens.
1%	Persons fleeing domestic violence.
3%	Directly from transitional housing.
	Directly from the TH Portion of a Joint TH and PH-RRH Component project.
	Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program.
100%	Total of above percentages

6A. Funding Request

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. Do any of the properties in this project have an active restrictive covenant? No
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? No
3. Does this project propose to allocate funds according to an indirect cost rate? No
4. Renewal Grant Term: 1 Year
5. Select the costs for which funding is being requested:
- | | |
|---------------------|-------------------------------------|
| Leased Units | <input type="checkbox"/> |
| Leased Structures | <input type="checkbox"/> |
| Rental Assistance | <input type="checkbox"/> |
| Supportive Services | <input checked="" type="checkbox"/> |
| Operating | <input type="checkbox"/> |
| HMIS | <input type="checkbox"/> |

6D. Sources of Match

The following list summarizes the funds that will be used as Match for the project. To add a Matching source to the list, select the icon. To view or update a Matching source already listed, select the icon.

Summary for Match

Total Value of Cash Commitments:	\$19,316
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$19,316

1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? No

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Private	Marian House	09/28/2017	\$19,316

Sources of Match Detail

1. Will this commitment be used towards Match? Yes

2. Type of Commitment: Cash

3. Type of Source: Private

4. Name the Source of the Commitment: Marian House
(Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 09/28/2017

6. Value of Written Commitment: \$19,316

6E. Summary Budget

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

The following 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 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, 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	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	\$0
1b. Leased Structures	\$0
2. Rental Assistance	\$0
3. Supportive Services	\$65,960
4. Operating	\$0
5. HMIS	\$0
6. Sub-total Costs Requested	\$65,960
7. Admin (Up to 10%)	\$4,617
8. Total Assistance plus Admin Requested	\$70,577
9. Cash Match	\$19,316
10. In-Kind Match	\$0
11. Total Match	\$19,316
12. Total Budget	\$89,893

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	Marian House 501c3	11/04/2015
2) Other Attachmenbt	No	Marian House PH M...	09/22/2017
3) Other Attachment	No		

Attachment Details

Document Description: Marian House 501c3

Attachment Details

Document Description: Marian House PH Match

Attachment Details

Document Description:

7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

For applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

C. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official Terry Hickey

Date: 09/26/2017

Title: Director, Mayor's Office of Human Services

Applicant Organization: City of Baltimore - Mayor's Office

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant

Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of 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- Recipient and Subrecipient Information	
2A. Subrecipients	<input type="checkbox"/>
2B. Recipient Performance	<input type="checkbox"/>
Part 3 - Project Information	
3A. Project Detail	<input checked="" type="checkbox"/>
3B. Description	<input type="checkbox"/>
3C. Dedicated Plus	<input checked="" type="checkbox"/>
Part 4 - Housing Services and HMIS	
4A. Services	<input type="checkbox"/>
4B. Housing Type	<input type="checkbox"/>
Part 5 - Participants and Outreach Information	
5A. Households	<input type="checkbox"/>
5B. Subpopulations	<input type="checkbox"/>
5C. Outreach	<input checked="" type="checkbox"/>
Part 6 - Budget Information	
6A. Funding Request	<input type="checkbox"/>

6D. Match	<input checked="" type="checkbox"/>
6E. Summary Budget	<input type="checkbox"/>
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	<input checked="" type="checkbox"/>
7B. Certification	<input checked="" type="checkbox"/>

The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

5c. Update outreach percentages according to coordinated access information.

The applicant has selected "Make Changes". Once this screen is saved, the applicant 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.

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	09/22/2017
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/22/2017

1E. SF-424 Compliance	09/22/2017
1F. SF-424 Declaration	09/22/2017
1G. HUD-2880	09/22/2017
1H. HUD-50070	09/22/2017
1I. Cert. Lobbying	09/22/2017
1J. SF-LLL	09/22/2017
2A. Subrecipients	09/22/2017
2B. Recipient Performance	09/22/2017
3A. Project Detail	09/22/2017
3B. Description	09/22/2017
3C. Dedicated Plus	09/22/2017
4A. Services	09/22/2017
4B. Housing Type	09/22/2017
5A. Households	09/22/2017
5B. Subpopulations	09/22/2017
5C. Outreach	09/22/2017
6A. Funding Request	09/22/2017
6D. Match	09/22/2017
6E. Summary Budget	No Input Required
7A. Attachment(s)	09/22/2017
7B. Certification	09/22/2017
Submission Without Changes	09/22/2017

Internal Revenue Service
P.O. Box 2508
Cincinnati, OH 45201

Department of the Treasury

Date: May 29, 2015

Person to Contact:

R. Meyer ID# 0110429

Toll Free Telephone Number:

877-829-5500

Employer Identification Number:

53-0196617

Group Exemption Number:

0928

United States Conference of Catholic
Bishops
3211 4th Street, NE
Washington, DC 20017-1194

Dear Sir/Madam:

This responds to your May 19, 2015, request for information regarding the status of your group tax exemption.

Our records indicate that you were issued a determination letter in March 1946, that you are currently exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code, and are not a private foundation within the meaning of section 509(a) of the Code because you are described in sections 509(a)(1) and 170(b)(1)(A)(i).

With your request, you provided a copy of the *Official Catholic Directory for 2015*, which includes the names and addresses of the agencies and instrumentalities and the educational, charitable, and religious institutions operated by the Roman Catholic Church in the United States, its territories, and possessions that are subordinate organizations under your group tax exemption. Your request indicated that each subordinate organization is a non-profit organization, that no part of the net earnings thereof inures to the benefit of any individual, and that no substantial part of their activities is for promotion of legislation. You have further represented that none of your subordinate organizations is a private foundation under section 509(a), although all subordinates do not all share the same sub-classification under section 509(a). Based on your representations, the subordinate organizations in the *Official Catholic Directory for 2015* are recognized as exempt under section 501(c)(3) of the Code under GEN 0928.

Donors may deduct contributions to you and your subordinate organizations as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to them or for their use are deductible for federal estate and gifts tax purposes if they meet the applicable provisions of section 2055, 2106, and 2522 of the Code.

Subordinate organizations under a group exemption do not receive individual exemption letters. Most subordinate organizations are not separately listed in Publication 78 or the EO Business Master File. Donors may verify that a subordinate organization is included

in your group exemption by consulting the *Official Catholic Directory*, the official subordinate listing approved by you, or by contacting you directly. IRS does not verify the inclusion of subordinate organizations under your group exemption. See IRS Publication 4573, *Group Exemption*, for additional information about group exemptions.

Each subordinate organization covered in a group exemption should have its own EIN. Each subordinate organization must use its own EIN, not the EIN of the central organization, in all filings with IRS.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely,

A handwritten signature in black ink that reads "Tamera Ripperda". The signature is written in a cursive, flowing style.

Tamera Ripperda
Director, Exempt Organizations

The Official Catholic Directory

for the Year of Our Lord

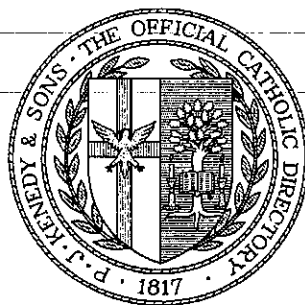
2015

GIVING STATUS OF THE CATHOLIC CHURCH AS OF JANUARY 1, 2015

Containing Ecclesiastical Statistics of

THE UNITED STATES, PUERTO RICO,
THE VIRGIN ISLANDS, AGANA, CAROLINE AND MARSHALL ISLANDS,
AND FOREIGN MISSIONARY ACTIVITIES.

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Bon Secours, Inc., 1505 Marriottsville Rd., 21104. Tel: 410-442-3506; Fax: 410-442-3256. Web: www.bshsi.org.
- PASADENA.** *St. Jane Frances Educational Endowment Trust*, 8499 Virginia Ave., 21122. Tel: 410-255-4646; Fax: 410-437-5191. Email: postmaster@stjane.org. Web: stjane.org.
- SYKESVILLE.** *St. Joseph Catholic Community Endowment Trust*, 915 Liberty Rd., 21784. Tel: 443-920-9191; Fax: 443-920-9192. Email: parishoffice@saintjoseph.cc. Web: www.stjosepheldersburg.org. Revs. Paul A. Reich, S.M., Assoc. Pastor; Neville O'Donohue, S.M., Pastor; David McQuigan, S.M., Assoc. Pastor; Deacons Karl Bayhi; Michael Dvorak; Vito Piazza Sr.
- TOWSON.** *The Immaculate Conception Elementary School Endowment Trust*, 200 Ware Ave., 21204. Tel: 410-427-4700; Fax: 410-427-4795. Email: info@theimmaculate.org. Web: www.theimmaculate.org. Rev. Joseph F. Barr.
Maryland Province of the Society of Jesus Aged and Infirm Trust, 8600 LaSalle Rd., Ste. 620, 21286. Tel: 443-921-1319; Fax: 443-921-1313. Rev. Timothy J. Stephens, S.J.
Maryland Province of the Society of Jesus Formation Trust, 8600 LaSalle Rd., Ste. 620, 21286. Tel: 443-921-1319; Fax: 443-921-1313. Rev. Timothy J. Stephens, S.J.
- WESTERNPORT.** *St. Peter's, Westernport, School Endowment Trust*, 127 Church St., 21562. Tel: 301-359-3055; Fax: 301-359-0657.
- [U] MISCELLANEOUS**
- BALTIMORE.** *African Conference of Catholic Clergy & Religious in the United States, Inc.*, c/o NBCC, 320 Cathedral St., 21201. Tel: 770-251-5353, Ext. 202. Web: www.acccrus.org. Rev. Henry Atem, Pres.
Saint Agnes Hospital Foundation, Inc., 900 Caton Ave., SAHC Box 123, 21229. Tel: 410-368-3155; Fax: 410-368-3533. Web: www.stagnes.org/foundation-main.htm. Ms. Malinda B. Small, Pres.
Alhambra, International Order of (1904) Supreme Headquarters, 4200 Leeds Ave., 21229. Tel: 410-242-0660; Fax: 410-536-5729. Email: salaam@orderofalhambra.org. Web: www.OrderAlhambra.org. Roger J. Reid, Exec. Dir. Nonprofit organization dedicated to assisting the developmentally disabled.
Basilica of the Assumption Historic Trust, Inc., 409 Cathedral St., 21201. Tel: 410-727-3565; Fax: 410-539-0407. Web: www.baltimorebasilica.org. Bob Brown, Devel. Dir.; Kathy Wandishin, Devel. Exec.Asst.
Bon Secours Baltimore Development, Inc., 26 N. Fulton Ave., 21228. Tel: 410-362-3199; Fax: 410-362-9443. Email: george.kleb@bshsi.org.
Bon Secours Baltimore Health System Foundation, 2000 W Baltimore St., 21223. Tel: 410-362-3090; Fax: 410-362-3578. Julie Mercer, Vice Pres. Philanthropy & Fund Devel.
**Cardijn Associates, Inc.* (1994) 4513 Bayonne Ave., 21206. Tel: 410-488-7936. Ms. Nancy Lee Conrad, Sec.
Caroline Center (1996) 900 Somerset St., 21202. Tel: 410-563-1303; Fax: 410-563-1302. Email: carolinecenter@caroline-center.org. Web: Caroline-Center.org. Sr. Patricia McLaughlin, S.S.N.D., Exec. Dir.
The Caroline Freiss Center, Inc., Employment training education for low income women. Total Assisted Annually 180; Total Staff 20.
Cathedral Library, 5200 N. Charles St., 21210. Tel: 410-464-4041. Laura M. Perry, Dir. Staffed by the Catholic Evidence League; Maintain a lending library open to anyone in the archdiocese on Monday from 10:00 AM-2:00 PM & Sunday from 9:30 AM-1:00 PM. Total Staff 7.
Catholic Alumni Club of Baltimore (1961) 4132 E. Joppa Rd., Ste. 11, P.O. Box 837, Perry Hall, 21236. Tel: 410-698-3859. Email: info@cacbaltimore.org. Web: www.cacbaltimore.org.
- Catholic Evidence League of Baltimore* (1922) c/o Cathedral of Mary Our Queen, 5200 N. Charles St., 21210. Tel: 410-464-4000. Ms. Donna R. Wilson, Pres. The object of this association is to increase in its members' knowledge of the history, teaching, and laws of the Catholic Church, and to make more effective an application of these teachings to their lives and to the general life of the community. Meeting on First Fridays from October through May at the Cathedral of Mary Our Queen for Rosary, Mass, Luncheon, and Speaker.
Catholic Relief Services - United States Conference of Catholic Bishops, 228 W. Lexington St., 21201. Tel: 410-625-2220; Fax: 410-234-2986. Web: www.crs.org. Dr. Carolyn Y. Woo, Pres. For a more detailed explanation of this organization, please consult the A-pages located in the front of the Directory.
Catholic Relief Services Foundation, Inc., 228 W. Lexington St., 21201. Tel: 410-951-7546; Fax: 443-825-3836. Rev. Robert Twele Esq., O.F.M.Conv., Sec.
Catholic War Veterans USA, Inc., 9511-P Kingscroft Ter., Perry Hall, 21128. Tel: 410-299-7283. Email: cwvmd@yahoo.com. Web: www.cwvmd.org. Gilbert T. Barker, Dept. Commander; Rev. Conan Timoney, Post Chap.
Christ Child Society of Baltimore, Inc., P.O. Box 584, Ridderwood, 21139. Tel: 410-812-0620; Fax: 410-389-3477. Cathleen White, Pres.
Christian Life Community Regional Information Center (1967) 615 Rest Ave., Catonsville, 21228. Tel: 410-465-1312; Fax: 410-646-6541. Email: cazieba@yahoo.com. Web: www.clc-usa.org. Carol A. Zieba, Regional Chm.; Al Yarzbinsky, Treas. CLC is a lay organization that forms and sustains men and women, adults and youth, who commit themselves to the church and its mission in the world and feel the urgent need to unite their human life in all its dimensions with the fullness of their Christian faith and to work for social justice. Members come together in community to share their experience of Ignatian spirituality and mission.
Cristo Rey Corporate Internship Program, Inc., 420 S. Chester St., 21231. Tel: 410-727-3255; Fax: 443-573-9898. Rev. John W. Swope, S.J., Pres.; Janet Shock, Dir.; Leigh Profit, Dir. Finance. Priests 1; Staff 5.
Esperanza Center Health Services Inc., 320 Cathedral St., 21201. Tel: 443-525-3450; Fax: 443-573-6100. Mr. William J. McCarthy Jr., Dir.
Food for Thought, Inc., 1625 E. Baltimore, 21231. Tel: 410-563-0081; Fax: 410-327-1345. Email: srmaryann@aol.com. Sr. Mary Ann Hartnett, S.S.N.D., Dir. Tutorial program for children & adult literacy.
Friends of Ijebu-Ode Diocese, Inc., 1130 N. Calvert St., 21202. Tel: 410-727-3386; Fax: 410-727-1006. Email: nelsons@hotmail.com. Very Rev. Nelson A. Moreira, S.S.J., Sec.-Treas.
**G S Properties, Inc.*, 5601 Loch Raven Blvd., 21239. Tel: 410-772-6719; Fax: 410-772-6998. Web: www.medstarhealth.org.
Holy Name Society (Union) (1911) 212 Elinor Ave., 21236. Tel: 410-661-3170. Rev. Michael W. Carrion, Spiritual Dir., 8501 Lock Raven Blvd., Towson, 21286-2313. Tel: 410-668-7935, Ext. 203; Carroll W. Pupa, Pres., 212 Elinor Ave., 21236. Tel: 410-262-7955. Purpose: Support Right to Life, Anti-Pornography, High School Scholarship Grants, Canonization of Blessed John of Vercelli, Support the Archbishop's discernment supper fund and works of charity.
Ignatian Volunteer Corps, 801 St. Paul St., 21202. Tel: 410-752-4686; Fax: 410-752-8480. Email: info@ivcusa.org. Web: www.ivcusa.org. Ms. Mary C. McGinnity, Exec. Dir.; Rev. James R. Conroy, S.J., Founder; Thomas Ulrich, Dir., Prog. Operations & Regl. Devel.
Inter Parish Loan Fund, Inc., 320 Cathedral St., 21201. Tel: 410-547-5322; Fax: 410-332-8233. William J. Baird III, Sec.
Legion of Mary, 313 Streett Cir., Forest Hill, 21050. Tel: 703-408-5779. Dianne Van Pelt, Pres. Baltimore Comitium, governing body for the Legion of Mary in the Baltimore Archdiocese.
Marian House, Inc., 949 Gorsuch Ave., 21218. Tel: 410-467-4121; Fax: 410-467-6709. Web: www.marianhouse.org. Katie Allston, LCSW-C, Exec. Dir.
Mission Helper Productions, Inc., 1001 W. Joppa Rd., 21204-3787. Tel: 410-823-8585, Ext. 241; Fax: 410-296-4050. Email: aguinan@missionhelpers.org. Web: missionhelperproductions.org. Sisters Anne Guinan, M.H.S.H., Dir.; Caritas Kennedy, R.S.M., Assoc. Dir. A video production studio which provides full service professional work at nonprofit rates for independent producers and nonprofit socially concerned groups or individuals.
- Mother Seton House on Paca Street, Inc.*, 600 N. Paca St., 21201. Tel: 410-728-6464; Fax: 410-669-8140. Web: www.stmaryspacast.org. Rev. John C. Kemper, S.S., M.Div., M.A., D.Min., Dir. The Mother Seton House on Paca Street is part of the St. Mary's Spiritual Center and Historic Site. The federal style house served as home (1808) and school for St. Elizabeth Ann Seton, America's first native-born canonized saint. Also on the site is the Historic Seminary Chapel that served the needs of our nation's first Roman Catholic Seminary (1791). The Historic Site is owned and operated by the Society of St. Sulpice, Province of the US. The site is open Monday-Friday from 12 noon to 3:30 pm and Saturday-Sunday from 1-3 pm. Entrance to the site is free, with off street parking.
The Mount Saint Agnes Theological Center for Women, Inc., 909 Poplar Hill Rd., 21210. Tel: 410-435-7500; Fax: 410-435-9522. Email: wisdom@mountsaintagnes.org. Web: www.mountsaintagnes.org. Sr. Mary Aquin O'Neill, R.S.M., Ph.D., Dir.; Sarah Holby, Administrative Asst. Total Staff 2.
**Murphy Initiative for Justice and Peace*, 1001 W. Joppa Rd., 21204. Tel: 410-823-5585, Ext. 244. Rosemary Thompson, Exec. Dir.
My Sister's Place Women's Center Fund, Inc., 320 Cathedral St., 21201. Tel: 410-547-5469. Email: bmccarth@cc-md.org. Mr. William J. McCarthy Jr., Exec. Dir.
Nigeria-Igbo Catholic Community, P.O. Box 86027, 21239. Tel: 443-910-3647. Email: office@nicchurch.org. Web: www.nicchurch.org. Dr. Clement Anyadike, Chm. Tel: 443-910-3647; Iyke Okwesili, Vice Chm. Tel: 202-250-0889; Felix Opara, Sec.; Rev. Anthony Abiamiri. Purpose: to provide an environment for all Igbo in the Baltimore Metropolitan area to worship in their native language.
Our Daily Bread Employment Center Fund, Inc., 320 Cathedral St., 21201. Tel: 410-547-5469. Email: bmccarth@cc-md.org. Mr. William J. McCarthy Jr., Exec. Dir.
Pallottine Charitable, Educational and Apostolic Ministry Trust, 512 W. Saratoga St., 21201. Tel: 410-685-3064.
Radio Mass of Baltimore, Inc., St. Ignatius Church, 740 N. Calvert St., 21202. Tel: 410-539-7812; Fax: 410-837-8889. Rev. James A. Casciotti, S.J., Dir.; Mrs. Carolyn Dunne, Admin. Mass is broadcast every Sunday morning from St. Ignatius Church at 9:00 A.M., WBAL, 1090 AM Radio Dial.
Reparation Society of the Immaculate Heart of Mary, Inc. (1946) Fatima House, 7920 Beverly Ave., 21234. Tel: 410-665-1199. Rev. Casimir M. Peterson, S.T.L., J.C.D., Pres. & Spiritual Dir. (Retired). Purpose: To promote prayer and penance in reparation to the Immaculate Heart of Mary in accordance with the message of Fatima. Volunteers 2; Total in Residence 1.
Sarah's House Fund, Inc., 320 Cathedral St., 21201. Tel: 410-547-5469. Email: bmccarth@cc-md.org. Mr. William J. McCarthy Jr., Exec. Dir.
Serra Foundation, 320 Cathedral St., 21201. Tel: 410-547-5426; Fax: 410-234-2953. Web: www.becomepriest.org. Rev. Michael DeAscasis, Vocations Dir.; John Jordan, Treas. Tel: 410-561-7572.
Society of St. Sulpice Foundation US, Inc., 5408 Roland Ave., 21210. Tel: 410-323-5070; Fax: 410-433-6524. Very Rev. Thomas R. Ulshofer, S.S., S.T.L., Ph.D., Pres. & Contact Person.
Stella Maris Seafarers' Center, 320 Cathedral St., 21201. Tel: 443-845-7227; Fax: 410-288-5504. Email: aosbalt@gmail.com. Web: www.aosbalt.org. Rev. Msgr. John L. FitzGerald, Dir.; Andrew Middleton, Dir. Oper. Christian hospitality services in the Catholic tradition with spiritual, temporal, and emotional support for seafarers and their families. Also, transportation to and from ships for their crew members to the local Stella Maris Seafarers' Center and the city.
St. Thomas More Society of Maryland Inc., 31 E. Lee St., Bel Air, 21014. Tel: 443-602-3939. Wilson K. Barnes III, Pres. The local branch of the St. Thomas More Society.
**The Thomas O'Neill Catholic Health Care Fund, Inc.*, 5601 Lock Raven Blvd., 21239. Tel: 410-772-6719; Fax: 410-772-6998.
Union of Catholic Apostolate USA, Inc., 512 W. Saratoga St., 21201. Tel: 302-956-0039; Fax: 410-244-5728. Email: usncc@sacapostles.org. Robert H. Gay, Pres.
- ANNAPOLIS.** *Christ Child Society of Annapolis*, P.O. Box 1801, 21404. Tel: 410-271-3392. Patricia Margerum, Pres.



