

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: \$367,862

Organization	Type	Type	Sub-Award Amount
Gandara Center	M. Nonprofit with 501C3 IRS Status		\$367,862

2A. Project Subrecipients Detail

a. Organization Name: Gandara Center

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

c. Employer or Tax Identification Number: 04-2622756

	* d. Organizational DUNS:	087450383	PLUS 4	
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e. Physical Address

Street 1: 147 Norman St

Street 2:

City: West Springfield

State: Massachusetts

Zip Code: 01089

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: \$367,862

j. Contact Person

Prefix: Ms.

First Name: Sharon

Middle Name:

Last Name: Hall-Smith

Suffix:

Title: Division Director, Prevention and Community

E-mail Address: shall-smith@gandaracenter.org

Confirm E-mail Address: shall-smith@gandaracenter.org

Phone Number: 413-733-9024

Extension:

Fax Number: 413-788-0929

3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: MA0536

(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: Gandara SHINE RRH

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.

SHINE-RRH provides rapid rehousing for homeless youth/young adults, including those fleeing domestic violence. The program targets homeless youth who lack a fixed, regular and adequate nighttime residence or who are in emergency shelter. The program provides medium term tenant based rental assistance for up to 1 year (may extend up to 24 months). Services include: assessment, case management, food, housing search and counseling services, life skills training, outreach, transportation, utility deposits and ongoing case management during the rental assistance period and for 6 months after a youth assumes full housing responsibility.

The project includes case managers to deliver support services to 22 youth in RRH housing. Youth are identified and prioritized through Coordinated Entry. All youth are assessed using a common assessment tool and prioritized for housing based on need, preference and interest. Service intensity varies depending on the needs of youth. Case managers are supervised by the SHINE Director. Youth are assessed for health, housing, and economic stability. The program uses a relationship-based approach rooted in youth development, harm reduction, low barrier, Housing/Employment First, and takes a holistic and collaborative approach to meeting the youth's needs that respects youth voice and choice.

SHINE-RRH adheres to the policies and procedures established by the CoC for RRH programs. The program develops a tenant rent-reduction schedule with youth to promote increasing financial independence. Youth are reviewed at 3 month intervals for subsidy/support need and are required to notify program staff when their income or circumstance change.

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 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

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	Weekly
Assistance with Moving Costs	Subrecipient	As needed
Case Management	Subrecipient	Daily
Child Care	Non-Partner	As needed
Education Services	Subrecipient	Weekly
Employment Assistance and Job Training	Subrecipient	Weekly
Food	Subrecipient	Daily
Housing Search and Counseling Services	Subrecipient	Weekly
Legal Services	Subrecipient	As needed
Life Skills Training	Subrecipient	Weekly
Mental Health Services	Subrecipient	Weekly
Outpatient Health Services	Partner	As needed
Outreach Services	Subrecipient	Daily
Substance Abuse Treatment Services	Partner	As needed
Transportation	Subrecipient	Daily
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 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: 22

Total Beds: 22

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...)	---	22	22

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: 22

b. Beds: 22

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: 147 Norman St

Street 2:

City: West Springfield

State: Massachusetts

ZIP Code: 01151

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

251074 Holyoke, 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		22		22

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
Persons ages 18-24		22		22
Accompanied Children under age 18				0
Unaccompanied Children under age 18				0
Total Persons	0	22	0	22

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										
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										
Persons ages 18-24				5	1	3	9	2	2	
Total Persons	0	0	0	5	1	3	9	2	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

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

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:		\$233,376	
Total Units:		22	
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	MA - Springfield, MA MSA (2501300840)	22	\$233,376

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? 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	22	x	\$884	\$884	x	12	=	\$233,376
2 Bedrooms		x	\$1,117	\$1,117	x	12	=	\$0
3 Bedrooms		x	\$1,400	\$1,400	x	12	=	\$0
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	22							\$233,376
Grant Term								1 Year
Total Request for Grant Term								\$233,376

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:	\$96,345
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$96,345

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	DPH, DMH, EOHHS	09/23/2019	\$96,345

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:** DPH, DMH, EOHHS
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 09/23/2019
- 6. Value of Written Commitment:** \$96,345

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	\$233,376
3. Supportive Services	\$116,969
4. Operating	\$0
5. HMIS	\$0
6. Sub-total Costs Requested	\$350,345
7. Admin (Up to 10%)	\$35,034
8. Total Assistance plus Admin Requested	\$385,379
9. Cash Match	\$96,345
10. In-Kind Match	\$0
11. Total Match	\$96,345
12. Total Budget	\$481,724

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	Gandara IRS letter	07/07/2018
2) Other Attachmenbt	No	Gandara match com...	09/23/2019
3) Other Attachment	No		

Internal Revenue Service

**Department of the Treasury
P. O. Box 2508
Cincinnati, OH 45201**

Date: August 25, 2005

**GANDARA MENTAL HEALTH CENTER INC
333 E COLUMBUS AVE
SPRINGFIELD MA 01105-2515**

Person to Contact:

Stephanie Swartzbaugh 31-07594
Customer Service Specialist

Toll Free Telephone Number:

8:30 a.m. to 5:30 p.m. ET
877-829-5500

Fax Number:

513-263-3756

Federal Identification Number:

04-2622756

Dear Sir or Madam:

This is in response to your request of August 25, 2005, regarding your organization's tax-exempt status.

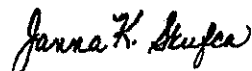
In February 1980 we issued a determination letter that recognized your organization as exempt from federal income tax. Our records indicate that your organization is currently exempt under section 501(c)(3) of the Internal Revenue Code.

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

September 23, 2019

To Whom It May Concern:

Gandara Center will provide the following match in support of the SHINE –RRH for the homeless young adults through the City of Springfield. These funds will be available during the period of July 1, 2020 and June 30, 2021.

Gandara will provide cash match in the amount of \$96,345. The sources of the funds are as follows:

MA Department of Public Health (BSAS): \$24,102


MA Department of Mental Health: \$20,205

MA Executive Office of Health and Human Services: \$52,038

Total Match: \$96,345.00

These funds will be available during the duration of the contract from July 1, 2020 through June 30, 2021.

Sincerely,



Jeff McGeary

Interim Executive Director