

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: \$95,819

Organization	Type	Sub-Award Amount
Mental Health Association	M. Nonprofit with 501C3 IRS Status	\$95,819

2A. Project Subrecipients Detail

a. Organization Name: Mental Health Association

b. Organization Type: M. Nonprofit with 501C3 IRS Status
If "Other" specify:

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 Street

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: \$95,819

j. Contact Person

Prefix: Ms.

First Name: Christine

Middle Name:

Last Name: Palmieri

Suffix:

Title: Vice President Recovery and Housing

E-mail Address: cpalmieri@mhainc.org

Confirm E-mail Address: cpalmieri@mhainc.org

Phone Number: 413-233-5326

Extension:

Fax Number:

2B. Experience of Applicant, Subrecipient(s), and Other Partners

1. Describe the experience of the applicant and potential subrecipients (if any), in effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations.

The City of Springfield manages annual CoC grants of over \$4 million, as well as \$3.7 million CDBG, \$1.1 million HOME, approximately \$450,000 HOPWA and \$250,000 ESG funds. The City is also successfully programming and managing \$21 million of CDBG-DR funds and \$17 million in CDBG-NDR funds. The City uses the MUNIS Financial Management System, and is subject to annual internal and external audits. All CoC programs are subject to annual financial, program and HMIS monitoring, including on-site visits. The City of Springfield was awarded UFA status in the FY16 CoC competition, and has been successfully operating as a UFA since that time.

MHA has been providing services and housing for homeless individuals for over 25 years. The first Shelter Plus Care grant in the area was awarded in 1993 to the City of Springfield with MHA as the sponsor. Since that time, many more Shelter Plus Care grants have been awarded with MHA as the sponsor. Since 1993 MHA has developed over 150 units of permanent supported housing dedicated to serving people who experience chronic homelessness and mental health challenges. MHA currently operates 81 units of permanent supported housing utilizing a Housing First approach to engagement and stabilization.

2. Describe the experience of the applicant and potential subrecipients (if any) in leveraging other Federal, State, local, and private sector funds.

Each year the City of Springfield successfully meets all match requirements for federal grants using local, state and private funds. For all programs addressing homelessness, the City has leveraged general city funds, CDBG, HOME funds, state funds, and Springfield Housing Authority rental subsidies. Partner CoC sub-recipients leverage over \$3.5 million per year in additional federal state and private resources. The City regularly seeks and is awarded competitive funding sources which support its homelessness and other community development work.

In addition to Shelter Plus Care Permanent Supported Housing, MHA has also developed three Housing First pilots and a Forensic Housing Program all utilizing the City of Springfield HOME Tenant Based Rental Assistance to leverage state dollars for supportive services. MHA also operates ATARP (Aggressive Treatment and Relapse Prevention) program and operates a Safe Haven program funded by the state Department of Mental Health. MHA's Tenancy Preservation Program utilizes funding from the City of Springfield, The Commonwealth of Massachusetts through the Department of Mental Health, MassHousing, and the Department of Housing and Community Development. Additionally, MHA leverages funding through the Massachusetts Housing and

Shelter Alliance for several homeless services programs including Home and Healthy for Good, Pay for Success, and REACH.

3. Describe the basic organization and management structure of the applicant and subrecipients (if any). Include evidence of internal and external coordination and an adequate financial accounting system.

The City of Springfield's Office of Housing is responsible for oversight of CoC grants, under leadership of the Director of Housing and a staff of two program managers who undertake daily grant management activities, including monitoring of sub-recipient programs. Fiscal Oversight is provided by the Community Development Director of Administration and Finance. The City manages grant financials in the City's MUNIS Financial Management System, which records all grant awards, obligations, unobligated balances, assets, liabilities, expenditures, and program income. Federally funded programs are subject to annual internal and external audits. Program managers and the operations manager communicate regularly with sub-recipients regarding grant requirements, technical assistance and training. The City has created written Grant Management Policies and Procedures and a CoC Grant Project Sponsor Guide, to guide oversight and implementation of CoC programs.