Marian House

Women moving from dependence to independence

September 28, 2017

Terry Hickey
Director
Mayor's Office of Human Services
Homeless Services Program
7 E. Redwood Street, 5th fl.
Baltimore, Maryland 21202

RE: Marian House – Cash Match Letter
Permanent Housing Project – MD0051
Fiscal Year 2017

Dear Mr. Hickey,

I am writing to you regarding Marian House's renewal application for its' Continuum of Care Program grant for Permanent Housing Project.

Please let this letter serve as our commitment to provide cash match in the amount of **\$19,316** for supportive services. This cash match will be available for the grant period 9/1/18-8/31/19.

This cash match will be used to provide salary and benefits totaling \$19,316:
Tierra Clark, Case Manager (\$12,860); Katie Allston, Executive Director (\$6,456).

Thank you for your continued support of this project.

Sincerely,

Katie Allston, LCSW-C
Executive Director

Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember

- Additional training resources can be found on the HUD Exchange at <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/> - Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2017 Continuum of Care (CoC) Program Competition. For more information see FY 2017 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2017 CoC Program NOFA and the FY 2016 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- 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 2016 Project Application will be imported into the FY 2017 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the FY 2016 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.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, 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 2017 CoC Program Competition NOFA.

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:** 09/26/2017

4. **Applicant Identifier:**

5a. **Federal Entity Identifier:**

5b. **Federal Award Identifier:** MD0052

This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number

6. **Date Received by State:**

7. **State Application Identifier:**

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: City of Baltimore - Mayor's Office

b. Employer/Taxpayer Identification Number (EIN/TIN): 52-6000769

	c. Organizational DUNS:	052340973	PLUS 4	
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d. Address

Street 1: 7 E. Redwood Street

Street 2: 5th Floor

City: Baltimore

County: Baltimore City

State: Maryland

Country: United States

Zip / Postal Code: 21202

e. Organizational Unit (optional)

Department Name: Human Services

Division Name: Homeless Services Program

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Mr.

First Name: Chris

Middle Name:

Last Name: Rafferty

Suffix:

Title: Deputy Director - Homeless Services Program

Organizational Affiliation: City of Baltimore - Mayor's Office

Telephone Number: (410) 396-4885

Extension:
Fax Number: (410) 539-1091
Email: chris.rafferty@baltimorecity.gov

1C. SF-424 Application Details

9. Type of Applicant: C. City or Township Government

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: FR-6100-N-25

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (State(s) only): Maryland
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: Marian House - Serenity Place PHP

16. Congressional District(s):

a. Applicant: MD-007, MD-003, MD-002
(for multiple selections hold CTRL key)

b. Project: MD-007, MD-003, MD-002
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 12/01/2018

b. End Date: 11/30/2019

18. Estimated Funding (\$)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process? b. Program is subject to E.O. 12372 but has not been selected by the State for review.

If "YES", enter the date this application was made available to the State for review:

20. Is the Applicant delinquent on any Federal debt? No

If "YES," provide an explanation:

1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

I AGREE:

21. Authorized Representative

Prefix: Mr.

First Name: Terry

Middle Name:

Last Name: Hickey

Suffix:

Title: Director, Mayor's Office of Human Services

Telephone Number: (410) 396-7543
(Format: 123-456-7890)

Fax Number: (410) 539-1091
(Format: 123-456-7890)

Email: terry.hickey@baltimorecity.gov

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 09/26/2017

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - Form 2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2510-0011 (exp.11/30/2018)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: City of Baltimore - Mayor's Office

Prefix: Mr.

First Name: Terry

Middle Name:

Last Name: Hickey

Suffix:

Title: Director, Mayor's Office of Human Services

Organizational Affiliation: City of Baltimore - Mayor's Office

Telephone Number: (410) 396-7543

Extension:

Email: terry.hickey@baltimorecity.gov

City: Baltimore

County: Baltimore City

State: Maryland

Country: United States

Zip/Postal Code: 21202

2. Employer ID Number (EIN): 52-6000769

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$31,730.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: Marian House - Serenity Place PHP 7 E. Redwood Street Baltimore Maryland

Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? Yes
 (For further information, see 24 CFR Sec. 4.3).

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9. Yes

Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
City of Baltimore	Emergency Solutions Grant - Formula	\$1,719,500.00	Shelter, RRH, HMIS, Outreach, Prevention
City of Baltimore	Emergency Solutions Grant - Supplemental	2061204.0	Shelter, RRH, HMIS, Outreach, Prevention
City of Baltimore	HOPWA	\$8,331,845.00	TBRA, supportive services
NA			
NA			

Part III Interested Parties

You must disclose:
 1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
 2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation	Financial Interest in Project/Activity (\$)	Financial Interest in Project/Activity (%)
NA	NA	NA	\$0.00	0%

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I certify that this information is true and complete.

I AGREE:

Name / Title of Authorized Official: Terry Hickey, Director, Mayor's Office of Human Services

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 08/01/2017

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: City of Baltimore - Mayor's Office

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 hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and

X

accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Authorized Representative

Prefix: Mr.

First Name: Terry

Middle Name

Last Name: Hickey

Suffix:

Title: Director, Mayor's Office of Human Services

Telephone Number: (410) 396-7543
(Format: 123-456-7890)

Fax Number: (410) 539-1091
(Format: 123-456-7890)

Email: terry.hickey@baltimorecity.gov

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 09/26/2017

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 Baltimore - Mayor's Office

Name / Title of Authorized Official: Terry Hickey, Director, Mayor's Office of Human Services

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 09/26/2017

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer "Yes" if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: "The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action."

Answer "No" if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program? No

Legal Name: City of Baltimore - Mayor's Office

Street 1: 7 E. Redwood Street

Street 2: 5th Floor

City: Baltimore

County: Baltimore City

State: Maryland

Country: United States

Zip / Postal Code: 21202

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: Mr.

First Name: Terry

Middle Name:

Last Name: Hickey

Suffix:

Title: Director, Mayor's Office of Human Services

Telephone Number: (410) 396-7543
(Format: 123-456-7890)

Fax Number: (410) 539-1091
(Format: 123-456-7890)

Email: terry.hickey@baltimorecity.gov

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 09/26/2017

Additional Information

Now that you have completed Part 1 of the application, please review Parts 2-7, which are in Read Only mode. Screen 3C, which is mandatory for all PH-PSH projects and screens 6D, 7A and 7B which are mandatory for all projects will be editable and must be answered prior to submission.

Once you are done reviewing, you will be guided to a "Submissions without Changes" screen. At this screen if you decide no edits or updates are required to any screens other than the mandatory questions for 3C and/or 6D,7A and 7B, you are allowed to submit the application without ever needing to edit the rest of the application. However, if you determine that changes need to be made to the application, we have given you the ability to open up individual screens for edit, instead of the entire application.

Once you select the screens you want to edit via checkboxes, you will click "Save", and those screens will be available for edit. An important reminder, once you make those selections and click "Save", you cannot uncheck those boxes. You are allowed to select additional boxes even after saving your initial selections. Again, you must click "Save" for those newly selected screens to be available for edit.

If your project is a First Time Renewal, your project will not be able to utilize the "Submit Without Changes" function. The Submissions Without Changes page will be automatically set to "Make Changes" and you will be required to input data into the application for all required fields relevant to the component type.

2A. Project Subrecipients

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the  icon. To view or update subrecipient information already listed, select the view  option.

Total Expected Sub-Awards: \$31,730

Organization	Type	Type	Sub-Award Amount
Marian House, Inc.	M. Nonprofit with 501C3 IRS Status	M. Nonprofit with 501C3 IRS Status	\$31,730

2A. Project Subrecipients Detail

a. Organization Name: Marian House, Inc.

b. Organization Type: M. Nonprofit with 501C3 IRS Status

c. Employer or Tax Identification Number: 52-1243849

	* d. Organizational DUNS:	621494517	PLUS 4	
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e. Physical Address

Street 1: 949 Gorsuch Avenue

Street 2:

City: Baltimore

State: Maryland

Zip Code: 21218

f. Congressional District(s): MD-007, MD-003, MD-002
(for multiple selections hold CTRL key)

g. Is the subrecipient a Faith-Based Organization? Yes

h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency? Yes

i. Expected Sub-Award Amount: \$31,730

j. Contact Person

Prefix: Ms.

First Name: Katie

Middle Name:

Last Name: Allston

Suffix:

Title: Exective Director

E-mail Address: kallston@marianhouse.org

Confirm E-mail Address: kallston@marianhouse.org

Phone Number: 410-467-4121

Extension: 229

Fax Number: 410-467-6709

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

2B. Recipient Performance

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

- 1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?** Yes

- 2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?** No

- 3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?** Yes

- 4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?** No

3A. Project Detail

1. Expiring Grant Number: MD0052

(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: MD-501 - Baltimore CoC

2b. CoC Collaborative Applicant Name: City of Baltimore - Mayor's Office

3. Project Name: Marian House - Serenity Place PHP

4. Project Status: Standard

5. Component Type: PH

6. Does this project use one or more properties that have been conveyed through the Title V process? No

3B. Project Description

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. Provide a description that addresses the entire scope of the proposed project.

MH Serenity Place is a permanent housing complex that provides housing for formerly homeless and/or low income women and families. A Marian House case manager provides support services for these residents.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

Chronic Homeless	<input type="checkbox"/>	Domestic Violence	<input checked="" type="checkbox"/>
Veterans	<input type="checkbox"/>	Substance Abuse	<input checked="" type="checkbox"/>
Youth (under 25)	<input type="checkbox"/>	Mental Illness	<input checked="" type="checkbox"/>
Families with Children	<input checked="" type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>
		Other (Click 'Save' to update)	<input type="checkbox"/>

Other:

3. Housing First

3a. Does the project quickly move participants into permanent housing Yes

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

Having too little or little income	<input type="checkbox"/>
------------------------------------	--------------------------

	<input checked="" type="checkbox"/>
Active or history of substance use	<input checked="" type="checkbox"/>
Having a criminal record with exceptions for state-mandated restrictions	<input checked="" type="checkbox"/>
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

Failure to participate in supportive services	<input checked="" type="checkbox"/>
Failure to make progress on a service plan	<input checked="" type="checkbox"/>
Loss of income or failure to improve income	<input checked="" type="checkbox"/>
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

3d. Does the project follow a "Housing First" approach? Yes

4. Does the PH project provide PSH or RRH? PSH

3C. Dedicated Plus

Dedicated and DedicatedPLUS

A "100% Dedicated" project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and families, according to NOFA Section III.3.b.

A "DedicatedPLUS" project is a permanent supportive housing project where 100% of the beds are dedicated to serve individuals with disabilities and families in which one adult or child has a disability, including unaccompanied homeless youth, that at a minimum, meet ONE of the following criteria according to NOFA Section III.3.d:

- (1) experiencing chronic homelessness as defined in 24 CFR 578.3;
- (2) residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project;
- (3) residing in a place not meant for human habitation, emergency shelter, or safe haven; but the individuals or families experiencing chronic homelessness as defined at 24 CFR 578.3 had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement;
- (4) residing in transitional housing funded by a joint TH and PH-RRH component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3 prior to entering the project;
- (5) residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions; or
- (6) receiving assistance through a Department of Veterans Affairs(VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

A renewal project where 100 percent of the beds are dedicated in their current grant as described in NOFA Section III.A.3.b. must either become DedicatedPLUS or remain 100% Dedicated. If a renewal project currently has 100 percent of its beds dedicated to chronically homeless individuals and families and elects to become a DedicatedPLUS project, the project will be required to adhere to all fair housing requirements at 24 CFR 578.93. Any beds that the applicant identifies in this application as being dedicated to chronically homeless individuals and families in a DedicatedPLUS project must continue to operate in accordance with Section III.A.3.b. Beds are identified on Screen 4B.

1. Indicate whether the project is "100% Dedicated", "DedicatedPLUS", or "N/A", according to the information provided above. N/A

4A. Supportive Services for Participants

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. For all supportive services available to 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	Annually
Assistance with Moving Costs	Non-Partner	As needed
Case Management	Subrecipient	Monthly
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	Non-Partner	As needed
Legal Services	Non-Partner	As needed
Life Skills Training	Subrecipient	Bi-monthly
Mental Health Services	Non-Partner	As needed
Outpatient Health Services	Partner	As needed
Outreach Services	Non-Partner	As needed
Substance Abuse Treatment Services	Subrecipient	Monthly
Transportation	Non-Partner	Monthly
Utility Deposits	Non-Partner	As needed

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

2b. Use of a single application form for four or more mainstream programs? Yes

2c. At least annual follow-ups with participants to ensure mainstream benefits Yes

are received and renewed?

3. Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Yes

3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Yes

4B. Housing Type and Location

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

The following list summarizes each housing site in the project. To add a housing site to the list, select the icon. To view or update a housing site already listed, select the icon.

Total Units: 19

Total Beds: 24

Total Dedicated CH Beds: 0

Housing Type	Units	Beds
Clustered apartments	19	24

4B. Housing Type and Location Detail

1. Housing Type: Clustered apartments

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.

a. Units: 19

b. Beds: 24

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 0

This includes both the "dedicated" and "prioritized" beds from previous competitions.

4. Address:

Street 1: 949 Gorsuch Avenue

Street 2:

City: Baltimore

State: Maryland

ZIP Code: 21218

**5. Select the geographic area(s) associated with the address:
(for multiple selections hold CTRL Key)**

240066 Baltimore

5A. Project Participants - Households

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	5	14	0	19

Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Adults over age 24	4	14		18
Adults ages 18-24	1	0		1
Accompanied Children under age 18	5		0	5
Unaccompanied Children under age 18			0	0
Total Persons	10	14	0	24

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

Persons in Households with at Least One Adult and One Child

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24		0	0	4	2	2	4	2	1	0
Adults ages 18-24		0							0	1
Children under age 18					0	0	0	0	0	5
Total Persons	0	0	0	4	2	2	4	2	1	6

Click Save to automatically calculate totals

Persons in Households without Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24	0		0	12	1	8	9	0	0	0
Adults ages 18-24		0	0	0	0	0	0	0	0	0
Total Persons	0	0	0	12	1	8	9	0	0	0

Click Save to automatically calculate totals

Persons in Households with Only Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Accompanied Children under age 18										

Unaccompanied Children under age 18										
Total Persons	0			0	0	0	0	0	0	0

Describe the unlisted subpopulations referred to above:

The unlisted subpopulation refers to non-disabled children.

