

## 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:** \$425,395

Organization	Type	Type	Sub-Award Amount
Catholic Charities	M. Nonprofit with 501C3 IRS Status	M. Nonprofit with 501C3 IRS Status	\$425,395

## 2A. Project Subrecipients Detail

**a. Organization Name:** Catholic Charities

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

**c. Employer or Tax Identification Number:** 86-1121553

	<b>* d. Organizational DUNS:</b>	605761795	<b>PLUS 4</b>	
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### e. Physical Address

**Street 1:** 65 Elliot Street

**Street 2:**

**City:** Springfield

**State:** Massachusetts

**Zip Code:** 01105

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

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

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

**i. Expected Sub-Award Amount:** \$425,395

### j. Contact Person

**Prefix:** Ms.

**First Name:** Kathryn

**Middle Name:**

**Last Name:** Buckley-Brawner

**Suffix:**

**Title:** Executive Director

**E-mail Address:** k.brawner@diospringfield.org

**Confirm E-mail Address:** k.brawner@diospringfield.org

**Phone Number:** 413-452-0606

**Extension:**

**Fax Number:**

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

## 3A. Project Detail

**1. Project Identification Number (PIN) of expiring grant:** MA0538

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

**2a. CoC Number and Name:** MA-504 - Springfield/Hampden County CoC

**2b. CoC Collaborative Applicant Name:** City of Springfield MA

**3. Project Name:** Catholic Charities RRH3

**4. Project Status:** Standard

**5. Component Type:** PH

**5a. Does the PH project provide PSH or RRH?** RRH

**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.**

Catholic Charities provides short- and medium-term rental assistance and supportive services to individuals and families with children and in Hampden County who meet the HUD homeless definition and (for families) that have been found ineligible for Emergency Assistance (EA). Eligible households receive reasonable one-time moving costs, case management, housing search and counseling services, life skills training, employment development, outreach services, utility deposits and rental assistance. Households with sufficient income to pay ongoing rent may receive short-term assistance to begin a rental arrangement. Households that need to increase income to pay ongoing rent may receive up to twenty-four months of rental assistance and each household participates in case management at least once per month while receiving financial assistance. Support services may be provided for no longer than 6 months after rental assistance stops.

**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 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**

## 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	Applicant	As needed
Case Management	Applicant	Daily
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	As needed
Mental Health Services	Non-Partner	As needed
Outpatient Health Services	Non-Partner	As needed
Outreach Services	Applicant	Daily
Substance Abuse Treatment Services	Non-Partner	As needed
Transportation	Applicant	As needed
Utility Deposits	Applicant	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. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed?** Yes

**3. Do project participants have access to** Yes

**SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?**

**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:** 31

**Total Beds:** 43

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...)	---	31	43

## 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:** 31

**b. Beds:** 43

### 3. Address

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

**Street 1:** 65 Elliot Street

**Street 2:**

**City:** Springfield

**State:** Massachusetts

**ZIP Code:** 01105

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

259013 Hampden County, 250486 Chicopee,  
251074 Holyoke, 252340 Springfield, 252700  
Westfield

## 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	24		31

Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Adults over age 24	5	18		23
Persons ages 18-24	2	6		8
Accompanied Children under age 18	12			12
Unaccompanied Children under age 18				0
<b>Total Persons</b>	19	24	0	43

**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 Substan- ce Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domesti- c Violence	Physical Disabilit- y	Develop- mental Disabilit- y	Persons not repre- sented by listed subpopu- lations
Adults over age 24				1		1	5			
Persons ages 18-24						1	2			
Children under age 18										12
<b>Total Persons</b>	0	0	0	1	0	2	7	0	0	12

**Click Save to automatically calculate totals**

### Persons in Households without Children

Characteristics	Chronic Homeless Non- Veterans	Chronic Homeless Veterans	Non- Chronic Homeless 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 repre- sented by listed subpopu- lations
Adults over age 24	4		1	4		2	3	1	1	2
Persons ages 18-24						1	2			3
<b>Total Persons</b>	4	0	1	4	0	3	5	1	1	5

**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 Substan- ce Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domesti- c Violence	Physical Disabilit- y	Develop- mental Disabilit- y	Persons not repre- sented 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:**



Literally homeless households with no identified disabilities.

