

## 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:** \$234,823

Organization	Type	Type	Sub-Award Amount
Clinical & Support Options, Inc.	M. Nonprofit with 501C3 IRS Status		\$234,823

## 2A. Project Subrecipients Detail

**a. Organization Name:** Clinical & Support Options, Inc.

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

**c. Employer or Tax Identification Number:** 04-2206041

	<b>* d. Organizational DUNS:</b>	185070612	<b>PLUS 4</b>	
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### e. Physical Address

**Street 1:** 755 Worthington St.

**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?** 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:** \$234,823

### j. Contact Person

**Prefix:** Mr.

**First Name:** Bill

**Middle Name:**

**Last Name:** Miller

**Suffix:**

**Title:** Vice President, Housing and Homeless Services

**E-mail Address:** bmiller@csoinc.org

**Confirm E-mail Address:** bmiller@csoinc.org

**Phone Number:** 413-732-3069

**Extension:**

**Fax Number:**

## 3A. Project Detail

**1. Project Identification Number (PIN) of expiring grant:** MA0514

(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:** CSO-FOH Coordinated Assessment

**4. Project Status:** Standard

**5. Component Type:** SSO

**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 Coordinated Entry System (CES) manages a standardized assessment and referral system to identify and connect homeless individuals to the most appropriate housing based on individual needs.

Any homeless individual has access to the CES. Assessments may be done at various access points throughout the community (by providers and other stakeholders serving as referring entities) who have been trained to complete the Vulnerability Index & Service Prioritization Decision Assistance Tool (VI-SPDAT) and refer any homeless individual to CE services. These access points can range from emergency rooms, food pantries, Health Care for the Homeless sites, local shelters, the FOH Resource Center, other support service areas or on the streets. While the system will be able to serve all homeless individuals, the first priority populations are chronically homeless individuals and homeless veterans, where those with the highest service needs and longest lengths of time homeless are prioritized for available permanent supportive housing (PSH) units.

Two assessment forms are entered into an online database: the VI-SPDAT and the Match Initiation Form (MIF), along with documents that verify disability, length of homelessness and chronic status. The CE database matches individuals to appropriate housing based on the individual's needs. For PSH units, the electronic system creates a prioritized list of clients ready to be matched to PSH units based on needs.

Case Conferencing meetings convening outreach workers and housing providers meet to review and recommend matched clients to available PSH units. Housing Navigators complete and upload all the necessary documentation for the individual to be housed, and CoC housing providers update the database when a PSH unit becomes available, and respond to recommendations of matched clients.

CE staff participate in Case Conferencing meetings to prioritize PSH units for the most vulnerable and in working meetings to connect other homeless individuals to rapid rehousing assistance and other resources. Outcomes from implementation and use of the CES include reducing and ending chronic homelessness, reducing overall length of time homeless, and improving placement into PSH through prioritization. CE staff continuously track and analyze the data on a regular basis to assess and communicate on the progress of achieving these goals.

The CE Team is comprised of one (1) Project Manager, one (1) Data/Program Coordinator, one (1) Diversion Specialist, one (1) Triage Specialist and two (2) Housing Navigators. Diversion services are provided whenever feasible when calling or seeking shelter at the Resource Center, and assessments are completed and Navigators are assigned. Navigators are mobile and can meet homeless individuals throughout the CoC.

**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 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 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. Please select the type of SSO Project:** Coordinated Entry

**4a. Will the coordinated entry process funded in part by this grant cover the CoC's entire geographic area?** Yes

**4b. Will the coordinated entry process funded in part by this grant be easily accessible?** Yes

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

Much of the communication about the CES occurs through the many existing established networks with providers, as the system is located at the FOH Resource Center which is already known in the community as a service center for homeless individuals. CE staff attend various meetings along with the provider network which include first responders, emergency rooms, behavioral health providers, landlords, and government agencies. Additional advertisement strategy includes landlord outreach, and providing information to the provider network on various websites and email, and posting information to consumers in English and Spanish.