5C. Outreach for Participants

1. Enter the percentage of project participants that will be coming from each of the following locations.

50%	Directly from the street or other locations not meant for human habitation.
45%	Directly from emergency shelters.
1%	Directly from safe havens.
1%	Persons fleeing domestic violence.
3%	Directly from transitional housing.
	Directly from the TH Portion of a Joint TH and PH-RRH Component project.
	Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program.
100%	Total of above percentages

6A. Funding Request

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. Do any of the properties in this project have an active restrictive covenant? No
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? No
3. Does this project propose to allocate funds according to an indirect cost rate? No
4. Renewal Grant Term: 1 Year
5. Select the costs for which funding is being requested:
- | | |
|---------------------|-------------------------------------|
| Leased Units | <input type="checkbox"/> |
| Leased Structures | <input type="checkbox"/> |
| Rental Assistance | <input type="checkbox"/> |
| Supportive Services | <input checked="" type="checkbox"/> |
| Operating | <input type="checkbox"/> |
| HMIS | <input type="checkbox"/> |

6D. Sources of Match

The following list summarizes the funds that will be used as Match for the project. To add a Matching source to the list, select the  icon. To view or update a Matching source already listed, select the  icon.

Summary for Match

Total Value of Cash Commitments:	\$8,956
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$8,956

1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? No

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Private	Marian House	09/28/2017	\$8,956

Sources of Match Detail

- 1. Will this commitment be used towards Match?** Yes
- 2. Type of Commitment:** Cash
- 3. Type of Source:** Private
- 4. Name the Source of the Commitment:** Marian House
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 09/28/2017
- 6. Value of Written Commitment:** \$8,956

6E. Summary Budget

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

The following 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 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, 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	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	\$0
1b. Leased Structures	\$0
2. Rental Assistance	\$0
3. Supportive Services	\$29,655
4. Operating	\$0
5. HMIS	\$0
6. Sub-total Costs Requested	\$29,655
7. Admin (Up to 10%)	\$2,075
8. Total Assistance plus Admin Requested	\$31,730
9. Cash Match	\$8,956
10. In-Kind Match	\$0
11. Total Match	\$8,956
12. Total Budget	\$40,686

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	Marian House 501c3	11/03/2015
2) Other Attachmenbt	No	Marian House - Se...	09/21/2017
3) Other Attachment	No		

Attachment Details

Document Description: Marian House 501c3

Attachment Details

Document Description: Marian House - Serenity PHP Match

Attachment Details

Document Description:

7B. Certification

A. For all projects: Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

For applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

C. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official Terry Hickey
Date: 09/26/2017
Title: Director, Mayor's Office of Human Services
Applicant Organization: City of Baltimore - Mayor's Office

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant

X

Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of 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- Recipient and Subrecipient Information	
2A. Subrecipients	<input type="checkbox"/>
2B. Recipient Performance	<input type="checkbox"/>
Part 3 - Project Information	
3A. Project Detail	<input checked="" type="checkbox"/>
3B. Description	<input type="checkbox"/>
3C. Dedicated Plus	<input checked="" type="checkbox"/>
Part 4 - Housing Services and HMIS	
4A. Services	<input type="checkbox"/>
4B. Housing Type	<input type="checkbox"/>
Part 5 - Participants and Outreach Information	
5A. Households	<input type="checkbox"/>
5B. Subpopulations	<input type="checkbox"/>
5C. Outreach	<input checked="" type="checkbox"/>
Part 6 - Budget Information	
6A. Funding Request	<input type="checkbox"/>

6D. Match	<input checked="" type="checkbox"/>
6E. Summary Budget	<input type="checkbox"/>
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	<input checked="" type="checkbox"/>
7B. Certification	<input checked="" type="checkbox"/>

The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

5c.Updated outreach percentages according to coordinated access information.

The applicant has selected "Make Changes". Once this screen is saved, the applicant 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.

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	09/21/2017
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/21/2017

1E. SF-424 Compliance	09/21/2017
1F. SF-424 Declaration	09/21/2017
1G. HUD-2880	09/21/2017
1H. HUD-50070	09/21/2017
1I. Cert. Lobbying	09/21/2017
1J. SF-LLL	09/21/2017
2A. Subrecipients	09/21/2017
2B. Recipient Performance	09/21/2017
3A. Project Detail	09/21/2017
3B. Description	09/21/2017
3C. Dedicated Plus	09/21/2017
4A. Services	09/21/2017
4B. Housing Type	09/21/2017
5A. Households	09/21/2017
5B. Subpopulations	09/21/2017
5C. Outreach	09/21/2017
6A. Funding Request	09/21/2017
6D. Match	09/21/2017
6E. Summary Budget	No Input Required
7A. Attachment(s)	09/21/2017
7B. Certification	09/21/2017
Submission Without Changes	09/21/2017

Internal Revenue Service
P.O. Box 2508
Cincinnati, OH 45201

Department of the Treasury

Date: May 29, 2015

Person to Contact:

R. Meyer ID# 0110429

Toll Free Telephone Number:

877-829-5500

Employer Identification Number:

53-0196617

Group Exemption Number:

0928

United States Conference of Catholic
Bishops
3211 4th Street, NE
Washington, DC 20017-1194

Dear Sir/Madam:

This responds to your May 19, 2015, request for information regarding the status of your group tax exemption.

Our records indicate that you were issued a determination letter in March 1946, that you are currently exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code, and are not a private foundation within the meaning of section 509(a) of the Code because you are described in sections 509(a)(1) and 170(b)(1)(A)(i).

With your request, you provided a copy of the *Official Catholic Directory for 2015*, which includes the names and addresses of the agencies and instrumentalities and the educational, charitable, and religious institutions operated by the Roman Catholic Church in the United States, its territories, and possessions that are subordinate organizations under your group tax exemption. Your request indicated that each subordinate organization is a non-profit organization, that no part of the net earnings thereof inures to the benefit of any individual, and that no substantial part of their activities is for promotion of legislation. You have further represented that none of your subordinate organizations is a private foundation under section 509(a), although all subordinates do not all share the same sub-classification under section 509(a). Based on your representations, the subordinate organizations in the *Official Catholic Directory for 2015* are recognized as exempt under section 501(c)(3) of the Code under GEN 0928.

Donors may deduct contributions to you and your subordinate organizations as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to them or for their use are deductible for federal estate and gifts tax purposes if they meet the applicable provisions of section 2055, 2106, and 2522 of the Code.

Subordinate organizations under a group exemption do not receive individual exemption letters. Most subordinate organizations are not separately listed in Publication 78 or the EO Business Master File. Donors may verify that a subordinate organization is included

in your group exemption by consulting the *Official Catholic Directory*, the official subordinate listing approved by you, or by contacting you directly. IRS does not verify the inclusion of subordinate organizations under your group exemption. See IRS Publication 4573, *Group Exemption*, for additional information about group exemptions.

Each subordinate organization covered in a group exemption should have its own EIN. Each subordinate organization must use its own EIN, not the EIN of the central organization, in all filings with IRS.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely,

A handwritten signature in black ink that reads "Tamera Ripperda". The signature is written in a cursive, flowing style.

Tamera Ripperda
Director, Exempt Organizations

The Official Catholic Directory

for the Year of Our Lord

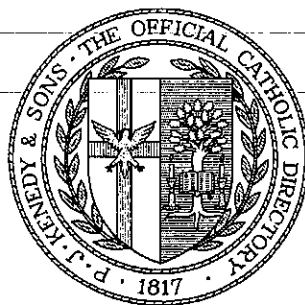
2015

GIVING STATUS OF THE CATHOLIC CHURCH AS OF JANUARY 1, 2015

Containing Ecclesiastical Statistics of

THE UNITED STATES, PUERTO RICO,
THE VIRGIN ISLANDS, AGANA, CAROLINE AND MARSHALL ISLANDS,
AND FOREIGN MISSIONARY ACTIVITIES.

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- St. Joseph, Midland Cemetery Continuing Care Trust*, 44 E. Main St., 21532. Tel: 301-689-6767; Fax: 301-689-6411. Rev. Edward S. Hendricks.
- GLEN BURNIE. The Church of the Good Shepherd Parish Endowment Trust**, 1451 Furnace Ave., 21060. Tel: 410-766-5070; Fax: 410-760-6738. Parish Center: 126 Dorsey Rd., 21061. Revs. C. Lou Martin; Angel A. Marrero.
- KINGSVILLE. St. Stephen School Endowment Trust**, 8028 Bradshaw Rd., 21087-1807. Tel: 410-592-7617; Fax: 410-592-7330.
- MARRIOTTSVILLE. Bon Secours Health System, Inc.**, 1505 Marriottsville Rd., 21104. Tel: 410-442-3505; Fax: 410-442-3256. Web: www.bshsi.org. Donald G. Seitz, M.D., Chair & Bd. of Directors; Richard J. Statuto, CEO & Pres. *Bon Secours, Inc.*, 1505 Marriottsville Rd., 21104. Tel: 410-442-3506; Fax: 410-442-3256. Web: www.bshsi.org.
- PASADENA. St. Jane Frances Educational Endowment Trust**, 8499 Virginia Ave., 21122. Tel: 410-255-4646; Fax: 410-437-5191. Email: postmaster@stjane.org. Web: stjane.org.
- SYKESVILLE. St. Joseph Catholic Community Endowment Trust**, 915 Liberty Rd., 21784. Tel: 443-920-9191; Fax: 443-920-9192. Email: parishoffice@saintjoseph.cc. Web: www.stjosepheldersburg.org. Revs. Paul A. Reich, S.M., Assoc. Pastor; Neville O'Donohue, S.M., Pastor; David McQuigan, S.M., Assoc. Pastor; Deacons Karl Bayhi; Michael Dvorak; Vito Piazza Sr.
- TOWSON. The Immaculate Conception Elementary School Endowment Trust**, 200 Ware Ave., 21204. Tel: 410-427-4700; Fax: 410-427-4795. Email: info@theimmaculate.org. Web: www.theimmaculate.org. Rev. Joseph F. Barr. *Maryland Province of the Society of Jesus Aged and Infirm Trust*, 8600 LaSalle Rd., Ste. 620, 21286. Tel: 443-921-1319; Fax: 443-921-1313. Rev. Timothy J. Stephens, S.J. *Maryland Province of the Society of Jesus Formation Trust*, 8600 LaSalle Rd., Ste. 620, 21286. Tel: 443-921-1319; Fax: 443-921-1313. Rev. Timothy J. Stephens, S.J.
- WESTERNPORT. St. Peter's, Westernport, School Endowment Trust**, 127 Church St., 21562. Tel: 301-359-3055; Fax: 301-359-0657.
- [U] MISCELLANEOUS**
- BALTIMORE. African Conference of Catholic Clergy & Religious in the United States, Inc., c/o NBCC**, 320 Cathedral St., 21201. Tel: 770-251-5353, Ext. 202. Web: www.acccrus.org. Rev. Henry Atem, Pres. *Saint Agnes Hospital Foundation, Inc.*, 900 Caton Ave., SAHC Box 123, 21229. Tel: 410-368-3155; Fax: 410-368-3533. Web: www.stagnes.org/foundation-main.htm. Ms. Malinda B. Small, Pres. *Alhambra, International Order of (1904) Supreme Headquarters*, 4200 Leeds Ave., 21229. Tel: 410-242-0660; Fax: 410-536-5729. Email: salaam@orderofalhambra.org. Web: www.OrderAlhambra.org. Roger J. Reid, Exec. Dir. Nonprofit organization dedicated to assisting the developmentally disabled. *Basilica of the Assumption Historic Trust, Inc.*, 409 Cathedral St., 21201. Tel: 410-727-3565; Fax: 410-539-0407. Web: www.baltimorebasilica.org. Bob Brown, Devel. Dir.; Kathy Wandishin, Devel. Exec.Asst. *Bon Secours Baltimore Development, Inc.*, 26 N. Fulton Ave., 21228. Tel: 410-362-3199; Fax: 410-362-3443. Email: george.kleb@bshsi.org. *Bon Secours Baltimore Health System Foundation*, 2000 W Baltimore St., 21223. Tel: 410-362-3090; Fax: 410-362-3578. Julie Mercer, Vice Pres. Philanthropy & Fund Devel. **Cardijn Associates, Inc. (1994)* 4513 Bayonne Ave., 21206. Tel: 410-488-7936. Ms. Nancy Lee Conrad, Sec. *Caroline Center (1996)* 900 Somerset St., 21202. Tel: 410-563-1303; Fax: 410-563-1302. Email: carolinecenter@caroline-center.org. Web: Caroline-Center.org. Sr. Patricia McLaughlin, S.S.N.D., Exec. Dir. *The Caroline Freiss Center, Inc.*, Employment training education for low income women. Total Assisted Annually 180; Total Staff 20. *Cathedral Library*, 5200 N. Charles St., 21210. Tel: 410-464-4041. Laura M. Perry, Dir. Staffed by the Catholic Evidence League; Maintain a lending library open to anyone in the archdiocese on Monday from 10:00 AM-2:00 PM & Sunday from 9:30 AM-1:00 PM. Total Staff 7. *Catholic Alumni Club of Baltimore (1961)* 4132 E. Joppa Rd., Ste. 11, P.O. Box 837, Perry Hall, 21236. Tel: 410-698-3859. Email: info@cabcaltimore.org. Web: www.cabcaltimore.org.
- Catholic Evidence League of Baltimore (1922) c/o Cathedral of Mary Our Queen*, 5200 N. Charles St., 21210. Tel: 410-464-4000. Ms. Donna R. Wilson, Pres. The object of this association is to increase in its members' knowledge of the history, teaching, and laws of the Catholic Church, and to make more effective an application of these teachings to their lives and to the general life of the community. Meeting on First Fridays from October through May at the Cathedral of Mary Our Queen for Rosary, Mass, Luncheon, and Speaker. *Catholic Relief Services - United States Conference of Catholic Bishops*, 228 W. Lexington St., 21201. Tel: 410-625-2220; Fax: 410-234-2986. Web: www.crs.org. Dr. Carolyn Y. Woo, Pres. For a more detailed explanation of this organization, please consult the A-pages located in the front of the Directory. *Catholic Relief Services Foundation, Inc.*, 228 W. Lexington St., 21201. Tel: 410-951-7546; Fax: 443-825-3836. Rev. Robert Twele Esq., O.F.M.Conv., Sec. *Catholic War Veterans USA, Inc.*, 9511-P Kingscroft Ter., Perry Hall, 21128. Tel: 410-299-7283. Email: cvwmd@yahoo.com. Web: www.cvwmd.org. Gilbert T. Barker, Dept. Commander; Rev. Conan Timoney, Post Chap. *Christ Child Society of Baltimore, Inc.*, P.O. Box 584, Ridewater, 21139. Tel: 410-812-0620; Fax: 410-389-3477. Cathleen White, Pres. *Christian Life Community Regional Information Center (1967)* 615 Rest Ave., Catonsville, 21228. Tel: 410-465-1312; Fax: 410-646-6541. Email: cazieba@yahoo.com. Web: www.clc-usa.org. Carol A. Zieba, Regional Chm.; Al Yarzbinsky, Treas. CLC is a lay organization that forms and sustains men and women, adults and youth, who commit themselves to the church and its mission in the world and feel the urgent need to unite their human life in all its dimensions with the fullness of their Christian faith and to work for social justice. Members come together in community to share their experience of Ignatian spirituality and mission. *Cristo Rey Corporate Internship Program, Inc.*, 420 S. Chester St., 21231. Tel: 410-727-3255; Fax: 443-573-9898. Rev. John W. Swope, S.J., Pres.; Janet Shock, Dir.; Leigh Profit, Dir. Finance. Priests 1; Staff 5. *Esperanza Center Health Services Inc.*, 320 Cathedral St., 21201. Tel: 443-525-3450; Fax: 443-573-6100. Mr. William J. McCarthy Jr., Dir. *Food for Thought, Inc.*, 1625 E. Baltimore, 21231. Tel: 410-563-0081; Fax: 410-327-1345. Email: srmaryann@aol.com. Sr. Mary Ann Hartnett, S.S.N.D., Dir. Tutorial program for children & adult literacy. *Friends of Ijebu-Ode Diocese, Inc.*, 1130 N. Calvert St., 21202. Tel: 410-727-3386; Fax: 410-727-1006. Email: nelsonsj@hotmail.com. Very Rev. Nelson A. Moreira, S.S.J., Sec.-Treas. **G S Properties, Inc.*, 5601 Loch Raven Blvd., 21239. Tel: 410-772-6719; Fax: 410-772-6998. Web: www.medstarhealth.org. *Holy Name Society (Union)* (1911) 212 Elinor Ave., 21236. Tel: 410-661-3170. Rev. Michael W. Carrion, Spiritual Dir., 8501 Lock Raven Blvd., Towson, 21286-2313. Tel: 410-668-7935, Ext. 203; Carroll W. Pupa, Pres., 212 Elinor Ave., 21236. Tel: 410-262-7955. Purpose: Support Right to Life, Anti-Pornography, High School Scholarship Grants, Canonization of Blessed John of Vercelli, Support the Archbishop's discernment supper fund and works of charity. *Ignatian Volunteer Corps*, 801 St. Paul St., 21202. Tel: 410-752-4686; Fax: 410-752-8480. Email: info@ivcusa.org. Web: www.ivcusa.org. Ms. Mary C. McGinnity, Exec. Dir.; Rev. James R. Conroy, S.J., Founder; Thomas Ulrich, Dir., Prog. Operations & Regl. Devel. *Inter Parish Loan Fund, Inc.*, 320 Cathedral St., 21201. Tel: 410-547-5322; Fax: 410-332-8233. William J. Baird III, Sec. *Legion of Mary*, 313 Streett Cir., Forest Hill, 21050. Tel: 703-408-5779. Dianne Van Pelt, Pres. Baltimore Comitium, governing body for the Legion of Mary in the Baltimore Archdiocese. *Marian House, Inc.*, 949 Gorsuch Ave., 21218. Tel: 410-467-4121; Fax: 410-467-6709. Web: www.marianhouse.org. Katie Allston, LCSW-C, Exec. Dir. *Mission Helper Productions, Inc.*, 1001 W. Joppa Rd., 21204-3787. Tel: 410-823-8585, Ext. 241; Fax: 410-296-4050. Email: aguinan@missionhelpers.org. Web: missionhelperproductions.org. Sisters Anne Guinan, M.H.S.H., Dir.; Caritas Kennedy, R.S.M., Assoc. Dir. A video production studio which provides full service professional work at nonprofit rates for independent producers and nonprofit socially concerned groups or individuals. *Mother Seton House on Paca Street, Inc.*, 600 N. Paca St., 21201. Tel: 410-728-6464; Fax: 410-669-8140. Web: www.stmaryspacast.org. Rev. John C. Kemper, S.S., M.Div., M.A., D.Min., Dir. The Mother Seton House on Paca Street is part of the St. Mary's Spiritual Center and Historic Site. The federal style house served as home (1808) and school for St. Elizabeth Ann Seton, America's first native-born canonized saint. Also on the site is the Historic Seminary Chapel that served the needs of our nation's first Roman Catholic Seminary (1791). The Historic Site is owned and operated by the Society of St. Sulpice, Province of the US. The site is open Monday-Friday from 12 noon to 3:30 pm and Saturday-Sunday from 1-3 pm. Entrance to the site is free, with off street parking. *The Mount Saint Agnes Theological Center for Women, Inc.*, 909 Poplar Hill Rd., 21210. Tel: 410-435-7500; Fax: 410-435-9522. Email: wisdom@mountsaintagnes.org. Web: www.mountsaintagnes.org. Sr. Mary Aquin O'Neill, R.S.M., Ph.D., Dir.; Sarah Holby, Administrative Asst. Total Staff 2. **Murphy Initiative for Justice and Peace*, 1001 W. Joppa Rd., 21204. Tel: 410-823-5585, Ext. 244. Rosemary Thompson, Exec. Dir. *My Sister's Place Women's Center Fund, Inc.*, 320 Cathedral St., 21201. Tel: 410-547-5469. Email: bmccarth@cc-md.org. Mr. William J. McCarthy Jr., Exec. Dir. *Nigeria-Igbo Catholic Community*, P.O. Box 86027, 21239. Tel: 443-910-3647. Email: office@nicchurch.org. Web: www.nicchurch.org. Dr. Clement Anyadike, Chm. Tel: 443-910-3647; Ilyke Okwesili, Vice Chm. Tel: 202-250-0889; Felix Opara, Sec.; Rev. Anthony Abiamiri. Purpose: to provide an environment for all Igbo in the Baltimore Metropolitan area to worship in their native language. *Our Daily Bread Employment Center Fund, Inc.*, 320 Cathedral St., 21201. Tel: 410-547-5469. Email: bmccarth@cc-md.org. Mr. William J. McCarthy Jr., Exec. Dir. *Pallottine Charitable, Educational and Apostolic Ministry Trust*, 512 W. Saratoga St., 21201. Tel: 410-685-3064. *Radio Mass of Baltimore, Inc.*, St. Ignatius Church, 740 N. Calvert St., 21202. Tel: 410-539-7812; Fax: 410-837-8883. Rev. James A. Casciotti, S.J., Dir.; Mrs. Carolyn Dunne, Admin. Mass is broadcast every Sunday morning from St. Ignatius Church at 9:00 A.M., WBAL, 1090 AM Radio Dial. *Reparation Society of the Immaculate Heart of Mary, Inc. (1946)* Fatima House, 7920 Beverly Ave., 21234. Tel: 410-665-1199. Rev. Casimir M. Peterson, S.T.L., J.C.D., Pres. & Spiritual Dir. (Retired). Purpose: To promote prayer and penance in reparation to the Immaculate Heart of Mary in accordance with the message of Fatima. Volunteers 2; Total in Residence 1. *Sarah's House Fund, Inc.*, 320 Cathedral St., 21201. Tel: 410-547-5469. Email: bmccarth@cc-md.org. Mr. William J. McCarthy Jr., Exec. Dir. *Serra Foundation*, 320 Cathedral St., 21201. Tel: 410-547-5426; Fax: 410-234-2953. Web: www.becomepriest.org. Rev. Michael DeAscanis, Vocations Dir.; John Jordan, Treas. Tel: 410-561-7572. *Society of St. Sulpice Foundation US, Inc.*, 5408 Roland Ave., 21210. Tel: 410-323-5070; Fax: 410-433-6524. Very Rev. Thomas R. Ulshaffer, S.S., S.T.L., Ph.D., Pres. & Contact Person. *Stella Maris Seafarers' Center*, 320 Cathedral St., 21201. Tel: 443-845-7227; Fax: 410-288-5504. Email: aosbalt@gmail.com. Web: www.aosbalt.org. Rev. Msgr. John L. FitzGerald, Dir.; Andrew Middleton, Dir. Oper. Christian hospitality services in the Catholic tradition with spiritual, temporal, and emotional support for seafarers and their families. Also, transportation to and from ships for their crew members to the local Stella Maris Seafarers' Center and the city. *St. Thomas More Society of Maryland Inc.*, 31 E. Lee St., Bel Air, 21014. Tel: 443-602-3939. Wilson K. Barnes III, Pres. The local branch of the St. Thomas More Society. **The Thomas O'Neill Catholic Health Care Fund, Inc.*, 5601 Lock Raven Blvd., 21239. Tel: 410-772-6719; Fax: 410-772-6998. *Union of Catholic Apostolate USA, Inc.*, 512 W. Saratoga St., 21201. Tel: 302-956-0039; Fax: 410-244-5728. Email: usncc@sacapostles.org. Robert H. Gay, Pres. **ANNAPOLIS. Christ Child Society of Annapolis**, P.O. Box 1801, 21404. Tel: 410-271-3392. Patricia Margerum, Pres.