MHA's Division of Recovery and Housing is dedicated to providing housing placement, maintenance and psychiatric rehabilitation services to over 200 people in Hampden County. This project will be an extension of the program currently operated by MHA's Director of Homeless Housing who has been an active and integral member of the homeless service system in Springfield for many years and is an active participant in the Hampden County Continuum of Care. MHA has extensive experience using HMIS and has been managing projects funded by HUD for over 30 years.

4a. Are there any unresolved monitoring or audit findings for any HUD grants(including ESG) operated by the applicant or potential subrecipients (if any)? No

3A. Project Detail

1a. CoC Number and Name: MA-504 - Springfield/Hampden County CoC

1b. CoC Collaborative Applicant Name: City of Springfield MA

2. Project Name: MHA PSH Expansion

3. Project Status: Standard

4. Component Type: PH

4a. Will the PH project provide PSH or RRH? PSH

5. Does this project use one or more properties that have been conveyed through the Title V process? No

6. Is this new project application requesting to transition from eligible renewal project(s) that were awarded to the same recipient and fully eliminated through reallocation in the FY 2019 CoC Program Competition? (Section II.B.2. and Section III.C.3.q. of the FY 2019 NOFA). No

7. Under CoC Interim Rules, new grant funding cannot replace state or local funds. Can you confirm that this project application for new CoC Program funding will not replace state or local funds?

X

3B. Project Description

1. Provide a description that addresses the entire scope of the proposed project.

The Mental Health Association, Inc. (MHA), the project sponsor, is proposing to expand our current permanent supportive housing project by 4 additional units and to add funding for supportive services for 1.5 FTE of staffing support to ensure the provision of high quality, timely outreach support to all people served both by the original 81 unit project and this expansion.

The population to be served in this project are 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 PSH project will 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.

2. For each primary project location or structure in the project, enter the number of days from the execution of the grant agreement that each of the following milestones will occur as related to CoC Program funds requested in this project application. If a milestone is not applicable, leave the associated fields blank. If the project has only one location or structure, or no structures, complete only column A. If multiple structures, complete one column for each structure.

Note: To expend funds within statutorily required deadlines, project applicants must be able to begin assistance within 12 months of conditional award. The one exception is for applicants who are conditionally awarded sponsor-based and project-based rental assistance. These conditional award recipients will have 24 months to execute a grant agreement; however, HUD encourages all recipients conditionally awarded funds to begin assistance within 12 months. The estimated schedule should reflect these statutorily required deadlines.

Project Milestones	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement
	A	B	C	D
New project staff hired, or other project expenses begin?	30			
Participant enrollment in project begins?	14			
Participants begin to occupy leased units or structure(s), and supportive services begin?	30			
Leased or rental assistance units or structure, and supportive services near 100% capacity?	150			
Closing on purchase of land, structure(s), or execution of structure lease?	0			
Rehabilitation started?	0			
Rehabilitation completed?	0			
New construction started?	0			
New construction completed?	0			

3. Will your project participate in a CoC Coordinated Entry Process? Yes

*** 4. Please identify the project's 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	<input type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>
		Other (Click 'Save' to update)	<input type="checkbox"/>

5. Housing First

a. Will the project quickly move participants into permanent housing Yes

b. 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"/>

c. 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"/>

d. Will the project follow a "Housing First" approach? Yes
 (Click 'Save' to update)

6. If applicable, describe the proposed development activities and the responsibilities that the applicant and potential subrecipients (if any) will have in developing, operating, and maintaining the property.

7. Will participants be required to live in a particular structure, unit, or locality, at some point during the period of participation? No

8. Will more than 16 persons live in one structure? No

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.

10. Indicate whether the project is “100% Dedicated,” or “DedicatedPLUS,” according to the information provided above. DedicatedPLUS

3C. Project Expansion Information

1. Is this New project application requesting a "Project Expansion" of an eligible renewal project of the same component type? Yes

Enter the PIN number (first 6 numbers of the grant number) and Project Name for the renewal project application applying for renewal in this year's CoC Program Competition.

