

## 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: \$233,912**

Organization	Type	Type	Sub-Award Amount
Clinical & Support Options, Inc.	M. Nonprofit with 501C3 IRS Status		\$233,912

## 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:** 01060

**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:** \$233,912

### 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:** 413-773-1314

**Extension:**

**Fax Number:**

## 3A. Project Detail

**1. Project Identification Number (PIN) of expiring grant:** MA0561

(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 PSH

**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.**

CSO-FOH provides 15 units of permanent supportive housing for chronically homeless individuals in leased scattered site units throughout Hampden County, and another 32 units in enhanced SRO units located at its primary Springfield site at 755 Worthington Street. The program operates using a Housing First, low demand model.

The program serves chronically homeless individuals, including those with substance abuse disorders, severe mental illness, co-occurring disorders, youth 18-24, and people with physical disabilities. It may include veterans and HIV positive adults.

Supportive services are made available to program participants, but participants are not required to accept services. The goal of the supportive services is to maintain housing stability. Case managers meet with program participants at their units or at the FOH Homeless Resource Center, which is located near downtown and Springfield's multi-modal transportation center and on easily accessed bus lines. The Resource Center includes a medical and dental clinic and other on-site services which will be available to participants.

**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 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

### **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	Monthly
Assistance with Moving Costs	Subrecipient	As needed
Case Management	Subrecipient	Monthly
Child Care		
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	Monthly
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	Subrecipient	As needed
Substance Abuse Treatment Services	Non-Partner	As needed
Transportation	Subrecipient	As needed
Utility Deposits	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. 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:** 47

**Total Beds:** 47

**Total Dedicated CH Beds:** 0

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...)	---	15	15
Clustered apartments	---	32	32

## 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:** 15

**b. Beds:** 15

**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:

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:** 755 Worthington St

**Street 2:**

**City:** Springfield

**State:** Massachusetts

**ZIP Code:** 01105

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

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

## 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:** 32
- b. Beds:** 32

**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:**

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:** 755 Worthington St

**Street 2:**

**City:** Springfield

**State:** Massachusetts

**ZIP Code:** 01105

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

252340 Springfield

## 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		47		47

  

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		44		44
Persons ages 18-24		3		3
Accompanied Children under age 18				0
Unaccompanied Children under age 18				0
<b>Total Persons</b>	0	47	0	47

**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										
Persons ages 18-24										
Children under age 18										
<b>Total Persons</b>	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	43	1		27		25		2		
Persons ages 18-24	3			1		1				
<b>Total Persons</b>	46	1	0	28	0	26	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										
<b>Total Persons</b>	0			0	0	0	0	0	0	0

## 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? 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 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.

<b>Total Annual Assistance Requested:</b>		\$157,405	
<b>Grant Term:</b>		1 Year	
<b>Total Request for Grant Term:</b>		\$157,405	
<b>Total Units:</b>		15	
FMR Area	Total Units Requested	Total Annual Budget Requested	Total Budget Requested
MA - Springfield,...	15	\$157,405	\$157,405



## 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	15	
2 Bedroom		
3 Bedroom		
4 Bedroom		
5 Bedroom		
6 Bedroom		
7 Bedroom		
8 Bedroom		
9 Bedroom		
<b>Total Units and Annual Assistance Requested</b>	15	\$157,405
<b>Grant Term</b>		1 Year
<b>Total Request for Grant Term</b>		\$157,405

**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:	\$21,100
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$21,100

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	MHSA	08/29/2019	\$21,100

## 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:** MHSA  
**(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:** \$21,100

## 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 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	\$157,405
1b. Leased Structures	\$0
2. Rental Assistance	\$0
3. Supportive Services	\$68,612
4. Operating	\$0
5. HMIS	\$0
6. Sub-total Costs Requested	\$226,017
7. Admin (Up to 10%)	\$15,789
8. Total Assistance plus Admin Requested	\$241,806
9. Cash Match	\$21,100
10. In-Kind Match	\$0
11. Total Match	\$21,100
12. Total Budget	\$262,906

## 7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	Tax ID	08/17/2017
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

NOT ASSIGNABLE OR TRANSFERABLE

COMMISSIONER OF REVENUE



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 \$21,100.00 for the Continuum of Care Program named CSO-FOH PSH. 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 through Massachusetts Housing & Shelter Alliance (MHSA), specifically State Historic Grant, Pay for Success, and Home and Healthy for Good. The allowable costs include case management and housing placement assistance, services that are essential to the program.

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,

A handwritten signature in blue ink, appearing to read 'Karin Jeffers', is placed over a light blue rectangular background.

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)