Marian House

Women moving from dependence to independence

September 28, 2017

Terry Hickey
Director
Mayor's Office of Human Services
Homeless Services Program
7 E. Redwood Street, 5th fl.
Baltimore, Maryland 21202

RE: Marian House – Cash Match Letter
Serenity Place Permanent Housing Project – MD0052
Fiscal Year 2017

Dear Mr. Hickey,

I am writing to you regarding Marian House's renewal application for its' Continuum of Care Program grant for Serenity Place Permanent Housing Project.

Please let this letter serve as our commitment to provide cash match in the amount of **\$8,956** for supportive services. This cash match will be available for the grant period 12/1/18-11/30/19.

This cash match will be used to provide salary and benefits totaling \$8,956:
Gwen Simms, Custodian (\$8,956).

Thank you for your continued support of this project.

Sincerely,

A handwritten signature in black ink, appearing to read 'Katie Allston', followed by a long horizontal flourish line.

Katie Allston, LCSW-C
Executive Director

Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember

- Additional training resources can be found on the HUD Exchange at <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/> - Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2017 Continuum of Care (CoC) Program Competition. For more information see FY 2017 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2017 CoC Program NOFA and the FY 2016 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- 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 2016 Project Application will be imported into the FY 2017 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the FY 2016 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.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, 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 2017 CoC Program Competition NOFA.

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: 09/26/2017

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: MD0057

This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: City of Baltimore - Mayor's Office

b. Employer/Taxpayer Identification Number (EIN/TIN): 52-6000769

	c. Organizational DUNS:	052340973	PLUS 4	
--	--------------------------------	-----------	---------------	--

d. Address

Street 1: 7 E. Redwood Street

Street 2: 5th Floor

City: Baltimore

County: Baltimore City

State: Maryland

Country: United States

Zip / Postal Code: 21202

e. Organizational Unit (optional)

Department Name: Human Services

Division Name: Homeless Services Program

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Mr.

First Name: Chris

Middle Name:

Last Name: Rafferty

Suffix:

Title: Deputy Director - Homeless Services Program

Organizational Affiliation: City of Baltimore - Mayor's Office

Telephone Number: (410) 396-4885

Extension:
Fax Number: (410) 539-1091
Email: chris.rafferty@baltimorecity.gov

1C. SF-424 Application Details

9. Type of Applicant: C. City or Township Government

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: FR-6100-N-25

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (State(s) only): Maryland
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: Marian House S+C Expansion

16. Congressional District(s):

a. Applicant: MD-007, MD-003, MD-002
(for multiple selections hold CTRL key)

b. Project: MD-007, MD-003, MD-002
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 12/01/2018

b. End Date: 11/30/2019

18. Estimated Funding (\$)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process? b. Program is subject to E.O. 12372 but has not been selected by the State for review.

If "YES", enter the date this application was made available to the State for review:

20. Is the Applicant delinquent on any Federal debt? No

If "YES," provide an explanation:

1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

I AGREE:

21. Authorized Representative

Prefix: Mr.

First Name: Terry

Middle Name:

Last Name: Hickey

Suffix:

Title: Director, Mayor's Office of Human Services

Telephone Number: (410) 396-7543
(Format: 123-456-7890)

Fax Number: (410) 539-1091
(Format: 123-456-7890)

Email: terry.hickey@baltimorecity.gov

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 09/26/2017

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - Form 2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2510-0011 (exp.11/30/2018)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: City of Baltimore - Mayor's Office

Prefix: Mr.

First Name: Terry

Middle Name:

Last Name: Hickey

Suffix:

Title: Director, Mayor's Office of Human Services

Organizational Affiliation: City of Baltimore - Mayor's Office

Telephone Number: (410) 396-7543

Extension:

Email: terry.hickey@baltimorecity.gov

City: Baltimore

County: Baltimore City

State: Maryland

Country: United States

Zip/Postal Code: 21202

2. Employer ID Number (EIN): 52-6000769

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$52,893.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: Marian House S+C Expansion 7 E. Redwood Street Baltimore Maryland

Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? Yes
 (For further information, see 24 CFR Sec. 4.3).

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9. Yes

Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
City of Baltimore	Emergency Solutions Grant - Formula	\$1,719,500.00	Shelter, RRH, HMIS, Outreach, Prevention
City of Baltimore	Emergency Solutions Grant - Supplemental	2061204.0	Shelter, RRH, HMIS, Outreach, Prevention
City of Baltimore	HOPWA	\$8,331,845.00	TBRA, supportive services
NA			
NA			

Part III Interested Parties

You must disclose:
 1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
 2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation	Financial Interest in Project/Activity (\$)	Financial Interest in Project/Activity (%)
NA	NA	NA	\$0.00	0%

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I certify that this information is true and complete.

I AGREE:

Name / Title of Authorized Official: Terry Hickey, Director, Mayor's Office of Human Services

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 08/01/2017

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: City of Baltimore - Mayor's Office

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 hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and

X

accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Authorized Representative

Prefix: Mr.

First Name: Terry

Middle Name

Last Name: Hickey

Suffix:

Title: Director, Mayor's Office of Human Services

Telephone Number: (410) 396-7543
(Format: 123-456-7890)

Fax Number: (410) 539-1091
(Format: 123-456-7890)

Email: terry.hickey@baltimorecity.gov

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 09/26/2017

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 Baltimore - Mayor's Office

Name / Title of Authorized Official: Terry Hickey, Director, Mayor's Office of Human Services

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 09/26/2017

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer "Yes" if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: "The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action."

Answer "No" if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program? No

Legal Name: City of Baltimore - Mayor's Office

Street 1: 7 E. Redwood Street

Street 2: 5th Floor

City: Baltimore

County: Baltimore City

State: Maryland

Country: United States

Zip / Postal Code: 21202

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: Mr.

First Name: Terry

Middle Name:

Last Name: Hickey

Suffix:

Title: Director, Mayor's Office of Human Services

Telephone Number: (410) 396-7543
(Format: 123-456-7890)

Fax Number: (410) 539-1091
(Format: 123-456-7890)

Email: terry.hickey@baltimorecity.gov

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 09/26/2017

Additional Information

Now that you have completed Part 1 of the application, please review Parts 2-7, which are in Read Only mode. Screen 3C, which is mandatory for all PH-PSH projects and screens 6D, 7A and 7B which are mandatory for all projects will be editable and must be answered prior to submission.



Once you are done reviewing, you will be guided to a "Submissions without Changes" screen. At this screen if you decide no edits or updates are required to any screens other than the mandatory questions for 3C and/or 6D,7A and 7B, you are allowed to submit the application without ever needing to edit the rest of the application. However, if you determine that changes need to be made to the application, we have given you the ability to open up individual screens for edit, instead of the entire application.

Once you select the screens you want to edit via checkboxes, you will click "Save", and those screens will be available for edit. An important reminder, once you make those selections and click "Save", you cannot uncheck those boxes. You are allowed to select additional boxes even after saving your initial selections. Again, you must click "Save" for those newly selected screens to be available for edit.

If your project is a First Time Renewal, your project will not be able to utilize the "Submit Without Changes" function. The Submissions Without Changes page will be automatically set to "Make Changes" and you will be required to input data into the application for all required fields relevant to the component type.

2A. Project Subrecipients

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the  icon. To view or update subrecipient information already listed, select the view  option.

Total Expected Sub-Awards: \$52,893

Organization	Type	Type	Sub-Award Amount
Marian House, Inc.	M. Nonprofit with 501C3 IRS Status	M. Nonprofit with 501C3 IRS Status	\$52,893

2A. Project Subrecipients Detail

a. Organization Name: Marian House, Inc.

b. Organization Type: M. Nonprofit with 501C3 IRS Status

c. Employer or Tax Identification Number: 52-1243849

	* d. Organizational DUNS:	621494517	PLUS 4	
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e. Physical Address

Street 1: 949 Gorsuch Avenue

Street 2:

City: Baltimore

State: Maryland

Zip Code: 21218

f. Congressional District(s): MD-007, MD-003, MD-002
(for multiple selections hold CTRL key)

g. Is the subrecipient a Faith-Based Organization? Yes

h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency? Yes

i. Expected Sub-Award Amount: \$52,893

j. Contact Person

Prefix: Ms.

First Name: Katie

Middle Name:

Last Name: Allston

Suffix:

Title: Executive Director

E-mail Address: kallston@marianhouse.org

Confirm E-mail Address: kallston@marianhouse.org

Phone Number: 410-467-4121

Extension: 229

Fax Number: 410-467-6709

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

2B. Recipient Performance

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

- 1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?** Yes

- 2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?** No

- 3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?** Yes

- 4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?** No

3A. Project Detail

1. Expiring Grant Number: MD0057

(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: MD-501 - Baltimore CoC

2b. CoC Collaborative Applicant Name: City of Baltimore - Mayor's Office

3. Project Name: Marian House S+C Expansion

4. Project Status: Standard

5. Component Type: PH

6. Does this project use one or more properties that have been conveyed through the Title V process? No

3B. Project Description

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. Provide a description that addresses the entire scope of the proposed project.

The Marian House S+C Expansion Program provides scattered site housing for homeless, low-income women and their families. This expansion was a result of units assigned from another S+C program. The participating adults have histories that include any or all of the following: long-term chemical addiction, childhood sexual abuse, domestic violence, chronic mental illness, HIV/AIDS, incarceration and serious physical health issues.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

Chronic Homeless	<input type="checkbox"/>	Domestic Violence	<input checked="" type="checkbox"/>
Veterans	<input type="checkbox"/>	Substance Abuse	<input checked="" type="checkbox"/>
Youth (under 25)	<input type="checkbox"/>	Mental Illness	<input checked="" type="checkbox"/>
Families with Children	<input checked="" type="checkbox"/>	HIV/AIDS	<input checked="" type="checkbox"/>
		Other (Click 'Save' to update)	<input type="checkbox"/>

Other:

3. Housing First

3a. Does the project quickly move participants into permanent housing Yes

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

Having too little or little income	<input checked="" type="checkbox"/>
Active or history of substance use	<input checked="" type="checkbox"/>
Having a criminal record with exceptions for state-mandated restrictions	<input checked="" type="checkbox"/>
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

Failure to participate in supportive services	<input checked="" type="checkbox"/>
Failure to make progress on a service plan	<input checked="" type="checkbox"/>
Loss of income or failure to improve income	<input checked="" type="checkbox"/>
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

3d. Does the project follow a "Housing First" approach? Yes

4. Does the PH project provide PSH or RRH? PSH

Is this an SHP Project that had been approved by HUD to change the renewal project budget from leasing to rental assistance? No

3C. Dedicated Plus

Dedicated and DedicatedPLUS

A “100% Dedicated” project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and families, according to NOFA Section III.3.b.

A “DedicatedPLUS” project is a permanent supportive housing project where 100% of the beds are dedicated to serve individuals with disabilities and families in which one adult or child has a disability, including unaccompanied homeless youth, that at a minimum, meet ONE of the following criteria according to NOFA Section III.3.d:

- (1) experiencing chronic homelessness as defined in 24 CFR 578.3;
- (2) residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project;
- (3) residing in a place not meant for human habitation, emergency shelter, or safe haven; but the individuals or families experiencing chronic homelessness as defined at 24 CFR 578.3 had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement;
- (4) residing in transitional housing funded by a joint TH and PH-RRH component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3 prior to entering the project;
- (5) residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions; or
- (6) receiving assistance through a Department of Veterans Affairs(VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

A renewal project where 100 percent of the beds are dedicated in their current grant as described in NOFA Section III.A.3.b. must either become DedicatedPLUS or remain 100% Dedicated. If a renewal project currently has 100 percent of its beds dedicated to chronically homeless individuals and families and elects to become a DedicatedPLUS project, the project will be required to adhere to all fair housing requirements at 24 CFR 578.93. Any beds that the applicant identifies in this application as being dedicated to chronically homeless individuals and families in a DedicatedPLUS project must continue to operate in accordance with Section III.A.3.b. Beds are identified on Screen 4B.

1. Indicate whether the project is "100% Dedicated", "DedicatedPLUS", or "N/A", according to the information provided above. N/A

4A. Supportive Services for Participants

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

**1. For all supportive services available to 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	Annually
Assistance with Moving Costs	Non-Partner	As needed
Case Management	Subrecipient	Monthly
Child Care	Non-Partner	As needed
Education Services	Non-Partner	Weekly
Employment Assistance and Job Training	Non-Partner	Weekly
Food	Non-Partner	As needed
Housing Search and Counseling Services	Non-Partner	As needed
Legal Services	Non-Partner	As needed
Life Skills Training	Subrecipient	Monthly
Mental Health Services	Non-Partner	Monthly
Outpatient Health Services	Non-Partner	Monthly
Outreach Services	Non-Partner	As needed
Substance Abuse Treatment Services	Non-Partner	Monthly
Transportation	Non-Partner	Monthly
Utility Deposits	Non-Partner	As needed

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

2b. Use of a single application form for four or more mainstream programs? Yes

2c. At least annual follow-ups with participants to ensure mainstream benefits Yes

are received and renewed?

3. Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Yes

3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Yes

4B. Housing Type and Location

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

The following list summarizes each housing site in the project. To add a housing site to the list, select the icon. To view or update a housing site already listed, select the icon.