1a. Eligible Renewal Grant PIN Number: MA0108

1b. Eligible Renewal Grant Project Name: MHA Consolidated S+C

2. Will this expansion project increase the number of homeless persons served? Yes

2a. Indicate how the project is proposing to "increase the number of homeless persons served."

Current level of effort	
# of persons served at a point-in-time	81
# of units	81
# of beds	81
New effort	
# of additional persons served at a point in time that this project will provide	4
# of additional units this project will provide	4
# of additional beds this project will provide	4

3. Will this Expansion Project bring additional supportive services to homeless persons? Yes

3a. Indicate how the project is proposing to "provide additional supportive services to the homeless persons served."

Increase number of and/or expand variety of supportive services provided	<input type="checkbox"/>
Increase frequency and/or intensity of supportive services	<input type="checkbox"/>

4. Will this expansion project bring existing facilities up to government health and safety standards? No

4A. Supportive Services for Participants

1. Applicants requesting funds to provide housing or services to children and youth, with or without families, must establish policies and practices that are consistent with and do not restrict the exercise of rights provided by subtitle B of title VII of the McKinney-Vento Act (42 U.S.C. 11431, et seq.), and other laws (e.g. Head Start, part C of the Individuals with Disabilities Education Act) relating to the provision of educational and related services to individuals and families experiencing homelessness. Projects serving households with children or youth must have a staff person that is designated to ensure children or youth are enrolled in school and connected to the appropriate services within the community. Reminder: failure to comply with federal education assurances may result in Federal sanctions and significantly reduce the likelihood of receiving funding through the CoC Program Competition.

Please check the box that you acknowledge you will be required to meet the above requirements if you have any qualifying participants.

X

2. Describe how participants will be assisted to obtain and remain in permanent housing.

With the support of a full time outreach worker, participants' needs, skills, and relevant history will be thoroughly assessed. Appropriate housing will be identified by leveraging MHA's longstanding relationships with property owners, LHAs and landlords in our community. MHA's homeless housing staff members will provide regular ongoing supportive services to ensure tenants obtain and maintain the skills necessary to stay in housing. Referrals to clinical services to address mental health and substance used needs will be offered and support will be given to ensure ease of access to these services whenever appropriate.

3. What specific plan does this project have to specifically coordinate and integrate with other mainstream health, social services, and employment programs for which program participants may be eligible?

MHA is deeply rooted in the service community of Springfield. We have longstanding relationships with providers of vocational services, entitlement programs, mental health and addiction programs and most recently relationships with local and regional Accountable Care Organizations and Community Partners who share in the support and care coordination of those we serve. MHA continually works to ensure that all people we serve are connected to the community services that are appropriate for them and help to engage the people we serve with other community providers. We facilitate and nurture relationships to ensure a strong network of support is available.

**4. 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		
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	Subrecipient	As needed
Transportation	Subrecipient	As needed
Utility Deposits		

5. Please identify whether the project will include the following activities:



5a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

5b. Regular follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

6. Will project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Yes

6a. 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: 4

Total Beds: 4

Total Dedicated CH Beds: 4

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...)	---	4	4

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: 4

b. Beds: 4

3. How many beds of the total beds in “2b. Beds” are dedicated to the chronically homeless? 4

This includes both the “dedicated” and “prioritized” beds.