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

**4e. Describe the referral process and how the coordinated entry process ensures that participants are directed to appropriate housing and/or services.**

The coordinated entry process uses a standardized assessment tool known as the Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT) to assess appropriate placements/referrals, and uses an online data management system to prioritize and manage referrals that would be matched to PSH and rapid rehousing programs. This data management system is a web-based housing match program used by all CoC funded providers and others in the community.

**4f. If the coordinated entry process includes differences in the access, entry, assessment, or referral for certain populations, are those differences limited only to the following four groups: Individuals, Families, DV, and Youth?** Yes

## 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 Structures   | <input type="checkbox"/>            |
| Supportive Services | <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:	\$62,500
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$62,500

**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	Government	DHCD	08/29/2019	\$62,500

## 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:** 08/29/2019
- 6. Value of Written Commitment:** \$62,500

## 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	\$0
3. Supportive Services	\$226,645
4. Operating	\$0
5. HMIS	\$0
6. Sub-total Costs Requested	\$226,645
7. Admin (Up to 10%)	\$16,355
8. Total Assistance plus Admin Requested	\$243,000
9. Cash Match	\$62,500
10. In-Kind Match	\$0
11. Total Match	\$62,500
12. Total Budget	\$305,500

## 7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	Tax Id	08/21/2017
2) Other Attachmenbt	No	Match commitment	09/21/2019
3) Other Attachment	No		



COMMONWEALTH OF MASSACHUSETTS  
**DEPARTMENT OF REVENUE**  
 PO BOX 7010  
 BOSTON, MA 02204



403C  
**CLINICAL & SUPPORT OPTIONS, INC.**  
 8 ATWOOD DR STE 301  
 NORTHAMPTON MA 01060-4272

**Notice Date:** 12/01/14  
**Taxpayer ID Number:** 042 206 041

Dear Taxpayer,

Below please find your Certificate of Exemption (Form ST-2). Please cut along the dotted line and display at your place of business.

Sincerely,

Massachusetts Dept. of Revenue



**Form ST-2  
 Certificate of Exemption**

**Massachusetts  
 Department of  
 Revenue**

Certification is hereby made that the organization herein is an exempt purchaser under General Laws, Chapter 64H, section 6(d) or (e). All purchases of tangible personal property by this organization are exempt from taxation under said chapter to the extent that such property is used in the conduct of the business of the purchaser. Any abuse or misuse of this certificate by any tax-exempt organization or any unauthorized use of this certificate by any individual constitutes a serious violation and will lead to revocation. Willful misuse of this Certificate of Exemption is subject to criminal sanctions of up to one year in prison and \$10,000 (\$50,000 for corporations) in fines.

**CLINICAL & SUPPORT OPTIONS, INC.**  
 8 ATWOOD DRIVE, STE 301  
 NORTHAMPTON MA 01060

**EXEMPTION NUMBER**  
 042 206 041  
**ISSUE DATE**  
 01/02/16  
**CERTIFICATE EXPIRES ON**  
 01/02/25



August 28<sup>th</sup>, 2019

Geraldine McCafferty  
Director of the Office of Housing  
City of Springfield  
1600 E. Columbus Avenue  
Springfield, MA 01103

Dear Ms. McCafferty,

This letter is to verify that Clinical and Support Options, Inc (CSO) shall commit matching funds of \$62,500.00 for the renewed Continuum of Care Program named CSO-FOH Coordinated Assessment. These funds will be available for the expected grant term of July 1, 2019 – June 30, 2020 and will come from contracts that CSO/FOH receives from the Commonwealth of Massachusetts Department of Housing and Community Development and the City of Springfield. The allowable costs include case management and housing placement assistance, services that are an essential part of the coordinated entry system and which will be provided at the FOH Resource Center. These funds will be available during the period of the grant which will be determined when the contract is executed.

I can be contacted at [kjeffers@csoinc.org](mailto:kjeffers@csoinc.org) or at 413-773-1314 ext 1010 if any additional information is needed.

Sincerely,

Karin Jeffers, MS, LMHC  
President and CEO

**Enhancing Lives. Strengthening Communities**

8 Atwood Drive Suite 301 Northampton, MA 01060 Phone: 413-773-1314  
[www.csoinc.org](http://www.csoinc.org)