Total Units: 5

Total Beds: 5

Total Dedicated CH Beds: 0

Housing Type	Units	Beds
Scattered-site apartments (...)	5	5

4B. Housing Type and Location Detail

1. Housing Type: Scattered-site apartments (including efficiencies)

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.

a. Units: 5

b. Beds: 5

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 0

This includes both the "dedicated" and "prioritized" beds from previous competitions.

4. Address:

Street 1: 949 Gorsuch Avenue

Street 2:

City: Baltimore

State: Maryland

ZIP Code: 21218

**5. Select the geographic area(s) associated with the address:
(for multiple selections hold CTRL Key)**

240066 Baltimore

5A. Project Participants - Households

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	0	5	0	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
Adults over age 24	0	5		5
Adults ages 18-24	0	0		0
Accompanied Children under age 18	0		0	0
Unaccompanied Children under age 18			0	0
Total Persons	0	5	0	5

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

Persons in Households with at Least One Adult and One Child

Characteristics	Chronic Homeless Non-Veterans	Chronic Homeless Veterans	Non-Chronic Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24										
Adults ages 18-24										
Children under age 18										
Total Persons	0	0	0	0	0	0	0	0	0	0

Persons in Households without Children

Characteristics	Chronic Homeless Non-Veterans	Chronic Homeless Veterans	Non-Chronic Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24	0		0	3	1	3	3	1	0	0
Adults ages 18-24		0	0	0	0	0	0	0	0	0
Total Persons	0	0	0	3	1	3	3	1	0	0

Click Save to automatically calculate totals

Persons in Households with Only Children

Characteristics	Chronic Homeless Non-Veterans	Chronic Homeless Veterans	Non-Chronic Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Accompanied Children under age 18										
Unaccompanied Children under age 18										
Total Persons	0			0	0	0	0	0	0	0

5C. Outreach for Participants

1. Enter the percentage of project participants that will be coming from each of the following locations.

50%	Directly from the street or other locations not meant for human habitation.
45%	Directly from emergency shelters.
1%	Directly from safe havens.
1%	Persons fleeing domestic violence.
3%	Directly from transitional housing.
	Directly from the TH Portion of a Joint TH and PH-RRH Component project.
	Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program.
100%	Total of above percentages

6A. Funding Request

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. Do any of the properties in this project have an active restrictive covenant? No
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? No
3. Does this project propose to allocate funds according to an indirect cost rate? No
4. Renewal Grant Term: 1 Year
5. Select the costs for which funding is being requested:
- | | |
|---------------------|-------------------------------------|
| Leased Units | <input type="checkbox"/> |
| Leased Structures | <input type="checkbox"/> |
| Rental Assistance | <input checked="" type="checkbox"/> |
| Supportive Services | <input type="checkbox"/> |
| Operating | <input type="checkbox"/> |
| HMIS | <input type="checkbox"/> |

6C. Rental Assistance Budget

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

The following list summarizes the rental assistance funding request for the total term of the project. To add information to the list, select the icon. To view or update information already listed, select the icon.

Total Request for Grant Term:		\$49,584	
Total Units:		4	
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
SRA	MD - Baltimore-Columbia-Towson, MD MS...	4	\$49,584

Rental Assistance Budget Detail

Type of Rental Assistance: SRA

Metropolitan or non-metropolitan fair market rent area: MD - Baltimore-Columbia-Towson, MD MSA (2400399999)

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? No

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	HUD Paid Rent (Applicant)		12 Months		Total Request (Applicant)
SRO		x	\$638	\$638	x		=	\$0
0 Bedroom		x	\$851	\$851	x		=	\$0
1 Bedroom	4	x	\$1,033	\$1,033	x		=	\$49,584
2 Bedrooms		x	\$1,298	\$1,298	x		=	\$0
3 Bedrooms		x	\$1,663	\$1,663	x		=	\$0
4 Bedrooms		x	\$1,934	\$1,934	x		=	\$0
5 Bedrooms		x	\$2,224	\$2,224	x		=	\$0
6 Bedrooms		x	\$2,514	\$2,514	x		=	\$0
7 Bedrooms		x	\$2,804	\$2,804	x		=	\$0
8 Bedrooms		x	\$3,094	\$3,094	x		=	\$0
9 Bedrooms		x	\$3,385	\$3,385	x		=	\$0
Total Units and Annual Assistance Requested	4							\$49,584
Grant Term								1 Year
Total Request for Grant Term								\$49,584

Click the 'Save' button to automatically calculate totals.

6D. Sources of Match

The following list summarizes the funds that will be used as Match for the project. To add a Matching source to the list, select the  icon. To view or update a Matching source already listed, select the  icon.

Summary for Match

Total Value of Cash Commitments:	\$15,248
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$15,248

1. Does this project generate program income Yes
 as described in 24 CFR 578.97 that will be
 used as Match for this grant?

1a. Briefly describe the source of the program income:

Program income will be the client portion of the monthly rent subsidy for the S+C programs

1b. Estimate the amount of program income \$4,883
 that will be used as Match for this project:

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Private	Marian House	09/28/2017	\$15,248

Sources of Match Detail

- 1. Will this commitment be used towards Match?** Yes
- 2. Type of Commitment:** Cash
- 3. Type of Source:** Private
- 4. Name the Source of the Commitment:** Marian House
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 09/28/2017
- 6. Value of Written Commitment:** \$15,248

6E. Summary Budget

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

The following 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 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, 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	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	\$0
1b. Leased Structures	\$0
2. Rental Assistance	\$49,584
3. Supportive Services	\$0
4. Operating	\$0
5. HMIS	\$0
6. Sub-total Costs Requested	\$49,584
7. Admin (Up to 10%)	\$3,309
8. Total Assistance plus Admin Requested	\$52,893
9. Cash Match	\$15,248
10. In-Kind Match	\$0
11. Total Match	\$15,248
12. Total Budget	\$68,141

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	Marian House 501c3	11/16/2015
2) Other Attachmenbt	No	Marian House S+C ...	09/22/2017
3) Other Attachment	No		

Attachment Details

Document Description: Marian House 501c3

Attachment Details

Document Description: Marian House S+C Expansion Match

Attachment Details

Document Description:

7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

For applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

C. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official Terry Hickey

Date: 09/26/2017

Title: Director, Mayor's Office of Human Services

Applicant Organization: City of Baltimore - Mayor's Office

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant

X

Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of 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- Recipient and Subrecipient Information	
2A. Subrecipients	<input type="checkbox"/>
2B. Recipient Performance	<input type="checkbox"/>
Part 3 - Project Information	
3A. Project Detail	<input checked="" type="checkbox"/>
3B. Description	<input type="checkbox"/>
3C. Dedicated Plus	<input checked="" type="checkbox"/>
Part 4 - Housing Services and HMIS	
4A. Services	<input type="checkbox"/>
4B. Housing Type	<input type="checkbox"/>
Part 5 - Participants and Outreach Information	
5A. Households	<input type="checkbox"/>
5B. Subpopulations	<input type="checkbox"/>
5C. Outreach	<input checked="" type="checkbox"/>
Part 6 - Budget Information	
6A. Funding Request	<input type="checkbox"/>

6C. Rental Assistance	<input type="checkbox"/>
6D. Match	<input checked="" type="checkbox"/>
6E. Summary Budget	<input type="checkbox"/>
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	<input checked="" type="checkbox"/>
7B. Certification	<input checked="" type="checkbox"/>

The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

5c. Updated outreach percentages according to coordinated access information.

The applicant has selected "Make Changes". Once this screen is saved, the applicant 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.

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	09/22/2017
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/22/2017
Renewal Project Application FY2017	Page 47 09/26/2017

1E. SF-424 Compliance	09/22/2017
1F. SF-424 Declaration	09/22/2017
1G. HUD-2880	09/22/2017
1H. HUD-50070	09/22/2017
1I. Cert. Lobbying	09/22/2017
1J. SF-LLL	09/22/2017
2A. Subrecipients	09/22/2017
2B. Recipient Performance	09/22/2017
3A. Project Detail	09/22/2017
3B. Description	09/22/2017
3C. Dedicated Plus	09/22/2017
4A. Services	09/22/2017
4B. Housing Type	09/22/2017
5A. Households	09/22/2017
5B. Subpopulations	No Input Required
5C. Outreach	09/22/2017
6A. Funding Request	09/22/2017
6C. Rental Assistance	09/22/2017
6D. Match	09/22/2017
6E. Summary Budget	No Input Required
7A. Attachment(s)	09/22/2017
7B. Certification	09/22/2017
Submission Without Changes	09/22/2017

Internal Revenue Service
P.O. Box 2508
Cincinnati, OH 45201

Department of the Treasury

Date: May 29, 2015

Person to Contact:

R. Meyer ID# 0110429

Toll Free Telephone Number:

877-829-5500

Employer Identification Number:

53-0196617

Group Exemption Number:

0928

United States Conference of Catholic
Bishops
3211 4th Street, NE
Washington, DC 20017-1194

Dear Sir/Madam:

This responds to your May 19, 2015, request for information regarding the status of your group tax exemption.

Our records indicate that you were issued a determination letter in March 1946, that you are currently exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code, and are not a private foundation within the meaning of section 509(a) of the Code because you are described in sections 509(a)(1) and 170(b)(1)(A)(i).

With your request, you provided a copy of the *Official Catholic Directory for 2015*, which includes the names and addresses of the agencies and instrumentalities and the educational, charitable, and religious institutions operated by the Roman Catholic Church in the United States, its territories, and possessions that are subordinate organizations under your group tax exemption. Your request indicated that each subordinate organization is a non-profit organization, that no part of the net earnings thereof inures to the benefit of any individual, and that no substantial part of their activities is for promotion of legislation. You have further represented that none of your subordinate organizations is a private foundation under section 509(a), although all subordinates do not all share the same sub-classification under section 509(a). Based on your representations, the subordinate organizations in the *Official Catholic Directory for 2015* are recognized as exempt under section 501(c)(3) of the Code under GEN 0928.

Donors may deduct contributions to you and your subordinate organizations as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to them or for their use are deductible for federal estate and gifts tax purposes if they meet the applicable provisions of section 2055, 2106, and 2522 of the Code.

Subordinate organizations under a group exemption do not receive individual exemption letters. Most subordinate organizations are not separately listed in Publication 78 or the EO Business Master File. Donors may verify that a subordinate organization is included

in your group exemption by consulting the *Official Catholic Directory*, the official subordinate listing approved by you, or by contacting you directly. IRS does not verify the inclusion of subordinate organizations under your group exemption. See IRS Publication 4573, *Group Exemption*, for additional information about group exemptions.

Each subordinate organization covered in a group exemption should have its own EIN. Each subordinate organization must use its own EIN, not the EIN of the central organization, in all filings with IRS.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely,

A handwritten signature in black ink that reads "Tamera Ripperda". The signature is written in a cursive, flowing style.

Tamera Ripperda
Director, Exempt Organizations

The Official Catholic Directory

for the Year of Our Lord

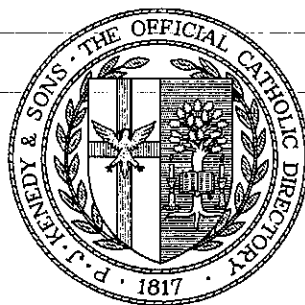
2015

GIVING STATUS OF THE CATHOLIC CHURCH AS OF JANUARY 1, 2015

Containing Ecclesiastical Statistics of

THE UNITED STATES, PUERTO RICO,
THE VIRGIN ISLANDS, AGANA, CAROLINE AND MARSHALL ISLANDS,
AND FOREIGN MISSIONARY ACTIVITIES.

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St. Joseph, Midland Cemetery Continuing Care Trust, 44 E. Main St., 21532. Tel: 301-689-6767; Fax: 301-689-6411. Rev. Edward S. Hendricks.

GLEN BURNIE. *The Church of the Good Shepherd Parish Endowment Trust*, 1451 Furnace Ave., 21060. Tel: 410-766-5070; Fax: 410-760-6738. Parish Center: 126 Dorsey Rd., 21061. Revs. C. Lou Martin; Angel A. Marrero.

KINGSVILLE. *St. Stephen School Endowment Trust*, 8028 Bradshaw Rd., 21087-1807. Tel: 410-592-7617; Fax: 410-592-7330.

MARRIOTTSVILLE. *Bon Secours Health System, Inc.*, 1505 Marriottsville Rd., 21104. Tel: 410-442-3505; Fax: 410-442-3256. Web: www.bshsi.org. Donald G. Seitz, M.D., Chair & Bd. of Directors; Richard J. Statuto, CEO & Pres.

Bon Secours, Inc., 1505 Marriottsville Rd., 21104. Tel: 410-442-3506; Fax: 410-442-3256. Web: www.bshsi.org.

PASADENA. *St. Jane Frances Educational Endowment Trust*, 8499 Virginia Ave., 21122. Tel: 410-255-4646; Fax: 410-437-5191. Email: postmaster@stjane.org. Web: stjane.org.

SYKESVILLE. *St. Joseph Catholic Community Endowment Trust*, 915 Liberty Rd., 21784. Tel: 443-920-9191; Fax: 443-920-9192. Email: parishoffice@saintjoseph.cc. Web: www.stjosepheldersburg.org. Revs. Paul A. Reich, S.M., Assoc. Pastor; Neville O'Donohue, S.M., Pastor; David McQuigan, S.M., Assoc. Pastor; Deacons Karl Bayhi; Michael Dvorak; Vito Piazza Sr.

TOWSON. *The Immaculate Conception Elementary School Endowment Trust*, 200 Ware Ave., 21204. Tel: 410-427-4700; Fax: 410-427-4795. Email: info@theimmaculate.org. Web: www.theimmaculate.org. Rev. Joseph F. Barr.

Maryland Province of the Society of Jesus Aged and Infirm Trust, 8600 LaSalle Rd., Ste. 620, 21286. Tel: 443-921-1319; Fax: 443-921-1313. Rev. Timothy J. Stephens, S.J.

Maryland Province of the Society of Jesus Formation Trust, 8600 LaSalle Rd., Ste. 620, 21286. Tel: 443-921-1319; Fax: 443-921-1313. Rev. Timothy J. Stephens, S.J.

WESTERNPORT. *St. Peter's, Westernport, School Endowment Trust*, 127 Church St., 21562. Tel: 301-359-3055; Fax: 301-359-0657.

[U] MISCELLANEOUS

BALTIMORE. *African Conference of Catholic Clergy & Religious in the United States, Inc.*, c/o NBCC, 320 Cathedral St., 21201. Tel: 770-251-5353, Ext. 202. Web: www.acccrus.org. Rev. Henry Atem, Pres.

Saint Agnes Hospital Foundation, Inc., 900 Caton Ave., SAHC Box 123, 21229. Tel: 410-368-3155; Fax: 410-368-3533. Web: www.stagnes.org/foundation-main.htm. Ms. Malinda B. Small, Pres.

Alhambra, International Order of (1904) Supreme Headquarters, 4200 Leeds Ave., 21229. Tel: 410-242-0660; Fax: 410-536-5729. Email: salaam@orderofalhambra.org. Web: www.OrderAlhambra.org. Roger J. Reid, Exec. Dir. Nonprofit organization dedicated to assisting the developmentally disabled.

Basilica of the Assumption Historic Trust, Inc., 409 Cathedral St., 21201. Tel: 410-727-3565; Fax: 410-539-0407. Web: www.baltimorebasilica.org. Bob Brown, Devel. Dir.; Kathy Wandishin, Devel. Exec.Asst.

Bon Secours Baltimore Development, Inc., 26 N. Fulton Ave., 21228. Tel: 410-362-3199; Fax: 410-362-9443. Email: george.kleb@bshsi.org.

Bon Secours Baltimore Health System Foundation, 2000 W Baltimore St., 21223. Tel: 410-362-3090; Fax: 410-362-3578. Julie Mercer, Vice Pres. Philanthropy & Fund Devel.

**Cardijn Associates, Inc. (1994)* 4513 Bayonne Ave., 21206. Tel: 410-488-7936. Ms. Nancy Lee Conrad, Sec.

Caroline Center (1996) 900 Somerset St., 21202. Tel: 410-563-1303; Fax: 410-563-1302. Email: carolinecenter@caroline-center.org. Web: Caroline-Center.org. Sr. Patricia McLaughlin, S.S.N.D., Exec. Dir.

The Caroline Freiss Center, Inc., Employment training education for low income women. Total Assisted Annually 180; Total Staff 20.

Cathedral Library, 5200 N. Charles St., 21210. Tel: 410-464-4041. Laura M. Perry, Dir. Staffed by the Catholic Evidence League; Maintain a lending library open to anyone in the archdiocese on Monday from 10:00 AM-2:00 PM & Sunday from 9:30 AM-1:00 PM. Total Staff 7.

Catholic Alumni Club of Baltimore (1961) 4132 E. Joppa Rd., Ste. 11, P.O. Box 837, Perry Hall, 21236. Tel: 410-698-3859. Email: info@cacbaltime.org. Web: www.cacbaltime.org.

Catholic Evidence League of Baltimore (1922) c/o Cathedral of Mary Our Queen, 5200 N. Charles St., 21210. Tel: 410-464-4000. Ms. Donna R. Wilson, Pres. The object of this association is to increase in its members' knowledge of the history, teaching, and laws of the Catholic Church, and to make more effective an application of these teachings to their lives and to the general life of the community. Meeting on First Fridays from October through May at the Cathedral of Mary Our Queen for Rosary, Mass, Luncheon, and Speaker.

Catholic Relief Services - United States Conference of Catholic Bishops, 228 W. Lexington St., 21201. Tel: 410-625-2220; Fax: 410-234-2986. Web: www.crs.org. Dr. Carolyn Y. Woo, Pres. For a more detailed explanation of this organization, please consult the A-pages located in the front of the Directory.

Catholic Relief Services Foundation, Inc., 228 W. Lexington St., 21201. Tel: 410-951-7546; Fax: 443-825-3886. Rev. Robert Twele Esq., O.F.M.Conv., Sec.

Catholic War Veterans USA, Inc., 9511-P Kingscroft Ter., Perry Hall, 21128. Tel: 410-299-7283. Email: cvwmd@yahoo.com. Web: www.cvwmd.org. Gilbert T. Barker, Dept. Commander; Rev. Conan Timoney, Post Chap.

Christ Child Society of Baltimore, Inc., P.O. Box 584, Ridderwood, 21139. Tel: 410-812-0620; Fax: 410-389-3477. Cathleen White, Pres.