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 Street

Street 2:

City: Springfield

State: Massachusetts

ZIP Code: 01109

***5. Select the geographic area(s) associated with the address. For new projects, select the area(s) expected to be covered.
(for multiple selections hold CTRL key)**

259013 Hampden County

5A. Project Participants - Households

Households Table

	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Number of Households		4		4
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		4		4
Persons ages 18-24				0
Accompanied Children under age 18				0
Unaccompanied Children under age 18				0
Total Persons	0	4	0	4

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

Persons in Households with at Least One Adult and One Child

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically 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	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically 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	4			2		4				
Persons ages 18-24										
Total Persons	4	0	0	2	0	4	0	0	0	0

Click Save to automatically calculate totals

Persons in Households with Only Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically 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

6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 30, 2021? Yes

2. What type of CoC funding is this project applying for in the 2019 CoC Competition? Reallocation

3. Does this project propose to allocate funds according to an indirect cost rate? No

4. Select a 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 checked="" type="checkbox"/>
Operating	<input type="checkbox"/>
HMIS	<input type="checkbox"/>

6. If awarded, will this project require an initial grant term greater than 12 months? No

6E. 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:			\$42,432
Total Units:			4
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
SRA	MA - Springfield, MA MSA (2501300840)	4	\$42,432

Rental Assistance Budget Detail

Instructions:

Type of Rental Assistance: Select the applicable type of rental assistance from the dropdown menu. Options include tenant-based (TRA), sponsor-based (SRA), and project-based assistance (PRA). Each type has unique requirements and applicants should refer to the 24 CFR 578.51 before making a selection.

Metropolitan or non-metropolitan fair market rent area: This is a required field. Select the FY 2016 FMR area in which the project is located. The list is sorted by state abbreviation. The selected FMR area will be used to populate the rents in the chart below.

Size of Units: These options are system generated. Unit size is defined by the number of distinct bedrooms and not by the number of distinct beds.

of units: This is a required field. For each unit size, enter the number of units for which funding is being requested.

FMR: These fields are populated with the FY 2016 FMR amounts based on the FMR area selected by the applicant. The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>.

12 Months: These fields are populated with the value 12 to calculate the annual rent request.

Total Request: This column populates with the total calculated amount from each row based on the number of units multiplied by the corresponding FMR and by 12 months.

Total Units and Annual Assistance Requested: The fields in this row are automatically calculated based on the total number of units and the sum of the total requests per unit size per year.

Grant Term: This field is populated based on the grant term selected on Screen "6A. Funding Request" and will be read only.

Total Request for Grant Term: This field is automatically calculated based on the total annual assistance requested multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the HUD Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

Type of Rental Assistance: SRA

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

Size of Units	# of Units (Applicant)		FMR Area (Applicant)		12 Months			Total Request (Applicant)
SRO		x	\$554	x	12		=	\$0
0 Bedroom		x	\$739	x	12		=	\$0
1 Bedroom	4	x	\$884	x	12		=	\$42,432

2 Bedrooms		x	\$1,117	x	12	=	\$0
3 Bedrooms		x	\$1,400	x	12	=	\$0
4 Bedrooms		x	\$1,627	x	12	=	\$0
5 Bedrooms		x	\$1,871	x	12	=	\$0
6 Bedrooms		x	\$2,115	x	12	=	\$0
7 Bedrooms		x	\$2,359	x	12	=	\$0
8 Bedrooms		x	\$2,603	x	12	=	\$0
9 Bedrooms		x	\$2,847	x	12	=	\$0
Total Units and Annual Assistance Requested		4					\$42,432
Grant Term							1 Year
Total Request for Grant Term							\$42,432

Click the 'Save' button to automatically calculate totals.

6F. Supportive Services Budget

A quantity AND description must be entered for each requested cost.

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Assessment of Service Needs		
2. Assistance with Moving Costs		
3. Case Management		
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food		
8. Housing/Counseling Services		
9. Legal Services		
10. Life Skills	1.5 FTE salary, tax and fringe	\$48,824
11. Mental Health Services		
12. Outpatient Health Services		
13. Outreach Services		
14. Substance Abuse Treatment Services		
15. Transportation		
16. Utility Deposits		
17. Operating Costs		
Total Annual Assistance Requested		\$48,824
Grant Term		1 Year
Total Request for Grant Term		\$48,824

Click the 'Save' button to automatically calculate totals.

6I. 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:	\$26,150
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$26,150

1. Will 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	Eliot Community H...	08/16/2019	\$26,150

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:** Eliot Community Human Services
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 08/16/2019
- 6. Value of Written Commitment:** \$26,150

6J. Summary Budget

The following information summarizes the funding request for the total term of the project. However, administrative costs can be entered in 8. Admin field below.