## 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? 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:
- |                     |                                     |
|---------------------|-------------------------------------|
| Rental Assistance   | <input checked="" type="checkbox"/> |
| Supportive Services | <input checked="" 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.

<b>Total Request for Grant Term:</b>		\$318,492	
<b>Total Units:</b>		29	
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	MA - Springfield, MA MSA (2501300840)	28	\$305,880
TRA	MA - Springfield, MA MSA (2501300840)	1	\$12,612

## Rental Assistance Budget Detail

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: MA - Springfield, MA MSA (2501300840)

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	\$554		x	12	=	\$0
0 Bedroom		x	\$739		x	12	=	\$0
1 Bedroom	22	x	\$884	\$810	x	12	=	\$213,840
2 Bedrooms	1	x	\$1,117	\$1,050	x	12	=	\$12,600
3 Bedrooms	5	x	\$1,400	\$1,324	x	12	=	\$79,440
4 Bedrooms		x	\$1,627		x	12	=	\$0
5 Bedrooms		x	\$1,871		x	12	=	\$0
6 Bedrooms		x	\$2,115		x	12	=	\$0
7 Bedrooms		x	\$2,359		x	12	=	\$0
8 Bedrooms		x	\$2,603		x	12	=	\$0
9 Bedrooms		x	\$2,847		x	12	=	\$0
<b>Total Units and Annual Assistance Requested</b>	28							\$305,880
<b>Grant Term</b>								1 Year
<b>Total Request for Grant Term</b>								\$305,880

Click the 'Save' button to automatically calculate totals.

## Rental Assistance Budget Detail

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: MA - Springfield, MA MSA (2501300840)




**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	\$554		x 12	= \$0
0 Bedroom	x	\$739		x 12	= \$0
1 Bedroom	x	\$884		x 12	= \$0
2 Bedrooms	1 x	\$1,117	\$1,051	x 12	= \$12,612
3 Bedrooms	x	\$1,400		x 12	= \$0
4 Bedrooms	x	\$1,627		x 12	= \$0
5 Bedrooms	x	\$1,871		x 12	= \$0
6 Bedrooms	x	\$2,115		x 12	= \$0
7 Bedrooms	x	\$2,359		x 12	= \$0
8 Bedrooms	x	\$2,603		x 12	= \$0
9 Bedrooms	x	\$2,847		x 12	= \$0
<b>Total Units and Annual Assistance Requested</b>	1				\$12,612
<b>Grant Term</b>					1 Year
<b>Total Request for Grant Term</b>					\$12,612

**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:	\$117,211
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$117,211

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

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Private	Catholic Charitie...	08/29/2019	\$117,211

## 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:** Catholic Charities Agency  
**(Be as specific as possible and include the office or grant program as applicable)**
- 5. Date of Written Commitment:** 08/29/2019
- 6. Value of Written Commitment:** \$117,211

## 6E. Summary Budget

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

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	\$0
1b. Leased Structures	\$0
2. Rental Assistance	\$318,492
3. Supportive Services	\$86,646
4. Operating	\$0
5. HMIS	\$0
6. Sub-total Costs Requested	\$405,138
7. Admin (Up to 10%)	\$40,514
8. Total Assistance plus Admin Requested	\$445,652
9. Cash Match	\$117,211
10. In-Kind Match	\$0
11. Total Match	\$117,211
12. Total Budget	\$562,863

## 7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	IRS Group Letter	08/27/2019
2) Other Attachmenbt	No	Kenedy Directory	08/27/2019
3) Other Attachment	No	Match Letter	08/27/2019

**Internal Revenue Service  
P.O. Box 2508  
Cincinnati, OH 45201**

**Department of the Treasury**

**Date: October 24, 2018**

**Person to Contact:**

R. Meyer ID# 0110429

**Toll Free Telephone Number:**

877-829-5500

United States Conference of Catholic  
Bishops  
3211 4<sup>th</sup> Street, NE  
Washington, DC 20017-1194

**Group Exemption Number:**

0928

Dear Sir/Madam:

This responds to your October 12, 2018, 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 2018*, 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 2018* are recognized as exempt under section 501(c)(3) of the Code under GEN 0928.