Christian Life Community Regional Information Center (1967) 615 Rest Ave., Catonsville, 21228. Tel: 410-465-1312; Fax: 410-646-6541. Email: cazieba@yahoo.com. Web: www.clc-usa.org. Carol A. Zieba, Regional Chm.; Al Yarzabinsky, Treas. CLC is a lay organization that forms and sustains men and women, adults and youth, who commit themselves to the church and its mission in the world and feel the urgent need to unite their human life in all its dimensions with the fullness of their Christian faith and to work for social justice. Members come together in community to share their experience of Ignatian spirituality and mission.

Cristo Rey Corporate Internship Program, Inc., 420 S. Chester St., 21231. Tel: 410-727-3255; Fax: 443-573-9898. Rev. John W. Swope, S.J., Pres.; Janet Shock, Dir.; Leigh Profit, Dir. Finance. Priests 1; Staff 5.

Esperanza Center Health Services Inc., 320 Cathedral St., 21201. Tel: 443-525-3450; Fax: 443-573-6100. Mr. William J. McCarthy Jr., Dir.

Food for Thought, Inc., 1625 E. Baltimore, 21231. Tel: 410-563-0081; Fax: 410-327-1345. Email: srmaryann@aol.com. Sr. Mary Ann Hartnett, S.S.N.D., Dir. Tutorial program for children & adult literacy.

Friends of Ijebu-Ode Diocese, Inc., 1130 N. Calvert St., 21202. Tel: 410-727-3386; Fax: 410-727-1006. Email: nelsonsj@hotmail.com. Very Rev. Nelson A. Moreira, S.S.J., Sec.-Treas.

**G S Properties, Inc.*, 5601 Loch Raven Blvd., 21239. Tel: 410-772-6719; Fax: 410-772-6998. Web: www.medstarhealth.org.

Holy Name Society (Union) (1911) 212 Elinor Ave., 21236. Tel: 410-661-3170. Rev. Michael W. Carrion, Spiritual Dir., 8501 Lock Raven Blvd., Towson, 21286-2313. Tel: 410-668-7935, Ext. 203; Carroll W. Pupa, Pres., 212 Elinor Ave., 21236. Tel: 410-262-7955. Purpose: Support Right to Life, Anti-Pornography, High School Scholarship Grants, Canonization of Blessed John of Vercelli, Support the Archbishop's discernment supper fund and works of charity.

Ignition Volunteer Corps, 801 St. Paul St., 21202. Tel: 410-752-4686; Fax: 410-752-8480. Email: info@ivcusa.org. Web: www.ivcusa.org. Ms. Mary C. McGinnity, Exec. Dir.; Rev. James R. Conroy, S.J., Founder; Thomas Ulrich, Dir., Prog. Operations & Regl. Devel.

Inter Parish Loan Fund, Inc., 320 Cathedral St., 21201. Tel: 410-547-5322; Fax: 410-332-8233. William J. Baird III, Sec.

Legion of Mary, 313 Streett Cir., Forest Hill, 21050. Tel: 703-408-5779. Dianne Van Pelt, Pres. Baltimore Comitium, governing body for the Legion of Mary in the Baltimore Archdiocese.

Marian House, Inc., 949 Gorsuch Ave., 21218. Tel: 410-467-4121; Fax: 410-467-6709. Web: www.marianhouse.org. Katie Allston, LCSW-C, Exec. Dir.

Mission Helper Productions, Inc., 1001 W. Joppa Rd., 21204-3787. Tel: 410-823-8585, Ext. 241; Fax: 410-296-4050. Email: aguinan@missionhelpers.org. Web: missionhelperproductions.org. Sisters Anne Guinan, M.H.S.H., Dir.; Caritas Kennedy, R.S.M., Assoc. Dir. A video production studio which provides full service professional work at nonprofit rates for independent producers and

nonprofit socially concerned groups or individuals.

Mother Seton House on Paca Street, Inc., 600 N. Paca St., 21201. Tel: 410-728-6464; Fax: 410-669-8140. Web: www.stmaryspacast.org. Rev. John C. Kemper, S.S., M.Div., M.A., D.Min., Dir. The Mother Seton House on Paca Street is part of the St. Mary's Spiritual Center and Historic Site. The federal style house served as home (1808) and school for St. Elizabeth Ann Seton, America's first native-born canonized saint. Also on the site is the Historic Seminary Chapel that served the needs of our nation's first Roman Catholic Seminary (1791). The Historic Site is owned and operated by the Society of St. Sulpice, Province of the US. The site is open Monday-Friday from 12 noon to 3:30 pm and Saturday-Sunday from 1-3 pm. Entrance to the site is free, with off street parking.

The Mount Saint Agnes Theological Center for Women, Inc., 909 Poplar Hill Rd., 21210. Tel: 410-435-7500; Fax: 410-435-9522. Email: wisdom@mountsaintagnes.org. Web: www.mountsaintagnes.org. Sr. Mary Aquin O'Neill, R.S.M., Ph.D., Dir.; Sarah Holby, Administrative Asst. Total Staff 2.

**Murphy Initiative for Justice and Peace*, 1001 W. Joppa Rd., 21204. Tel: 410-823-5585, Ext. 244. Rosemary Thompson, Exec. Dir.

My Sister's Place Women's Center Fund, Inc., 320 Cathedral St., 21201. Tel: 410-547-5469. Email: bmccarth@cc-md.org. Mr. William J. McCarthy Jr., Exec. Dir.

Nigeria-Igbo Catholic Community, P.O. Box 86027, 21239. Tel: 443-910-3647. Email: office@nicchurch.org. Web: www.nicchurch.org. Dr. Clement Anyadike, Chm. Tel: 443-910-3647; Ilyke Okwesili, Vice Chm. Tel: 202-250-0889; Felix Opara, Sec.; Rev. Anthony Abiamiri. Purpose: to provide an environment for all Igbo in the Baltimore Metropolitan area to worship in their native language.

Our Daily Bread Employment Center Fund, Inc., 320 Cathedral St., 21201. Tel: 410-547-5469. Email: bmccarth@cc-md.org. Mr. William J. McCarthy Jr., Exec. Dir.

Pallottine Charitable, Educational and Apostolic Ministry Trust, 512 W. Saratoga St., 21201. Tel: 410-685-3064.

Radio Mass of Baltimore, Inc., St. Ignatius Church, 740 N. Calvert St., 21202. Tel: 410-539-7812; Fax: 410-837-8883. Rev. James A. Casciotti, S.J., Dir.; Mrs. Carolyn Dunne, Admin. Mass is broadcast every Sunday morning from St. Ignatius Church at 9:00 A.M., WBAL, 1090 AM Radio Dial.

Reparation Society of the Immaculate Heart of Mary, Inc. (1946) Fatima House, 7920 Beverly Ave., 21234. Tel: 410-665-1199. Rev. Casimir M. Peterson, S.T.L., J.C.D., Pres. & Spiritual Dir. (Retired). Purpose: To promote prayer and penance in reparation to the Immaculate Heart of Mary in accordance with the message of Fatima. Volunteers 2; Total in Residence 1.

Sarah's House Fund, Inc., 320 Cathedral St., 21201. Tel: 410-547-5469. Email: bmccarth@cc-md.org. Mr. William J. McCarthy Jr., Exec. Dir.

Serra Foundation, 320 Cathedral St., 21201. Tel: 410-547-5426; Fax: 410-234-2953. Web: www.becomepriest.org. Rev. Michael DeAscanis, Vocations Dir.; John Jordan, Treas. Tel: 410-561-7572.

Society of St. Sulpice Foundation US, Inc., 5408 Roland Ave., 21210. Tel: 410-323-5070; Fax: 410-433-6524. Very Rev. Thomas R. Ulshaffer, S.S., S.T.L., Ph.D., Pres. & Contact Person.

Stella Maris Seafarers' Center, 320 Cathedral St., 21201. Tel: 443-845-7227; Fax: 410-288-5504. Email: aosbalt@gmail.com. Web: www.aosbalt.org. Rev. Msgr. John L. FitzGerald, Dir.; Andrew Middleton, Dir. Oper. Christian hospitality services in the Catholic tradition with spiritual, temporal, and emotional support for seafarers and their families. Also, transportation to and from ships for their crew members to the local Stella Maris Seafarers' Center and the city.

St. Thomas More Society of Maryland Inc., 31 E. Lee St., Bel Air, 21014. Tel: 443-602-3939. Wilson K. Barnes III, Pres. The local branch of the St. Thomas More Society.

**The Thomas O'Neill Catholic Health Care Fund, Inc.*, 5601 Lock Raven Blvd., 21239. Tel: 410-772-6719; Fax: 410-772-6998.

Union of Catholic Apostolate USA, Inc., 512 W. Saratoga St., 21201. Tel: 302-956-0039; Fax: 410-244-5728. Email: usncc@sacapostles.org. Robert H. Gay, Pres.

ANNAPOLIS. *Christ Child Society of Annapolis*, P.O. Box 1801, 21404. Tel: 410-271-3392. Patricia Margerum, Pres.



Marian House

Women moving from dependence to independence

September 28, 2017

Terry Hickey
Director
Mayor's Office of Human Services
Homeless Services Program
7 E. Redwood Street, 5th fl.
Baltimore, Maryland 21202

RE: Marian House – Cash Match Letter
Permanent Housing Project – MD0051
Fiscal Year 2017

Dear Mr. Hickey,

I am writing to you regarding Marian House's renewal application for its' Continuum of Care Program grant for Permanent Housing Project.

Please let this letter serve as our commitment to provide cash match in the amount of **\$19,316** for supportive services. This cash match will be available for the grant period 9/1/18-8/31/19.

This cash match will be used to provide salary and benefits totaling \$19,316:
Tierra Clark, Case Manager (\$12,860); Katie Allston, Executive Director (\$6,456).

Thank you for your continued support of this project.

Sincerely,

Katie Allston, LCSW-C
Executive Director

Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember

- Additional training resources can be found on the HUD Exchange at <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/> - Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2017 Continuum of Care (CoC) Program Competition. For more information see FY 2017 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2017 CoC Program NOFA and the FY 2016 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- 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 2016 Project Application will be imported into the FY 2017 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the FY 2016 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.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, 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 2017 CoC Program Competition NOFA.

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:** 09/26/2017

4. **Applicant Identifier:**

5a. **Federal Entity Identifier:**

5b. **Federal Award Identifier:** MD0058

This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number

6. **Date Received by State:**

7. **State Application Identifier:**

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: City of Baltimore - Mayor's Office

b. Employer/Taxpayer Identification Number (EIN/TIN): 52-6000769

	c. Organizational DUNS:	052340973	PLUS 4	
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d. Address

Street 1: 7 E. Redwood Street

Street 2: 5th Floor

City: Baltimore

County: Baltimore City

State: Maryland

Country: United States

Zip / Postal Code: 21202

e. Organizational Unit (optional)

Department Name: Human Services

Division Name: Homeless Services Program

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Mr.

First Name: Chris

Middle Name:

Last Name: Rafferty

Suffix:

Title: Deputy Director - Homeless Services Program

Organizational Affiliation: City of Baltimore - Mayor's Office

Telephone Number: (410) 396-4885

Extension:
Fax Number: (410) 539-1091
Email: chris.rafferty@baltimorecity.gov

1C. SF-424 Application Details

9. Type of Applicant: C. City or Township Government

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: FR-6100-N-25

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (State(s) only): Maryland
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: St. Ambrose Housing Aid Center PHP

16. Congressional District(s):

a. Applicant: MD-007, MD-003, MD-002
(for multiple selections hold CTRL key)

b. Project: MD-007, MD-003, MD-002
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 02/01/2018

b. End Date: 01/31/2019

18. Estimated Funding (\$)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process? b. Program is subject to E.O. 12372 but has not been selected by the State for review.

If "YES", enter the date this application was made available to the State for review:

20. Is the Applicant delinquent on any Federal debt? No

If "YES," provide an explanation:

1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

I AGREE:

21. Authorized Representative

Prefix: Mr.

First Name: Terry

Middle Name:

Last Name: Hickey

Suffix:

Title: Director, Mayor's Office of Human Services

Telephone Number: (410) 396-7543
(Format: 123-456-7890)

Fax Number: (410) 539-1091
(Format: 123-456-7890)

Email: terry.hickey@baltimorecity.gov

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 09/26/2017

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - Form 2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2510-0011 (exp.11/30/2018)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: City of Baltimore - Mayor's Office

Prefix: Mr.

First Name: Terry

Middle Name:

Last Name: Hickey

Suffix:

Title: Director, Mayor's Office of Human Services

Organizational Affiliation: City of Baltimore - Mayor's Office

Telephone Number: (410) 396-7543

Extension:

Email: terry.hickey@baltimorecity.gov

City: Baltimore

County: Baltimore City

State: Maryland

Country: United States

Zip/Postal Code: 21202

2. Employer ID Number (EIN): 52-6000769

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$421,789.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: St. Ambrose Housing Aid Center PHP 7 E. Redwood Street Baltimore Maryland

Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? Yes
 (For further information, see 24 CFR Sec. 4.3).

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9. Yes

Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
City of Baltimore	Emergency Solutions Grant - Formula	\$1,719,500.00	Shelter, RRH, HMIS, Outreach, Prevention
City of Baltimore	Emergency Solutions Grant - Supplemental	2061204.0	Shelter, RRH, HMIS, Outreach, Prevention
City of Baltimore	HOPWA	\$8,331,845.00	TBRA, supportive services
NA			
NA			

Part III Interested Parties

You must disclose:
 1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
 2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation	Financial Interest in Project/Activity (\$)	Financial Interest in Project/Activity (%)
NA	NA	NA	\$0.00	0%

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I certify that this information is true and complete.

I AGREE:

Name / Title of Authorized Official: Terry Hickey, Director, Mayor's Office of Human Services

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 08/01/2017

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: City of Baltimore - Mayor's Office

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 hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and

X

accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Authorized Representative

Prefix: Mr.

First Name: Terry

Middle Name

Last Name: Hickey

Suffix:

Title: Director, Mayor's Office of Human Services

Telephone Number: (410) 396-7543
(Format: 123-456-7890)

Fax Number: (410) 539-1091
(Format: 123-456-7890)

Email: terry.hickey@baltimorecity.gov

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 09/26/2017

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 Baltimore - Mayor's Office

Name / Title of Authorized Official: Terry Hickey, Director, Mayor's Office of Human Services

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 09/26/2017

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer "Yes" if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: "The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action."

Answer "No" if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program? No

Legal Name: City of Baltimore - Mayor's Office

Street 1: 7 E. Redwood Street

Street 2: 5th Floor

City: Baltimore

County: Baltimore City

State: Maryland

Country: United States

Zip / Postal Code: 21202

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: Mr.

First Name: Terry

Middle Name:

Last Name: Hickey

Suffix:

Title: Director, Mayor's Office of Human Services

Telephone Number: (410) 396-7543
(Format: 123-456-7890)

Fax Number: (410) 539-1091
(Format: 123-456-7890)

Email: terry.hickey@baltimorecity.gov

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 09/26/2017

Additional Information

Now that you have completed Part 1 of the application, please review Parts 2-7, which are in Read Only mode. Screen 3C, which is mandatory for all PH-PSH projects and screens 6D, 7A and 7B which are mandatory for all projects will be editable and must be answered prior to submission.

Once you are done reviewing, you will be guided to a "Submissions without Changes" screen. At this screen if you decide no edits or updates are required to any screens other than the mandatory questions for 3C and/or 6D,7A and 7B, you are allowed to submit the application without ever needing to edit the rest of the application. However, if you determine that changes need to be made to the application, we have given you the ability to open up individual screens for edit, instead of the entire application.

Once you select the screens you want to edit via checkboxes, you will click "Save", and those screens will be available for edit. An important reminder, once you make those selections and click "Save", you cannot uncheck those boxes. You are allowed to select additional boxes even after saving your initial selections. Again, you must click "Save" for those newly selected screens to be available for edit.

If your project is a First Time Renewal, your project will not be able to utilize the "Submit Without Changes" function. The Submissions Without Changes page will be automatically set to "Make Changes" and you will be required to input data into the application for all required fields relevant to the component type.

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: \$421,789

Organization	Type	Type	Sub-Award Amount
St. Ambrose Housing Aid Center	M. Nonprofit with 501C3 IRS Status	M. Nonprofit with 501C3 IRS Status	\$421,789

2A. Project Subrecipients Detail

a. Organization Name: St. Ambrose Housing Aid Center

b. Organization Type: M. Nonprofit with 501C3 IRS Status

c. Employer or Tax Identification Number: 52-1729460

	* d. Organizational DUNS:	089010987	PLUS 4	
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e. Physical Address

Street 1: 321 E. 25th Street

Street 2:

City: Baltimore

State: Maryland

Zip Code: 21218

f. Congressional District(s): MD-007, MD-003
(for multiple selections hold CTRL key)

g. Is the subrecipient a Faith-Based Organization? No

h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency? Yes

i. Expected Sub-Award Amount: \$421,789

j. Contact Person

Prefix: Ms.

First Name: Leah

Middle Name:

Last Name: Mason-Grant

Suffix:

Title: Senior Manager

E-mail Address: leahg@stambros.org

Confirm E-mail Address: leahg@stambros.org

Phone Number: 410-366-8550

Extension:

Fax Number: 410-366-8795

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

2B. Recipient Performance

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

- 1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?** Yes

- 2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?** No

- 3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?** Yes

- 4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?** No

3A. Project Detail

1. Expiring Grant Number: MD0058

(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: MD-501 - Baltimore CoC

2b. CoC Collaborative Applicant Name: City of Baltimore - Mayor's Office

3. Project Name: St. Ambrose Housing Aid Center PHP

4. Project Status: Standard

5. Component Type: PH

6. Does this project use one or more properties that have been conveyed through the Title V process? No

3B. Project Description

1. Provide a description that addresses the entire scope of the proposed project.

St. Ambrose Permanent Housing Program provides permanent housing and Supportive Services to 19 formerly chronic homeless families and individuals. These individuals are affected by chronic mental illness, substance abuse, HIV/AIDS, physical disability and domestic violence. St. Ambrose Permanent Housing Program uses a home based approach with the intention of moving toward self sufficiency through life skills training, employability skills and connections to community resources. Low income Clients in need of financial stability or independence are assisted to acquire all available benefits.

