

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: \$619,432

Organization	Type	Type	Sub-Award Amount
Mental Health Association	M. Nonprofit with 501C3 IRS Status	M. Nonprofit with 501C3 IRS Status	\$619,432

2A. Project Subrecipients Detail

a. Organization Name: Mental Health Association

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

c. Employer or Tax Identification Number: 04-6197938

	* d. Organizational DUNS:	037682044	PLUS 4	
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e. Physical Address

Street 1: 995 Worthington St.

Street 2:

City: Springfield

State: Massachusetts

Zip Code: 01109

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: \$619,432

j. Contact Person

Prefix: Ms.

First Name: Christine

Middle Name:

Last Name: Palmieri

Suffix:

Title: V.P. Recovery & Housing

E-mail Address: cpalmieri@mhainc.org

Confirm E-mail Address: cpalmieri@mhainc.org

Phone Number: 413-734-5376

Extension: 126

Fax Number: 413-737-7949

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: MA0108

(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: MHA Consolidated S+C

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.

This project provides permanent supportive housing to 81 individuals with severe and persistent mental illness or both severe and persistent mental illness and chronic substance abuse. The population to be served in this project continues to be single adults with serious, long-term mental illness, or both serious mental illness and substance abuse with a history of chronic homelessness.

The participants in this project come from the streets, emergency shelters, and safe havens.

The supportive services include:

- Engagement
- Development of meaningful relationships
- Assistance with dental and health care
- Money management and budgeting
- Instruction and direction with personal hygiene
- Assistance with apartment furnishings and upkeep
- Teaching of grocery and food preparation skills
- Self advocacy training
- Teaching and practicing personal safety skills
- Transportation
- Medication monitoring/assistance and education
- Rehabilitation/social skills training
- Symptom management

Additional program activities:

1. Coordination of Services
 - a. Liaison and advocacy relationships with the Department of Mental Health, other service providers, family, friends, and advocates.
 - b. Referrals and linkages to community resources and supports.
2. Housing Services
 - a. Identification of available units and lease negotiations.
 - b. Initial and annual apartment inspections to ensure unit meets the U.S. Department of Housing and Urban Development's (HUD) Quality Housing Standards.
 - c. Initial and annual income certification and recertification of all participants.
 - d. Provision of rental subsidies through HUD's S+C Program.
 - e. Availability of funds for security deposits, vacancy claims, and repairs as required dependent upon funding.
 - f. Guaranteed timely rent payments to landlords.
 - g. On-call assistance to landlords/tenants with occupancy issues.

Supportive services will be provided by MHA through a variety of contracts. Case management, life skills, and transportation services for a portion of tenants receiving Adult Community Clinical Services will be provided by the

Center for Human Development. All subsidies will be managed and administered by MHA.

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 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% 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	As needed
Assistance with Moving Costs		
Case Management	Subrecipient	Monthly
Child Care		
Education Services		
Employment Assistance and Job Training		
Food		
Housing Search and Counseling Services	Subrecipient	As needed
Legal Services		
Life Skills Training	Subrecipient	Weekly
Mental Health Services	Subrecipient	Weekly
Outpatient Health Services		
Outreach Services		
Substance Abuse Treatment Services		
Transportation	Subrecipient	As needed
Utility Deposits		

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

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: 81

Total Beds: 81

Total Dedicated CH Beds: 81

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...)	---	81	81

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: 81

b. Beds: 81

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 81

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: 995 Worthington St.

Street 2:

City: Springfield

State: Massachusetts

ZIP Code: 01109

**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		81		81

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	81		81
Persons ages 18-24	0	0		0
Accompanied Children under age 18	0		0	0
Unaccompanied Children under age 18			0	0
Total Persons	0	81	0	81

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	81	0		36	0	63	0	0	0	0
Persons ages 18-24	0	0	0	0	0	0	0	0	0	0
Total Persons	81	0	0	36	0	63	0	0	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										
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? 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 Units | <input type="checkbox"/> |
| Leased Structures | <input type="checkbox"/> |
| Rental Assistance | <input checked="" type="checkbox"/> |
| Supportive Services | <input type="checkbox"/> |
| Operating | <input 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.

Total Request for Grant Term:		\$597,168	
Total Units:		81	
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
SRA	MA - Springfield, MA MSA (2501300840)	80	\$591,360
SRA	MA - Springfield, MA MSA (2501300840)	1	\$5,808

Rental Assistance Budget Detail

Type of Rental Assistance: SRA

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	\$490	x	12	=	\$0
0 Bedroom		x	\$739	\$653	x	12	=	\$0
1 Bedroom	80	x	\$884	\$616	x	12	=	\$591,360
2 Bedrooms		x	\$1,117	\$979	x	12	=	\$0
3 Bedrooms		x	\$1,400	\$1,223	x	12	=	\$0
4 Bedrooms		x	\$1,627	\$1,393	x	12	=	\$0
5 Bedrooms		x	\$1,871	\$1,602	x	12	=	\$0
6 Bedrooms		x	\$2,115	\$1,810	x	12	=	\$0
7 Bedrooms		x	\$2,359	\$2,019	x	12	=	\$0
8 Bedrooms		x	\$2,603	\$2,228	x	12	=	\$0
9 Bedrooms		x	\$2,847	\$2,438	x	12	=	\$0
Total Units and Annual Assistance Requested	80							\$591,360
Grant Term								1 Year
Total Request for Grant Term								\$591,360

Click the 'Save' button to automatically calculate totals.