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

Subordinate organizations under a group exemption do not receive individual exemption letters. Subordinate organizations are not listed in Tax Exempt Organization Search (Pub 78 data), and many are not listed in the Exempt Organizations Business Master

File extract, or EO BMF. Donors may verify that a subordinate organization is included in your group exemption by consulting the *Official Catholic Directory*, the official subordinate listing approved by you, or by contacting you directly. IRS does not verify the inclusion of subordinate organizations under your group exemption. See IRS Publication 4573, *Group Exemption*, for additional information about group exemptions.

Each subordinate organization covered in a group exemption should have its own EIN. Each subordinate organization must use its own EIN, not the EIN of the central organization, in all filings with IRS.

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

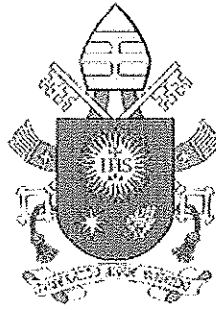
Sincerely,

A handwritten signature in cursive script that reads "Stephen a. martin".

Stephen A. Martin  
Director, Exempt Organizations  
Rulings and Agreements

CALIFORNIA • MICHIGAN • MINNESOTA • MISSISSIPPI • MISSOURI • WEST VIRGINIA • NEW YORK • NEVADA  
NORTH DAKOTA • PENNSYLVANIA • SOUTH CAROLINA • SOUTH DAKOTA • MARYLAND • ARKANSAS  
ALABAMA • COLORADO • ARIZONA • MAINE • TEXAS • UTAH • ALASKA  
IOWA • LOUISIANA • WISCONSIN • TENNESSEE • IDAHO  
GEORGIA • DELAWARE • ILLINOIS • KANSAS • NORTH CAROLINA • OREGON • NEBRASKA • KENTUCKY  
NEW HAMPSHIRE • NEW JERSEY • NEW MEXICO • CONNECTICUT • FLORIDA • MASSACHUSETTS  
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1817



2018

# The Official Catholic Directory

Anno  
Domini  
2018

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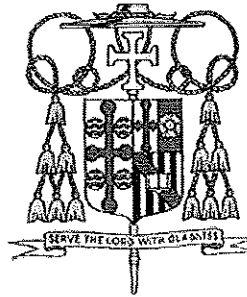
# Diocese of Springfield in Massachusetts

(*Diocesis Compfontis*)

Most Reverend

**MITCHELL T. ROZANSKI**

Bishop of Springfield in Massachusetts; ordained November 24, 1984; appointed Titular Bishop of Walla Walla and Auxiliary Bishop of Baltimore July 3, 2004; consecrated August 24, 2004; appointed Bishop of Springfield in Massachusetts June 19, 2014; installed August 12, 2014. *Chancery Office: P.O. Box 1730, Springfield, MA 01102-1730.*



Most Reverend

**TIMOTHY A. McDONNELL**

Bishop Emeritus of Springfield in Massachusetts; ordained June 1, 1963; appointed Titular Bishop of Semina and Auxiliary Bishop of New York October 30, 2001; consecrated December 12, 2001; appointed Bishop of Springfield in Massachusetts March 9, 2004; installed April 1, 2004; retired June 19, 2014. *Mailing Address: Saint Joseph Rectory, 414 North St., Pittsfield, MA 01201-4674.*

ESTABLISHED JUNE 14, 1870.

Square Miles 2,822.

*Comprises the Counties of Berkshire, Franklin, Hampden and Hampshire in the State of Massachusetts.*

*For legal titles of parishes and diocesan institutions, consult the Chancery Office.*

*Chancery Office: P.O. Box 1730, Springfield, MA 01102-1730. Tel: 413-732-3175; Fax: 413-737-2337.*