2. Does your project have a specific population focus? No

3. Housing First

3a. Does the project quickly move participants into permanent housing? Yes

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

Having too little or little income	<input checked="" type="checkbox"/>
Active or history of substance use	<input checked="" type="checkbox"/>
Having a criminal record with exceptions for state-mandated restrictions	<input checked="" type="checkbox"/>
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

Failure to participate in supportive services	<input checked="" type="checkbox"/>
Failure to make progress on a service plan	<input checked="" type="checkbox"/>
Loss of income or failure to improve income	<input checked="" type="checkbox"/>
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	<input checked="" type="checkbox"/>

None of the above	<input type="checkbox"/>
-------------------	--------------------------

3d. Does the project follow a "Housing First" approach? Yes

4. Does the PH project provide PSH or RRH? PSH

Is this an SHP Project that had been approved by HUD to change the renewal project budget from leasing to rental assistance? No

3C. Dedicated Plus

Dedicated and DedicatedPLUS

A “100% Dedicated” project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and families, according to NOFA Section III.3.b.

A “DedicatedPLUS” project is a permanent supportive housing project where 100% of the beds are dedicated to serve individuals with disabilities and families in which one adult or child has a disability, including unaccompanied homeless youth, that at a minimum, meet ONE of the following criteria according to NOFA Section III.3.d:

- (1) experiencing chronic homelessness as defined in 24 CFR 578.3;
- (2) residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project;
- (3) residing in a place not meant for human habitation, emergency shelter, or safe haven; but the individuals or families experiencing chronic homelessness as defined at 24 CFR 578.3 had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement;
- (4) residing in transitional housing funded by a joint TH and PH-RRH component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3 prior to entering the project;
- (5) residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions; or
- (6) receiving assistance through a Department of Veterans Affairs(VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

A renewal project where 100 percent of the beds are dedicated in their current grant as described in NOFA Section III.A.3.b. must either become DedicatedPLUS or remain 100% Dedicated. If a renewal project currently has 100 percent of its beds dedicated to chronically homeless individuals and families and elects to become a DedicatedPLUS project, the project will be required to adhere to all fair housing requirements at 24 CFR 578.93. Any beds that the applicant identifies in this application as being dedicated to chronically homeless individuals and families in a DedicatedPLUS project must continue to operate in accordance with Section III.A.3.b. Beds are identified on Screen 4B.

1. Indicate whether the project is "100% Dedicated", "DedicatedPLUS", or "N/A", according to the information provided above. N/A

4A. Supportive Services for Participants

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. For all supportive services available to participants, indicate who will provide them and how often they will be provided. Click 'Save' to update.

Supportive Services	Provider	Frequency
Assessment of Service Needs	Subrecipient	Quarterly
Assistance with Moving Costs	Non-Partner	As needed
Case Management	Subrecipient	Weekly
Child Care	Non-Partner	As needed
Education Services	Non-Partner	As needed
Employment Assistance and Job Training	Non-Partner	As needed
Food	Non-Partner	As needed
Housing Search and Counseling Services	Subrecipient	As needed
Legal Services	Subrecipient	As needed
Life Skills Training	Subrecipient	Monthly
Mental Health Services	Non-Partner	As needed
Outpatient Health Services	Non-Partner	As needed
Outreach Services	Non-Partner	As needed
Substance Abuse Treatment Services	Non-Partner	Weekly
Transportation	Non-Partner	As needed
Utility Deposits	Non-Partner	As needed

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? No

2b. Use of a single application form for four or more mainstream programs? Yes

2c. At least annual follow-ups with participants to ensure mainstream benefits Yes

are received and renewed?

3. Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Yes

3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Yes

4B. Housing Type and Location

The following list summarizes each housing site in the project. To add a housing site to the list, select the  icon. To view or update a housing site already listed, select the  icon.

Total Units: 19

Total Beds: 51

Total Dedicated CH Beds: 0

Housing Type	Units	Beds
Single family homes/townhou...	19	51

4B. Housing Type and Location Detail

1. Housing Type: Single family homes/townhouses/duplexes

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.

a. Units: 19

b. Beds: 51

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 0

This includes both the "dedicated" and "prioritized" beds from previous competitions.

4. Address:

Street 1: 321 E. 25th Street

Street 2:

City: Baltimore

State: Maryland

ZIP Code: 21218

**5. Select the geographic area(s) associated with the address:
(for multiple selections hold CTRL Key)**

240066 Baltimore

5A. Project Participants - Households

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	13	6	0	19

Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Adults over age 24	12	4		16
Adults ages 18-24	5	2		7
Accompanied Children under age 18	28		0	28
Unaccompanied Children under age 18			0	0
Total Persons	45	6	0	51

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

Persons in Households with at Least One Adult and One Child

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represent ed by listed subpopu lations
Adults over age 24				6	3	11	5	2	1	
Adults ages 18-24						1				4
Children under age 18						1				27
Total Persons	0	0	0	6	3	13	5	2	1	31

Click Save to automatically calculate totals

Persons in Households without Children

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represent ed by listed subpopu lations
Adults over age 24	0		0	3	2	4	0	3	0	0
Adults ages 18-24		0	0	1	0	0	0	0	0	1
Total Persons	0	0	0	4	2	4	0	3	0	1

Click Save to automatically calculate totals

Persons in Households with Only Children

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represent ed by listed subpopu lations
Accompanied Children under age 18										
Unaccompanied Children under age 18										
Total Persons	0			0	0	0	0	0	0	0

Describe the unlisted subpopulations referred to above:

Adult child of head of household

5C. Outreach for Participants



1. Enter the percentage of project participants that will be coming from each of the following locations.

50%	Directly from the street or other locations not meant for human habitation.
45%	Directly from emergency shelters.
1%	Directly from safe havens.
1%	Persons fleeing domestic violence.
3%	Directly from transitional housing.
	Directly from the TH Portion of a Joint TH and PH-RRH Component project.
	Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program.
100%	Total of above percentages

6A. Funding Request

1. Do any of the properties in this project have an active restrictive covenant? No
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? No
3. Does this project propose to allocate funds according to an indirect cost rate? No
4. Renewal Grant Term: 1 Year
5. Select the costs for which funding is being requested:
- | | |
|---------------------|-------------------------------------|
| Leased Units | <input type="checkbox"/> |
| Leased Structures | <input type="checkbox"/> |
| Rental Assistance | <input checked="" type="checkbox"/> |
| Supportive Services | <input checked="" type="checkbox"/> |
| Operating | <input type="checkbox"/> |
| HMIS | <input type="checkbox"/> |

6C. Rental Assistance Budget

The following list summarizes the rental assistance funding request for the total term of the project. To add information to the list, select the  icon. To view or update information already listed, select the  icon.

Total Request for Grant Term:		\$322,224	
Total Units:		19	
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	MD - Baltimore-Columbia-Towson, MD MS...	19	\$322,224

Rental Assistance Budget Detail

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: MD - Baltimore-Columbia-Towson, MD MSA (2400399999)

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? No

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	HUD Paid Rent (Applicant)		12 Months		Total Request (Applicant)
SRO		x	\$638	\$638	x	12	=	\$0
0 Bedroom		x	\$851	\$851	x	12	=	\$0
1 Bedroom		x	\$1,033	\$1,033	x	12	=	\$0
2 Bedrooms	13	x	\$1,298	\$1,298	x	12	=	\$202,488
3 Bedrooms	6	x	\$1,663	\$1,663	x	12	=	\$119,736
4 Bedrooms		x	\$1,934	\$1,934	x	12	=	\$0
5 Bedrooms		x	\$2,224	\$2,224	x	12	=	\$0
6 Bedrooms		x	\$2,514	\$2,514	x	12	=	\$0
7 Bedrooms		x	\$2,804	\$2,804	x	12	=	\$0
8 Bedrooms		x	\$3,094	\$3,094	x	12	=	\$0
9 Bedrooms		x	\$3,385	\$3,385	x	12	=	\$0
Total Units and Annual Assistance Requested	19							\$322,224
Grant Term								1 Year
Total Request for Grant Term								\$322,224

Click the 'Save' button to automatically calculate totals.

6D. Sources of Match

The following list summarizes the funds that will be used as Match for the project. To add a Matching source to the list, select the icon. To view or update a Matching source already listed, select the icon.

Summary for Match

Total Value of Cash Commitments:	\$105,447
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$105,447

1. Does this project generate program income Yes
 as described in 24 CFR 578.97 that will be
 used as Match for this grant?

1a. Briefly describe the source of the program income:

Client's rent payments for St. Ambrose Permanent Housing Program

1b. Estimate the amount of program income \$19,476
 that will be used as Match for this project:

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Private	St Ambrose Housin...	08/17/2017	\$85,971
Yes	Cash	Private	St. Ambrose	08/17/2017	\$19,476

Sources of Match Detail

- 1. Will this commitment be used towards Match?** Yes
- 2. Type of Commitment:** Cash
- 3. Type of Source:** Private
- 4. Name the Source of the Commitment:** St Ambrose Housing Aid Center
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 08/17/2017
- 6. Value of Written Commitment:** \$85,971

Sources of Match Detail

- 1. Will this commitment be used towards Match?** Yes
- 2. Type of Commitment:** Cash
- 3. Type of Source:** Private
- 4. Name the Source of the Commitment:** St. Ambrose
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 08/17/2017
- 6. Value of Written Commitment:** \$19,476

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 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, 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	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	\$0
1b. Leased Structures	\$0
2. Rental Assistance	\$322,224
3. Supportive Services	\$61,221
4. Operating	\$0
5. HMIS	\$0
6. Sub-total Costs Requested	\$383,445
7. Admin (Up to 10%)	\$38,344
8. Total Assistance plus Admin Requested	\$421,789
9. Cash Match	\$105,447
10. In-Kind Match	\$0
11. Total Match	\$105,447
12. Total Budget	\$527,236

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	St Ambrose 501c3	11/05/2015
2) Other Attachmenbt	No	St. Ambrose Match	09/25/2017
3) Other Attachment	No		

Attachment Details

Document Description: St Ambrose 501c3

Attachment Details

Document Description: St. Ambrose Match

Attachment Details

Document Description:

7B. Certification

A. For all projects: Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

For applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

C. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official Terry Hickey
Date: 09/26/2017
Title: Director, Mayor's Office of Human Services
Applicant Organization: City of Baltimore - Mayor's Office

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant

X

Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of 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- Recipient and Subrecipient Information	
2A. Subrecipients	<input checked="" type="checkbox"/>
2B. Recipient Performance	<input type="checkbox"/>
Part 3 - Project Information	
3A. Project Detail	<input checked="" type="checkbox"/>
3B. Description	<input checked="" type="checkbox"/>
3C. Dedicated Plus	<input checked="" type="checkbox"/>
Part 4 - Housing Services and HMIS	
4A. Services	<input type="checkbox"/>
4B. Housing Type	<input checked="" type="checkbox"/>
Part 5 - Participants and Outreach Information	
5A. Households	<input checked="" type="checkbox"/>
5B. Subpopulations	<input checked="" type="checkbox"/>
5C. Outreach	<input checked="" type="checkbox"/>
Part 6 - Budget Information	
6A. Funding Request	<input checked="" type="checkbox"/>

6C. Rental Assistance	<input checked="" type="checkbox"/>
6D. Match	<input checked="" type="checkbox"/>
6E. Summary Budget	<input checked="" type="checkbox"/>
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	<input checked="" type="checkbox"/>
7B. Certification	<input checked="" type="checkbox"/>

The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

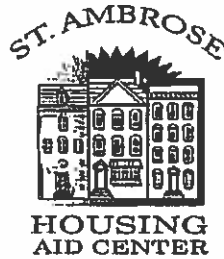
- 2a. Update total award amount to accomadate the merging on five St. Ambrose grants.
- 3b. Update program description after merging of grants.
- 4b. Update unit and bed count due to merging of grants.
- 5a. Update total number of households due to merging of grants.
- 5b. Update subpopulation numbers due to merging of grants.
- 5c. Update outreach percentages according to coordinated access information.
- 6e. Update rental assistance amount and admin due to increase in admin.

The applicant has selected "Make Changes". Once this screen is saved, the applicant 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.

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	09/22/2017
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/26/2017
Renewal Project Application FY2017	Page 47 09/26/2017

1E. SF-424 Compliance	09/22/2017
1F. SF-424 Declaration	09/22/2017
1G. HUD-2880	09/22/2017
1H. HUD-50070	09/22/2017
1I. Cert. Lobbying	09/22/2017
1J. SF-LLL	09/22/2017
2A. Subrecipients	09/22/2017
2B. Recipient Performance	09/22/2017
3A. Project Detail	09/22/2017
3B. Description	09/22/2017
3C. Dedicated Plus	09/22/2017
4A. Services	09/22/2017
4B. Housing Type	09/22/2017
5A. Households	09/22/2017
5B. Subpopulations	09/22/2017
5C. Outreach	09/22/2017
6A. Funding Request	09/22/2017
6C. Rental Assistance	09/22/2017
6D. Match	09/22/2017
6E. Summary Budget	No Input Required
7A. Attachment(s)	09/25/2017
7B. Certification	09/25/2017
Submission Without Changes	09/26/2017



September 28, 2017

Terry Hickey
Director
Mayor's Office of Human Services
Homeless Services Program
7 E. Redwood Street, 5th fl.
Baltimore, Maryland 21202

RE: St. Ambrose Housing Aid Center – Cash Match Letter
St. Ambrose Permanent Housing Program – Grant Number MD0058L3B011609
Fiscal Year 2017

Dear Mr. Hickey;

I am writing to you regarding St. Ambrose Housing Aid Center's renewal application for its' Continuum of Care Program grant for St. Ambrose Permanent Housing Program.

Please let this letter serve as our commitment to provide a cash match in the amount of \$85,971 for supportive services. In addition, \$19,476 from Client rents will be used towards the cash match. This cash match will be available starting February 1, 2017 for the grant period, February 1, 2017 through January 31, 2018.

This cash match will be used to provide support to the St. Ambrose Permanent Housing Program for 19 individuals/families.

Thank you for your continued support of this project.

Sincerely,


Gerard Joab
Executive Director

321 East 25th Street ■ Baltimore, Maryland 21218
Phone: 410-366-8550 ■ Fax: 410-366-8795 ■ www.stambrosehousing.org



Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember

- Additional training resources can be found on the HUD Exchange at <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/> - Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2017 Continuum of Care (CoC) Program Competition. For more information see FY 2017 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2017 CoC Program NOFA and the FY 2016 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- 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 2016 Project Application will be imported into the FY 2017 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the FY 2016 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.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, 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 2017 CoC Program Competition NOFA.

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:** 09/26/2017

4. **Applicant Identifier:**

5a. **Federal Entity Identifier:**

5b. **Federal Award Identifier:** MD0058

This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number

6. **Date Received by State:**

7. **State Application Identifier:**

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: City of Baltimore - Mayor's Office

b. Employer/Taxpayer Identification Number (EIN/TIN): 52-6000769

	c. Organizational DUNS:	052340973	PLUS 4	
--	--------------------------------	-----------	---------------	--

d. Address

Street 1: 7 E. Redwood Street

Street 2: 5th Floor

City: Baltimore

County: Baltimore City

State: Maryland

Country: United States

Zip / Postal Code: 21202

e. Organizational Unit (optional)

Department Name: Human Services

Division Name: Homeless Services Program

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Mr.

First Name: Chris

Middle Name:

Last Name: Rafferty

Suffix:

Title: Deputy Director - Homeless Services Program

Organizational Affiliation: City of Baltimore - Mayor's Office

Telephone Number: (410) 396-4885

Extension:
Fax Number: (410) 539-1091
Email: chris.rafferty@baltimorecity.gov

1C. SF-424 Application Details

9. Type of Applicant: C. City or Township Government

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: FR-6100-N-25

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (State(s) only): Maryland
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: St. Ambrose Housing Aid Center PHP

16. Congressional District(s):

a. Applicant: MD-007, MD-003, MD-002
(for multiple selections hold CTRL key)

b. Project: MD-007, MD-003, MD-002
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 02/01/2018

b. End Date: 01/31/2019

18. Estimated Funding (\$)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process? b. Program is subject to E.O. 12372 but has not been selected by the State for review.

If "YES", enter the date this application was made available to the State for review:

20. Is the Applicant delinquent on any Federal debt? No

If "YES," provide an explanation:

1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

I AGREE:

21. Authorized Representative

Prefix: Mr.

First Name: Terry

Middle Name:

Last Name: Hickey

Suffix:

Title: Director, Mayor's Office of Human Services

Telephone Number: (410) 396-7543
(Format: 123-456-7890)

Fax Number: (410) 539-1091
(Format: 123-456-7890)

Email: terry.hickey@baltimorecity.gov

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 09/26/2017

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - Form 2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2510-0011 (exp.11/30/2018)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: City of Baltimore - Mayor's Office

Prefix: Mr.

First Name: Terry

Middle Name:

Last Name: Hickey

Suffix:

Title: Director, Mayor's Office of Human Services

Organizational Affiliation: City of Baltimore - Mayor's Office

Telephone Number: (410) 396-7543

Extension:

Email: terry.hickey@baltimorecity.gov

City: Baltimore

County: Baltimore City

State: Maryland

Country: United States

Zip/Postal Code: 21202

2. Employer ID Number (EIN): 52-6000769

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$421,789.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: St. Ambrose Housing Aid Center PHP 7 E. Redwood Street Baltimore Maryland

Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? Yes
 (For further information, see 24 CFR Sec. 4.3).

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9. Yes

Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
City of Baltimore	Emergency Solutions Grant - Formula	\$1,719,500.00	Shelter, RRH, HMIS, Outreach, Prevention
City of Baltimore	Emergency Solutions Grant - Supplemental	2061204.0	Shelter, RRH, HMIS, Outreach, Prevention
City of Baltimore	HOPWA	\$8,331,845.00	TBRA, supportive services
NA			
NA			

Part III Interested Parties

You must disclose:
 1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
 2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation	Financial Interest in Project/Activity (\$)	Financial Interest in Project/Activity (%)
NA	NA	NA	\$0.00	0%

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I certify that this information is true and complete.

I AGREE:

Name / Title of Authorized Official: Terry Hickey, Director, Mayor's Office of Human Services

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 08/01/2017

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: City of Baltimore - Mayor's Office

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 hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and

X

accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Authorized Representative

Prefix: Mr.