Eligible Costs	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	Total Assistance Requested for Grant Term (Applicant)
1a. Acquisition			\$0
1b. Rehabilitation			\$0
1c. New Construction			\$0
2a. Leased Units	\$0	1 Year	\$0
2b. Leased Structures	\$0	1 Year	\$0
3. Rental Assistance	\$42,432	1 Year	\$42,432
4. Supportive Services	\$48,824	1 Year	\$48,824
5. Operating	\$0	1 Year	\$0
6. HMIS	\$0	1 Year	\$0
7. Sub-total Costs Requested			\$91,256
8. Admin (Up to 10%)			\$9,125
9. Total Assistance Plus Admin Requested			\$100,381
10. Cash Match			\$26,150
11. In-Kind Match			\$0
12. Total Match			\$26,150
13. Total Budget			\$126,531

Click the 'Save' button to automatically calculate totals.

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	MHA Articles of O...	08/21/2019
2) Other Attachment(s)	No	MHA PSH Expansion...	08/21/2019
3) Other Attachment(s)	No		

FEDERAL IDENTIFICATION
NO. 04-6197938
Fee: \$15.00

The Commonwealth of Massachusetts

041

William Francis Galvin
Secretary of the Commonwealth
One Ashburton Place, Boston, Massachusetts 02108-1512

ARTICLES OF AMENDMENT (General Laws, Chapter 180, Section 7)

Examine.

Name
Approved

We, JANET T. CLAY, *President / ~~XXXXXXXXXX~~
and JEANMARIE MULLEN, *Clerk / ~~XXXXXXXXXX~~
of MENTAL HEALTH ASSOCIATION OF GREATER SPRINGFIELD, INC.
(Exact name of corporation)
located at 146 Chestnut St., 2nd floor, Springfield, MA 01103
(Address of corporation in Massachusetts)

do hereby certify that these Articles of Amendment affecting articles numbered:

I

(Number those articles 1, 2, 3, and/or 4 being amended)

of the Articles of Organization were duly adopted at a meeting held on December 19, 2001, by vote of:

~~XXXXXXXXXX~~ 13 directors, ~~XXXXXXXXXX~~

being at least two-thirds of its ~~members~~ directors legally qualified to vote in meetings of the corporation (or, in the case of a corporation having capital stock, by the holders of at least two thirds of the capital stock having the right to vote therein):

VOTED: That the name of the Corporation be changed from
MENTAL HEALTH ASSOCIATION OF GREATER SPRINGFIELD, INC.
to **MENTAL HEALTH ASSOCIATION, INC.**

C []
P []
M []
R.A. []

3

P.C.

*Delete the inapplicable words.
Note: If the space provided under any article or item on this form is insufficient, additions shall be set forth on one side only of separate 8 1/2 x 11 sheets of paper with a left margin of at least 1 inch. Additions to more than one article may be made on a single sheet so long as each article requiring each addition is clearly indicated.

5-11-1961

The foregoing amendment(s) will become effective when these Articles of Amendment are filed in accordance with General Laws, Chapter 180, Section 7 unless these articles specify, in accordance with the vote adopting the amendment, a later effective date not more than *thirty days* after such filing, in which event the amendment will become effective on such later date.

Later effective date: _____

SIGNED UNDER THE PENALTIES OF PERJURY, this 16th day of January, ~~xx~~ 2002

Janet T. Clay _____, *President / ~~xxxxxx~~
Janet T. Clay

Jean Marie Millen _____, *Clrk / ~~xxxxxx~~
JeanMarie Millen

*Delete the inapplicable words.

211880

780119

THE COMMONWEALTH OF MASSACHUSETTS

ARTICLES OF AMENDMENT
(General Laws, Chapter 180, Section 7)



I hereby approve the within Articles of Amendment and, the filing fee in the amount of \$15.00 having been paid, said articles are deemed to have been filed with me this 29th day of JANUARY 2002.

