



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: \$555,556

Organization	Type	Type	Sub-Award Amount
Center for Human Development	M. Nonprofit with 501C3 IRS Status		\$555,556

2A. Project Subrecipients Detail

a. Organization Name: Center for Human Development

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

c. Employer or Tax Identification Number: 04-2503926

	* d. Organizational DUNS:	991956950	PLUS 4	
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e. Physical Address

Street 1: 332 Bernie Ave

Street 2:

City: Springfield

State: Massachusetts

Zip Code: 01107

f. Congressional District(s): MA-001
(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: \$555,556

j. Contact Person

Prefix: Mr.

First Name: James

Middle Name:

Last Name: Goodwin

Suffix:

Title: President/CEO

E-mail Address: jgoodwin@chd.org

Confirm E-mail Address: jgoodwin@chd.org

Phone Number: 413-733-6624

Extension:

Fax Number:

3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: MA0490

(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: CHD Family PSH (Expanded)

4. Project Status: Standard

5. Component Type: PH

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

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.

CHD provides 30 units of permanent supportive housing for chronically homeless families. The program has two 40-hour-per-week family case workers and a .25 program supervisor. The staff and supervisor will work with the Hamden County CoC's Coordinated Entry System to ensure families that have the most need and have been homeless the longest have access to the units.

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 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

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

**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	Monthly
Assistance with Moving Costs	Subrecipient	As needed
Case Management	Subrecipient	Daily
Child Care	Partner	As needed
Education Services	Partner	As needed
Employment Assistance and Job Training	Partner	As needed
Food	Subrecipient	As needed
Housing Search and Counseling Services	Subrecipient	As needed
Legal Services	Partner	As needed
Life Skills Training	Subrecipient	Weekly
Mental Health Services	Partner	Weekly
Outpatient Health Services	Partner	As needed
Outreach Services	Subrecipient	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. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

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: 30

Total Beds: 82

Total Dedicated CH Beds: 30

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...)	---	30	82

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: 30

b. Beds: 82

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 30

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

4. Address:

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

Street 1: 332 Bernie Ave

Street 2:

City: Springfield

State: Massachusetts

ZIP Code: 01107

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

259013 Hampden County

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	30			30

Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Adults over age 24	33			33
Persons ages 18-24	2			2
Accompanied Children under age 18	47			47
Unaccompanied Children under age 18				0
Total Persons	82	0	0	82

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	33			18		10	2	5		
Persons ages 18-24	2			2						
Children under age 18										47
Total Persons	35	0	0	20	0	10	2	5	0	47

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										
Persons 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:

Children of chronically homeless parents.

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 checked="" 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"/> |

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:		\$275,791	
Grant Term:		1 Year	
Total Request for Grant Term:		\$275,791	
Total Units:		20	
FMR Area	Total Units Requested	Total Annual Budget Requested	Total Budget Requested
MA - Springfield,...	20	\$275,791	\$275,791

Leased Units Budget Detail

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



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

Leased Units Annual Budget

Size of Units	# of Units (Applicant)	Total Request (Applicant)
SRO		
0 Bedroom		
1 Bedroom		
2 Bedroom	12	
3 Bedroom	8	
4 Bedroom		
5 Bedroom		
6 Bedroom		
7 Bedroom		
8 Bedroom		
9 Bedroom		
Total Units and Annual Assistance Requested	20	\$275,791
Grant Term		1 Year
Total Request for Grant Term		\$275,791

Click the 'Save' button to automatically calculate totals.

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:		\$144,228	
Total Units:		10	
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
PRA	MA - Springfield, MA MSA (2501300840)	10	\$144,228

Rental Assistance Budget Detail

Type of Rental Assistance: PRA

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? No

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	HUD Paid Rent (Applicant)		12 Months		Total Request (Applicant)
SRO		x	\$554	\$554	x	12	=	\$0
0 Bedroom		x	\$739	\$739	x	12	=	\$0
1 Bedroom		x	\$884	\$884	x	12	=	\$0
2 Bedrooms	7	x	\$1,117	\$1,117	x	12	=	\$93,828
3 Bedrooms	3	x	\$1,400	\$1,400	x	12	=	\$50,400
4 Bedrooms		x	\$1,627	\$1,627	x	12	=	\$0
5 Bedrooms		x	\$1,871	\$1,871	x	12	=	\$0
6 Bedrooms		x	\$2,115	\$2,115	x	12	=	\$0
7 Bedrooms		x	\$2,359	\$2,359	x	12	=	\$0
8 Bedrooms		x	\$2,603	\$2,603	x	12	=	\$0
9 Bedrooms		x	\$2,847	\$2,847	x	12	=	\$0
Total Units and Annual Assistance Requested	10							\$144,228
Grant Term								1 Year
Total Request for Grant Term								\$144,228

Click the 'Save' button to automatically calculate totals.

Are you requesting a 15 year renewal per section IV.B.3.b. This request is only available for PRA rental assistance projects and 1 year of funding according to the relevant section of the FY 2015 CoC Program Competition NOFA.

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:	\$72,458
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$72,458

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:

Participants will contribute 30% of annual adjusted income toward rent

1b. Estimate the amount of program income \$10,450
that will be used as Match for this project:

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Private	CHD	09/22/2019	\$33,149
Yes	Cash	Government	DHCD	09/22/2019	\$39,309

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:** CHD
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 09/22/2019
- 6. Value of Written Commitment:** \$33,149

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:** DHCD
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 09/22/2019
- 6. Value of Written Commitment:** \$39,309

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	\$275,791
1b. Leased Structures	\$0
2. Rental Assistance	\$144,228
3. Supportive Services	\$105,507
4. Operating	\$0
5. HMIS	\$0
6. Sub-total Costs Requested	\$525,526
7. Admin (Up to 10%)	\$40,066
8. Total Assistance plus Admin Requested	\$565,592
9. Cash Match	\$72,458
10. In-Kind Match	\$0
11. Total Match	\$72,458
12. Total Budget	\$638,050