First Name: Terry

Middle Name

Last Name: Hickey

Suffix:

Title: Director, Mayor's Office of Human Services

Telephone Number: (410) 396-7543
(Format: 123-456-7890)

Fax Number: (410) 539-1091
(Format: 123-456-7890)

Email: terry.hickey@baltimorecity.gov

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 09/26/2017

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 Baltimore - Mayor's Office

Name / Title of Authorized Official: Terry Hickey, Director, Mayor's Office of Human Services

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 09/26/2017

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer "Yes" if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: "The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action."

Answer "No" if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program? No

Legal Name: City of Baltimore - Mayor's Office

Street 1: 7 E. Redwood Street

Street 2: 5th Floor

City: Baltimore

County: Baltimore City

State: Maryland

Country: United States

Zip / Postal Code: 21202

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: Mr.

First Name: Terry

Middle Name:

Last Name: Hickey

Suffix:

Title: Director, Mayor's Office of Human Services

Telephone Number: (410) 396-7543
(Format: 123-456-7890)

Fax Number: (410) 539-1091
(Format: 123-456-7890)

Email: terry.hickey@baltimorecity.gov

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 09/26/2017

Additional Information

Now that you have completed Part 1 of the application, please review Parts 2-7, which are in Read Only mode. Screen 3C, which is mandatory for all PH-PSH projects and screens 6D, 7A and 7B which are mandatory for all projects will be editable and must be answered prior to submission.

Once you are done reviewing, you will be guided to a "Submissions without Changes" screen. At this screen if you decide no edits or updates are required to any screens other than the mandatory questions for 3C and/or 6D,7A and 7B, you are allowed to submit the application without ever needing to edit the rest of the application. However, if you determine that changes need to be made to the application, we have given you the ability to open up individual screens for edit, instead of the entire application.

Once you select the screens you want to edit via checkboxes, you will click "Save", and those screens will be available for edit. An important reminder, once you make those selections and click "Save", you cannot uncheck those boxes. You are allowed to select additional boxes even after saving your initial selections. Again, you must click "Save" for those newly selected screens to be available for edit.

If your project is a First Time Renewal, your project will not be able to utilize the "Submit Without Changes" function. The Submissions Without Changes page will be automatically set to "Make Changes" and you will be required to input data into the application for all required fields relevant to the component type.

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: \$421,789

Organization	Type	Type	Sub-Award Amount
St. Ambrose Housing Aid Center	M. Nonprofit with 501C3 IRS Status	M. Nonprofit with 501C3 IRS Status	\$421,789

2A. Project Subrecipients Detail

a. Organization Name: St. Ambrose Housing Aid Center

b. Organization Type: M. Nonprofit with 501C3 IRS Status

c. Employer or Tax Identification Number: 52-1729460

	* d. Organizational DUNS:	089010987	PLUS 4	
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e. Physical Address

Street 1: 321 E. 25th Street

Street 2:

City: Baltimore

State: Maryland

Zip Code: 21218

f. Congressional District(s): MD-007, MD-003
(for multiple selections hold CTRL key)

g. Is the subrecipient a Faith-Based Organization? No

h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency? Yes

i. Expected Sub-Award Amount: \$421,789

j. Contact Person

Prefix: Ms.

First Name: Leah

Middle Name:

Last Name: Mason-Grant

Suffix:

Title: Senior Manager

E-mail Address: leahg@stambros.org

Confirm E-mail Address: leahg@stambros.org

Phone Number: 410-366-8550

Extension:

Fax Number: 410-366-8795

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

2B. Recipient Performance

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

- 1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?** Yes

- 2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?** No

- 3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?** Yes

- 4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?** No

3A. Project Detail

1. Expiring Grant Number: MD0058

(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: MD-501 - Baltimore CoC

2b. CoC Collaborative Applicant Name: City of Baltimore - Mayor's Office

3. Project Name: St. Ambrose Housing Aid Center PHP

4. Project Status: Standard

5. Component Type: PH

6. Does this project use one or more properties that have been conveyed through the Title V process? No

3B. Project Description

1. Provide a description that addresses the entire scope of the proposed project.

St. Ambrose Permanent Housing Program provides permanent housing and Supportive Services to 19 formerly chronic homeless families and individuals. These individuals are affected by chronic mental illness, substance abuse, HIV/AIDS, physical disability and domestic violence. St. Ambrose Permanent Housing Program uses a home based approach with the intention of moving toward self sufficiency through life skills training, employability skills and connections to community resources. Low income Clients in need of financial stability or independence are assisted to acquire all available benefits.

2. Does your project have a specific population focus? No

3. Housing First

3a. Does the project quickly move participants into permanent housing? Yes

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

Having too little or little income	<input checked="" type="checkbox"/>
Active or history of substance use	<input checked="" type="checkbox"/>
Having a criminal record with exceptions for state-mandated restrictions	<input checked="" type="checkbox"/>
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

Failure to participate in supportive services	<input checked="" type="checkbox"/>
Failure to make progress on a service plan	<input checked="" type="checkbox"/>
Loss of income or failure to improve income	<input checked="" type="checkbox"/>
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	<input checked="" type="checkbox"/>

None of the above	<input type="checkbox"/>
-------------------	--------------------------

3d. Does the project follow a "Housing First" approach? Yes

4. Does the PH project provide PSH or RRH? PSH

Is this an SHP Project that had been approved by HUD to change the renewal project budget from leasing to rental assistance? No

3C. Dedicated Plus

Dedicated and DedicatedPLUS

A “100% Dedicated” project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and families, according to NOFA Section III.3.b.

A “DedicatedPLUS” project is a permanent supportive housing project where 100% of the beds are dedicated to serve individuals with disabilities and families in which one adult or child has a disability, including unaccompanied homeless youth, that at a minimum, meet ONE of the following criteria according to NOFA Section III.3.d:

- (1) experiencing chronic homelessness as defined in 24 CFR 578.3;
- (2) residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project;
- (3) residing in a place not meant for human habitation, emergency shelter, or safe haven; but the individuals or families experiencing chronic homelessness as defined at 24 CFR 578.3 had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement;
- (4) residing in transitional housing funded by a joint TH and PH-RRH component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3 prior to entering the project;
- (5) residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions; or
- (6) receiving assistance through a Department of Veterans Affairs(VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

A renewal project where 100 percent of the beds are dedicated in their current grant as described in NOFA Section III.A.3.b. must either become DedicatedPLUS or remain 100% Dedicated. If a renewal project currently has 100 percent of its beds dedicated to chronically homeless individuals and families and elects to become a DedicatedPLUS project, the project will be required to adhere to all fair housing requirements at 24 CFR 578.93. Any beds that the applicant identifies in this application as being dedicated to chronically homeless individuals and families in a DedicatedPLUS project must continue to operate in accordance with Section III.A.3.b. Beds are identified on Screen 4B.

1. Indicate whether the project is "100% Dedicated", "DedicatedPLUS", or "N/A", according to the information provided above. N/A

4A. Supportive Services for Participants

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

**1. For all supportive services available to participants, indicate who will provide them and how often they will be provided.
 Click 'Save' to update.**

Supportive Services	Provider	Frequency
Assessment of Service Needs	Subrecipient	Quarterly
Assistance with Moving Costs	Non-Partner	As needed
Case Management	Subrecipient	Weekly
Child Care	Non-Partner	As needed
Education Services	Non-Partner	As needed
Employment Assistance and Job Training	Non-Partner	As needed
Food	Non-Partner	As needed
Housing Search and Counseling Services	Subrecipient	As needed
Legal Services	Subrecipient	As needed
Life Skills Training	Subrecipient	Monthly
Mental Health Services	Non-Partner	As needed
Outpatient Health Services	Non-Partner	As needed
Outreach Services	Non-Partner	As needed
Substance Abuse Treatment Services	Non-Partner	Weekly
Transportation	Non-Partner	As needed
Utility Deposits	Non-Partner	As needed

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? No

2b. Use of a single application form for four or more mainstream programs? Yes


2c. At least annual follow-ups with participants to ensure mainstream benefits Yes

are received and renewed?

3. Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Yes

3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Yes

4B. Housing Type and Location

The following list summarizes each housing site in the project. To add a housing site to the list, select the  icon. To view or update a housing site already listed, select the  icon.

Total Units: 19

Total Beds: 51

Total Dedicated CH Beds: 0

Housing Type	Units	Beds
Single family homes/townhou...	19	51

4B. Housing Type and Location Detail

1. Housing Type: Single family homes/townhouses/duplexes

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.

a. Units: 19

b. Beds: 51

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 0

This includes both the "dedicated" and "prioritized" beds from previous competitions.

4. Address:

Street 1: 321 E. 25th Street

Street 2:

City: Baltimore

State: Maryland

ZIP Code: 21218

**5. Select the geographic area(s) associated with the address:
(for multiple selections hold CTRL Key)**

240066 Baltimore

5A. Project Participants - Households

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	13	6	0	19

Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Adults over age 24	12	4		16
Adults ages 18-24	5	2		7
Accompanied Children under age 18	28		0	28
Unaccompanied Children under age 18			0	0
Total Persons	45	6	0	51

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

Persons in Households with at Least One Adult and One Child

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represent ed by listed subpopu lations
Adults over age 24				6	3	11	5	2	1	
Adults ages 18-24						1				4
Children under age 18						1				27
Total Persons	0	0	0	6	3	13	5	2	1	31

Click Save to automatically calculate totals

Persons in Households without Children

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represent ed by listed subpopu lations
Adults over age 24	0		0	3	2	4	0	3	0	0
Adults ages 18-24		0	0	1	0	0	0	0	0	1
Total Persons	0	0	0	4	2	4	0	3	0	1

Click Save to automatically calculate totals

Persons in Households with Only Children

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represent ed by listed subpopu lations
Accompanied Children under age 18										
Unaccompanied Children under age 18										
Total Persons	0			0	0	0	0	0	0	0

Describe the unlisted subpopulations referred to above:

Adult child of head of household

5C. Outreach for Participants



1. Enter the percentage of project participants that will be coming from each of the following locations.

50%	Directly from the street or other locations not meant for human habitation.
45%	Directly from emergency shelters.
1%	Directly from safe havens.
1%	Persons fleeing domestic violence.
3%	Directly from transitional housing.
	Directly from the TH Portion of a Joint TH and PH-RRH Component project.
	Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program.
100%	Total of above percentages

6A. Funding Request

1. Do any of the properties in this project have an active restrictive covenant? No
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? No
3. Does this project propose to allocate funds according to an indirect cost rate? No
4. Renewal Grant Term: 1 Year
5. Select the costs for which funding is being requested:
- | | |
|---------------------|-------------------------------------|
| Leased Units | <input type="checkbox"/> |
| Leased Structures | <input type="checkbox"/> |
| Rental Assistance | <input checked="" type="checkbox"/> |
| Supportive Services | <input checked="" type="checkbox"/> |
| Operating | <input type="checkbox"/> |
| HMIS | <input type="checkbox"/> |

6C. Rental Assistance Budget

The following list summarizes the rental assistance funding request for the total term of the project. To add information to the list, select the  icon. To view or update information already listed, select the  icon.

Total Request for Grant Term:		\$322,224	
Total Units:		19	
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	MD - Baltimore-Columbia-Towson, MD MS...	19	\$322,224

Rental Assistance Budget Detail

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: MD - Baltimore-Columbia-Towson, MD MSA (2400399999)

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? No

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	HUD Paid Rent (Applicant)		12 Months		Total Request (Applicant)
SRO		x	\$638	\$638	x	12	=	\$0
0 Bedroom		x	\$851	\$851	x	12	=	\$0
1 Bedroom		x	\$1,033	\$1,033	x	12	=	\$0
2 Bedrooms	13	x	\$1,298	\$1,298	x	12	=	\$202,488
3 Bedrooms	6	x	\$1,663	\$1,663	x	12	=	\$119,736
4 Bedrooms		x	\$1,934	\$1,934	x	12	=	\$0
5 Bedrooms		x	\$2,224	\$2,224	x	12	=	\$0
6 Bedrooms		x	\$2,514	\$2,514	x	12	=	\$0
7 Bedrooms		x	\$2,804	\$2,804	x	12	=	\$0
8 Bedrooms		x	\$3,094	\$3,094	x	12	=	\$0
9 Bedrooms		x	\$3,385	\$3,385	x	12	=	\$0
Total Units and Annual Assistance Requested	19							\$322,224
Grant Term								1 Year
Total Request for Grant Term								\$322,224

Click the 'Save' button to automatically calculate totals.

6D. Sources of Match

The following list summarizes the funds that will be used as Match for the project. To add a Matching source to the list, select the icon. To view or update a Matching source already listed, select the icon.

Summary for Match

Total Value of Cash Commitments:	\$105,447
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$105,447

1. Does this project generate program income Yes
 as described in 24 CFR 578.97 that will be
 used as Match for this grant?

1a. Briefly describe the source of the program income:

Client's rent payments for St. Ambrose Permanent Housing Program

1b. Estimate the amount of program income \$19,476
 that will be used as Match for this project:

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Private	St Ambrose Housin...	08/17/2017	\$85,971
Yes	Cash	Private	St. Ambrose	08/17/2017	\$19,476

Sources of Match Detail

- 1. Will this commitment be used towards Match?** Yes
- 2. Type of Commitment:** Cash
- 3. Type of Source:** Private
- 4. Name the Source of the Commitment:** St Ambrose Housing Aid Center
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 08/17/2017
- 6. Value of Written Commitment:** \$85,971

Sources of Match Detail

- 1. Will this commitment be used towards Match?** Yes
- 2. Type of Commitment:** Cash
- 3. Type of Source:** Private
- 4. Name the Source of the Commitment:** St. Ambrose
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 08/17/2017
- 6. Value of Written Commitment:** \$19,476

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 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, 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	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	\$0
1b. Leased Structures	\$0
2. Rental Assistance	\$322,224
3. Supportive Services	\$61,221
4. Operating	\$0
5. HMIS	\$0
6. Sub-total Costs Requested	\$383,445
7. Admin (Up to 10%)	\$38,344
8. Total Assistance plus Admin Requested	\$421,789
9. Cash Match	\$105,447
10. In-Kind Match	\$0
11. Total Match	\$105,447
12. Total Budget	\$527,236

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	St Ambrose 501c3	11/05/2015
2) Other Attachmenbt	No	St. Ambrose Match	09/25/2017
3) Other Attachment	No		

Attachment Details

Document Description: St Ambrose 501c3

Attachment Details

Document Description: St. Ambrose Match

Attachment Details

Document Description:

7B. Certification

A. For all projects: Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

For applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

C. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official Terry Hickey
Date: 09/26/2017
Title: Director, Mayor's Office of Human Services
Applicant Organization: City of Baltimore - Mayor's Office

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant

X

Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of 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- Recipient and Subrecipient Information	
2A. Subrecipients	<input checked="" type="checkbox"/>
2B. Recipient Performance	<input type="checkbox"/>
Part 3 - Project Information	
3A. Project Detail	<input checked="" type="checkbox"/>
3B. Description	<input checked="" type="checkbox"/>
3C. Dedicated Plus	<input checked="" type="checkbox"/>
Part 4 - Housing Services and HMIS	
4A. Services	<input type="checkbox"/>
4B. Housing Type	<input checked="" type="checkbox"/>
Part 5 - Participants and Outreach Information	
5A. Households	<input checked="" type="checkbox"/>
5B. Subpopulations	<input checked="" type="checkbox"/>
5C. Outreach	<input checked="" type="checkbox"/>
Part 6 - Budget Information	
6A. Funding Request	<input checked="" type="checkbox"/>

6C. Rental Assistance	<input checked="" type="checkbox"/>
6D. Match	<input checked="" type="checkbox"/>
6E. Summary Budget	<input checked="" type="checkbox"/>
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	<input checked="" type="checkbox"/>
7B. Certification	<input checked="" type="checkbox"/>

The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

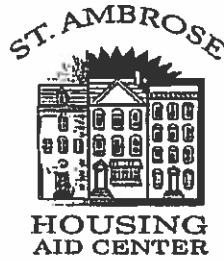
- 2a. Update total award amount to accomadate the merging on five St. Ambrose grants.
- 3b. Update program description after merging of grants.
- 4b. Update unit and bed count due to merging of grants.
- 5a. Update total number of households due to merging of grants.
- 5b. Update subpopulation numbers due to merging of grants.
- 5c. Update outreach percentages according to coordinated access information.
- 6e. Update rental assistance amount and admin due to increase in admin.

The applicant has selected "Make Changes". Once this screen is saved, the applicant 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.

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	09/22/2017
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/26/2017
Renewal Project Application FY2017	Page 47 09/26/2017

1E. SF-424 Compliance	09/22/2017
1F. SF-424 Declaration	09/22/2017
1G. HUD-2880	09/22/2017
1H. HUD-50070	09/22/2017
1I. Cert. Lobbying	09/22/2017
1J. SF-LLL	09/22/2017
2A. Subrecipients	09/22/2017
2B. Recipient Performance	09/22/2017
3A. Project Detail	09/22/2017
3B. Description	09/22/2017
3C. Dedicated Plus	09/22/2017
4A. Services	09/22/2017
4B. Housing Type	09/22/2017
5A. Households	09/22/2017
5B. Subpopulations	09/22/2017
5C. Outreach	09/22/2017
6A. Funding Request	09/22/2017
6C. Rental Assistance	09/22/2017
6D. Match	09/22/2017
6E. Summary Budget	No Input Required
7A. Attachment(s)	09/25/2017
7B. Certification	09/25/2017
Submission Without Changes	09/26/2017



September 28, 2017

Terry Hickey
Director
Mayor's Office of Human Services
Homeless Services Program
7 E. Redwood Street, 5th fl.
Baltimore, Maryland 21202

RE: St. Ambrose Housing Aid Center – Cash Match Letter
St. Ambrose Permanent Housing Program – Grant Number MD0058L3B011609
Fiscal Year 2017

Dear Mr. Hickey;

I am writing to you regarding St. Ambrose Housing Aid Center's renewal application for its' Continuum of Care Program grant for St. Ambrose Permanent Housing Program.

Please let this letter serve as our commitment to provide a cash match in the amount of \$85,971 for supportive services. In addition, \$19,476 from Client rents will be used towards the cash match. This cash match will be available starting February 1, 2017 for the grant period, February 1, 2017 through January 31, 2018.

This cash match will be used to provide support to the St. Ambrose Permanent Housing Program for 19 individuals/families.

Thank you for your continued support of this project.

Sincerely,



Gerard Joab
Executive Director

321 East 25th Street ■ Baltimore, Maryland 21218
Phone: 410-366-8550 ■ Fax: 410-366-8795 ■ www.stambrosehousing.org