Rental Assistance Budget Detail

Type of Rental Assistance: SRA

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	\$554	x	12	=	\$0
0 Bedroom		x	\$739	\$739	x	12	=	\$0
1 Bedroom	1	x	\$884	\$484	x	12	=	\$5,808
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	1							\$5,808
Grant Term								1 Year
Total Request for Grant Term								\$5,808

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:	\$165,175
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$165,175

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:

Rental income received from program participants

1b. Estimate the amount of program income \$19,675
 that will be used as Match for this project:

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Private	Massachusetts Hou...	08/09/2018	\$50,000
Yes	Cash	Private	Massachusetts Hou...	08/09/2018	\$95,500
Yes	Cash	Private	rental income rec...	08/09/2018	\$19,675

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: Massachusetts Housing and Shelter Alliance
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment: 08/09/2018
- 6. Value of Written Commitment: \$50,000

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: Massachusetts Housing and Shelter Alliance
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment: 08/09/2018
- 6. Value of Written Commitment: \$95,500

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: rental income received from program participants
(Be as specific as possible and include the

office or grant program as applicable)

5. Date of Written Commitment: 08/09/2018

6. Value of Written Commitment: \$19,675

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	\$597,168
3. Supportive Services	\$0
4. Operating	\$0
5. HMIS	\$0
6. Sub-total Costs Requested	\$597,168
7. Admin (Up to 10%)	\$44,528
8. Total Assistance plus Admin Requested	\$641,696
9. Cash Match	\$165,175
10. In-Kind Match	\$0
11. Total Match	\$165,175
12. Total Budget	\$806,871

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	MHA IRS letter	11/27/2013
2) Other Attachmenbt	No	MHA Consolidated ...	08/19/2019
3) Other Attachment	No		

Internal Revenue Service

Department of the Treasury

**P. O. Box 2508
Cincinnati, OH 45201**

Date: March 9, 2002

Mental Health Association, Inc.
146 Chestnut St., Ste. 400
Springfield, MA 01103-1539467

Person to Contact:

Cassandra E. Jackson 31-07417
Customer Service Representative

Toll Free Telephone Number:

8:00 a.m. to 6:30 p.m. EST
877-829-5500

Fax Number:

513-263-3756

Federal Identification Number:

04-6197938

Dear Sir or Madam:

This is in response to the amendment to your organization's Articles of Incorporation filed with the state on January 29, 2002. We have updated our records to reflect the name change as indicated above.

Our records indicate that a determination letter issued in November of 1980 granted your organization exemption from federal income tax under section 501(c)(3) of the Internal Revenue Code. That letter is still in effect.

Based on information subsequently submitted, we classified your organization as one that is not a private foundation within the meaning of section 509(a) of the Code because it is an organization described in sections 509(a)(1) and 170(b)(1)(A)(vi).

This classification was based on the assumption that your organization's operations would continue as stated in the application. If your organization's sources of support, or its character, method of operations, or purposes have changed, please let us know so we can consider the effect of the change on the exempt status and foundation status of your organization.

Your organization is required to file Form 990, Return of Organization Exempt from Income Tax, only if its gross receipts each year are normally more than \$25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of the organization's annual accounting period. The law imposes a penalty of \$20 a day, up to a maximum of \$10,000, when a return is filed late, unless there is reasonable cause for the delay.

All exempt organizations (unless specifically excluded) are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more paid to each employee during a calendar year. Your organization is not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the excise taxes under Chapter 42 of the Code. However, these organizations are not automatically exempt from other federal excise taxes.

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

MAR 14 2002

Mental Health Association, Inc.
04-6197938

Your organization is not required to file federal income tax returns unless it is subject to the tax on unrelated business income under section 511 of the Code. If your organization is subject to this tax, it must file an income tax return on the Form 990-T, Exempt Organization Business Income Tax Return. In this letter, we are not determining whether any of your organization's present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

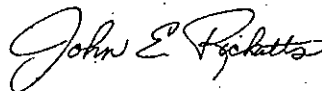
The law requires you to make your organization's annual return available for public inspection without charge for three years after the due date of the return. If your organization had a copy of its application for recognition of exemption on July 15, 1987, it is also required to make available for public inspection a copy of the exemption application, any supporting documents and the exemption letter to any individual who requests such documents in person or in writing. You can charge only a reasonable fee for reproduction and actual postage costs for the copied materials. The law does not require you to provide copies of public inspection documents that are widely available, such as by posting them on the Internet (World Wide Web). You may be liable for a penalty of \$20 a day for each day you do not make these documents available for public inspection (up to a maximum of \$10,000 in the case of an annual return).

Because this letter could help resolve any questions about your organization's exempt status and foundation status, you should keep it with the organization's permanent records.

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

This letter affirms your organization's exempt status.

Sincerely,



John E. Ricketts, Director, TE/GE
Customer Account Services



Cheryl Fasano
President and CEO

August 16, 2019

Ms. Geraldine McCafferty
Director of Housing
Office of Housing
1600 East Columbus Avenue
Springfield, MA 01103


Dear Ms. McCafferty:

Please accept this letter to document the match for the MHA Consolidated S+C Hampden County CoC renewal application. For the operating year July 1, 2020 through June 30, 2021 MHA will use the following as match:

1. \$50,000 from funds received through a contract with the Massachusetts Housing and Shelter Alliance (MHSA) for 14 individuals.
2. \$95,500 from funds received through a contract with the Massachusetts Housing and Shelter Alliance (MHSA) for 22 individuals.
3. \$19,675 from rental income received from program participants.

The total match available for the MHA Consolidated S+C program is \$165,175.

Sincerely,


Cheryl Fasano
President and CEO