RECEIVED
CORPORATION DIVISION
02 JAN 29 PM 1:22

Effective date: _____

William Francis Galvin

WILLIAM FRANCIS GALVIN
Secretary of the Commonwealth

TO BE FILLED IN BY CORPORATION
Photocopy of document to be sent to:

A. Craig Brown, Esq.
DOHERTY, WALLACE, PILLSBURY AND MURPHY, P.C.
One Monarch Place - 19th Floor
Springfield, MA 01144-1900

Telephone: (413) 733-3111

211880

780119

THE COMMONWEALTH OF MASSACHUSETTS

ARTICLES OF AMENDMENT
(General Laws, Chapter 180, Section 7)



I hereby approve the within Articles of Amendment and, the filing fee in the amount of \$15.00 having been paid, said articles are deemed to have been filed with me this 29th day of JANUARY 2002.

RECEIVED
CORPORATION DIVISION
02 JUN 29 PM 1:22

Effective date: _____

William Francis Galvin

WILLIAM FRANCIS GALVIN
Secretary of the Commonwealth

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Springfield, MA 01144-1900

Telephone: (413) 733-3111

T.H.

The Commonwealth of Massachusetts

MICHAEL JOSEPH CONNOLLY

FEDERAL IDENTIFICATION

Secretary of the Commonwealth

NO. _____

ONE ASHBURTON PLACE, BOSTON, MASS. 02108

ARTICLES OF AMENDMENT

General Laws, Chapter 180, Section 7

This certificate must be submitted to the Secretary of the Commonwealth within sixty days after the date of the vote of members or stockholders adopting the amendment. The fee for filing this certificate is \$10.00 as prescribed by General Laws, Chapter 180, Section 11C(b). Make check payable to the Commonwealth of Massachusetts.

We,

John F. Donnellan, President/~~Vice President~~ and

Betty L. Weisend, Clerk/~~Assistant Clerk~~ of

MENTAL HEALTH ASSOCIATION OF GREATER SPRINGFIELD, INC.

.....
(Name of Corporation)

located at 53A Van Buren Avenue, Springfield, Massachusetts

do hereby certify that the following amendment to the articles of organization of the corporation was duly adopted at a meeting held on February 18, 19 81, by vote of 80 members~~shareholders~~, being at least two thirds of its members legally qualified to vote in meetings of the corporation (or, in the case of a corporation having capital stock, by the holders of at least two thirds of the capital stock having the right to vote thereon):

Vote on Amendment to Articles of Organization - The members present voted unanimously to amend the Articles of Organization of the corporation and of the 94 members of the Mental Health Association, 80 voted by proxy in favor of the amendment. The amendment is as follows:

This organization is organized and operated exclusively for charitable and educational purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code.

No part of the net earnings of the corporation shall inure to the benefit of or be distributed to its members or any private individual. No substantial part of the activities of the corporation shall be one carrying on of propaganda, or otherwise attempting to influence legislation or intervene in (including the publishing or distribution of statements) any political campaign on behalf of any

NOTE: Amendments for which the space provided above is not sufficient should be set out on continuation sheets to be numbered 2A, 2B, etc. Continuation sheets shall be on 8 1/2" wide x 11" high paper and must have a left-hand margin 1 inch wide for binding. Only one side should be used.

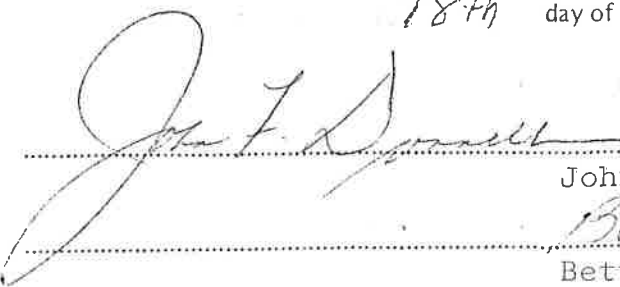
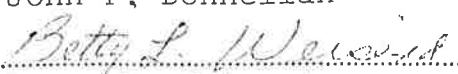
candidate for public office. Notwithstanding any other provision of these articles, the corporation shall not carry on any other activities not permitted to be carried on (a) by a corporation exempt from Federal income tax under Section 501(c)(3) of the Internal Revenue Code of 1954.