*Web: [www.diospringfield.org](http://www.diospringfield.org)*

*Email: [mail@diospringfield.org](mailto:mail@diospringfield.org)*

## STATISTICAL OVERVIEW

<b>Personnel</b>			
Bishop	1		
Retired Bishops	1		
Priests: Diocesan Active in Diocese	86		
Priests: Diocesan Active Outside Diocese	3		
Priests: Diocesan in Foreign Missions	3		
Priests: Retired, Sick or Absent	47		
Number of Diocesan Priests	130		
Religious Priests in Diocese	33		
Total Priests in Diocese	172		
Extern Priests in Diocese	7		
<b>Ordinations:</b>			
Diocesan Priests	1		
Transitional Deacons	1		
Permanent Deacons	9		
Permanent Deacons in Diocese	103		
Total Brothers	15		
Total Sisters	294		
<b>Parishes</b>			
Parishes	80		
<b>With Resident Pastor:</b>			
Resident Diocesan Priests	60		
Resident Religious Priests	5		
<b>Without Resident Pastor:</b>			
Administered by Priests	13		
Administered by Deacons	2		
Missions	8		
Pastoral Centers	1		
<b>Professional Ministry Personnel:</b>			
Sisters	15		
Lay Ministers	33		
<b>Welfare</b>			
Catholic Hospitals	1		
Total Assisted	200,000		
Health Care Centers	1		
Total Assisted	5,601		
Homes for the Aged	5		
Total Assisted	450		
Special Centers for Social Services	9		
Total Assisted	76,328		
Other Institutions	1		
Total Assisted	124		
<b>Educational</b>			
Diocesan Students in Other Seminaries	17		
Total Seminarians	9		
Colleges and Universities	1		
Total Students	1,579		
High Schools, Diocesan and Parish	3		
Total Students	568		
Elementary Schools, Diocesan and Parish	12		
Total Students	2,852		
Catechesis/Religious Education:			
High School Students	4,349		
Elementary Students	7,735		
Total Students under Catholic Instruction	17,100		
<b>Teachers in the Diocese:</b>			
Priests	2		
Sisters	12		
Lay Teachers	310		
<b>Vital Statistics</b>			
<b>Receptions into the Church:</b>			
Infant Baptism Totals	1,990		
Minor Baptism Totals	113		
Adult Baptism Totals	115		
Received into Full Communion	223		
First Communions	1,765		
Confirmations	1,468		
<b>Marriages:</b>			
Catholic	317		
Interfaith	67		
Total Marriages	384		
Deaths	2,962		
Total Catholic Population	177,269		
Total Population	824,161		

**Former Bishops**—Most Revs. PATRICK THOMAS O'REILLY, D.D., cons. Sept. 25, 1870; died May 25, 1892; THOMAS DANIEL BEAVEN, D.D., cons. Oct. 18, 1892; died Oct. 5, 1920; THOMAS M. O'LEARY, D.D., cons. Sept. 8, 1921; died Oct. 10, 1949; CHRISTOPHER J. WELDON, D.D., cons. March 24, 1950; retired Oct. 15, 1977; died March 10, 1982; JOSEPH F. MAGUIRE, D.D., (Retired), cons. Auxiliary Bishop of Boston, Feb. 2, 1972; installed Bishop of Springfield, Nov. 4, 1977; retired Dec. 27, 1991; died Nov. 23, 2014; JOHN A. MARSHALL, D.D., cons. Bishop of Burlington, Jan. 25, 1972; installed Bishop of Springfield, Feb. 18, 1992; died July 3, 1994; THOMAS LUDGER DUPRE, D.D., J.C.D., (Retired), ord. May 23, 1959; appt. Auxiliary Bishop of Springfield and Titular Bishop of Hodehn April 19, 1990; cons. May 31, 1990; appt. Bishop of Springfield March 14, 1995; installed May 8, 1995; resigned Feb. 11, 2004; died Dec. 30, 2016; TIMOTHY A. McDONNELL, ord. June 1, 1963; appt. Titular Bishop of Semina and Auxiliary Bishop of New York Oct. 30, 2001; cons. Dec. 12, 2001; appt. Bishop of Springfield in Massachusetts March 9, 2004; installed April 1, 2004; retired June 19, 2014.

**Vicar General and Moderator of the Curia**—Rev. Msgr. CHRISTOPHER D. CONNELLY, J.C.L., 65 Elliot St., P.O. Box 1730, Springfield, MA 01102-1730.

**Chancery Office**—76 Elliot St., P.O. Box 1730, Springfield, MA 01102. Tel: 413-732-3175; Fax: 413-737-2337.

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Telephone: 413-452-0605  
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August 29, 2019

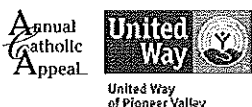
Match Letter – COC/HUD RRH3

Catholic Charities Agency has committed and budgeted match funding in the amount of \$117,211.00 for the COC/HUD-RRH3 consolidated grant, for FY 2020.

Sincerely,

Kathryn Buckley-Brawner  
Executive Director  
413-452-0606

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