Upon dissolution of the corporation, the Board of Directors shall, after paying or making provision for the payment of all liabilities of the corporation, dispose of all assets of the corporation exclusively for the purposes of the corporation in such manner or to such organization or organizations organized and operated exclusively for charitable, educational, religious, or scientific purposes as shall at the time qualify as an exempt organization or organizations under Section 501(c)(3) of the Internal Revenue Code.

The foregoing amendment will become effective when these articles of amendment are filed in accordance with Chapter 180, Section 7 of the General Laws unless these articles specify, in accordance with the vote adopting the amendment, a later effective date not more than thirty days after such filing, in which event the amendment will become effective on such later date.

IN WITNESS WHEREOF AND UNDER THE PENALTIES OF PERJURY, we have hereto signed our names this

18th day of March, , in the year 19 81.


..... President/~~Vice President~~
John F. Donnellan

..... Clerk/~~Assistant Clerk~~
Betty L. Weisend

SECRETARY OF
THE COMMONWEALTH

1981 MAR 31 PM 2:49

REGISTRATION DEPARTMENT

10076

27

THE COMMONWEALTH OF MASSACHUSETTS

ARTICLES OF AMENDMENT

(General Laws, Chapter 180, Section 7)

I hereby approve the within articles of amendment
and, the filing fee in the amount of \$ 10.00
having been paid, said articles are deemed to have been
filed with me this
day of April, 1981.

Michael Joseph Connolly

MICHAEL JOSEPH CONNOLLY

Secretary of the Commonwealth
State House, Boston, Mass.

TO BE FILLED IN BY CORPORATION

PHOTO COPY OF AMENDMENT TO BE SENT

TO:

.....Mental Health Association of Greater

.....Springfield, Inc.....

.....53A Van Buren Ave.....

Telephone ... Springfield, Mass.....

Copy Mailed

THE COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF CORPORATIONS AND TAXATION

236 STATE HOUSE, BOSTON

ARTICLES OF ORGANIZATION

We, -Ruth E. Cameron, President, -Harold H. Rubin, Treasurer,
-Jean A. MacNally, Secretary, and Edward B. Landis, Jean
A. MacNally, Lucille Wickersham, Marcia G. Hibbard, Charles S.
D'Avanzo, Ruth E. Cameron, Elizabeth V. Cheney, George E. Gaby,
Emma Theobald, Florence Gurvitch, Esther R. Norkin, Dr. Henry
Paar, Harold H. Rubin and Harry R. Sanofsky

being a majority of the directors (or officers having the power of directors)

of MENTAL HEALTH ASSOCIATION OF GREATER SPRINGFIELD, INC.

elected at its first meeting, in compliance with the requirements of General Laws, Chapter 180, Section 3, hereby certify that the following is a true copy of the agreement of association to form said corporation, with the names of the subscribers thereto:

We, whose names are hereto subscribed, do, by this agreement, associate ourselves with the intention of forming a corporation under the provisions of General Laws, Chapter 180.

The name by which the corporation shall be known is

MENTAL HEALTH ASSOCIATION OF GREATER SPRINGFIELD, INC.

The location of the principal office of the corporation in Massachusetts is to be the Town or City of Springfield Street 182 State Street

The purposes for which the corporation is formed are as follows:

Section 1. Alone and in cooperation with the State and National Associations for Mental Health, to provide an organization for voluntary action to work for the conservation and advancement of mental health, the prevention of mental maladjustments and disorders, restoration of mental health, and rehabilitation of the mentally handicapped; and all matters incidental thereto.

Section 2. In the carrying out of said purposes, to provide programs for education in mental health; promote community clinics; establish local mental health branches; develop and broaden the training facilities for mental health personnel, assist in working for constantly improved treatment and prevention of mental disorders; and raise funds to carry out these activities.

(If seven days' notice is waived, fill in the following waiver)

We hereby waive all requirements of the General Laws of Massachusetts for notice of the first meeting for organization, and appoint the 7th day of November, 1960, at 8 o'clock P.M., at Room 32, 182 State Street, Springfield, Mass. as the time and place for holding such first meeting.

IN WITNESS WHEREOF we hereto sign our names, this 7th day of November 1960.

(Type or plainly print the name and address of each incorporator in space below.)

NAME	RESIDENCE
	Give Number and Street, City or Town
Abram Sangrey	152 Sumner Ave., Springfield
John A. Larson	209 Prynwood Dr., Longmeadow
Ruth E. Cameron	209 Dunmoreland St., Springfield, Mass.
Elizabeth V. Cheney	62 Bellevue Ave., Springfield, Mass.
Henry Paar	194 Woodcrest Road, Springfield, Mass.
Harry R. Sanofsky	985 Longmeadow St., Longmeadow, Mass.
Edward B. Landis	46 Bronson Ter. Springfield, Mass.
George E. Gaby	102 Yale St. Springfield, Mass.
Charles S. D'Avanzo, M.D.	34 Greenwich Rd. Longmeadow, Mass.
Emma Theobald	11 Sheridan Ave. West Springfield, Mass.
Jean A. MacNally	299 Chapin Ter. Springfield, Mass.
John T. Quirk, Jr.	18 Burton St. Springfield, Mass.
Lucille Wickersham	220 Maple St. Springfield, Mass.
Marcia G. Hibbard	11 Ruth Ave. Agawam, Mass.
Esther R. Norkin	133 Draper St. Springfield, Mass.
Walter H. English	287 Ambrose St. Springfield, Mass.
Louis Levinson	106 Bronson Ter. Springfield, Mass.
Harold H. Rubin	18 Bellevue Ave. Springfield, Mass.
Morris V. Borenstein, M. D.	25 Wyman St. Agawam, Mass.
Walter M. Nagle	89 Meadowbrook Ave. West Spfld. Mass.
George W. Packard	209 Rogers Ave. West Springfield, Mass.

2

And we further state that the first meeting of the subscribers to said agreement was held on the 7th day of November in the year 1960 .

The name, residence, and post office address of each of the officers of the corporation is as

NAME	CITY OR TOWN OF RESIDENCE	POST OFFICE ADDRESS
President Ruth E. Cameron	209 Dunmoreland St.	Springfield, Mass. Same
Treasurer Harold H. Rubin	18 Bellevue Ave.	Springfield, Mass. "
Treasurer Harry R. Sanofsky	985 Longmeadow St.	Longmeadow, Mass. "
Clerk Secretary Jean A. MacNally	299 Chapin Ter.	Springfield, Mass. "

Directors (or officers having the power of directors)

Ruth E. Cameron	209 Dunmoreland St.	Springfield, Mass.	"
Elizabeth V. Cheney	62 Bellevue Ave.	Springfield, Mass.	"
Henry Paar	194 Woodcrest Rd.	Springfield, Mass.	"
Harry R. Sanofsky	985 Longmeadow St.	Springfield, Mass.	"
Edward B. Landis	46 Bronson Ter.	Springfield, Mass.	"
George E. Gaby	102 Yale St.	Springfield, Mass.	"
Charles S. D'Avanzo	34 Greenwich Rd.	Longmeadow, Mass.	"
Emma Theobald	11 Sheridan Ave. W.	Springfield, Mass.	"
Jean A. MacNally	299 Chapin Ter.	Springfield, Mass.	"
John T. Quirk, Jr.	18 Burton St.	Springfield, Mass.	"
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Louis Levinson	106 Bronson Ter.	Springfield, Mass.	"
Harold H. Rubin	18 Bellevue Ave.	Springfield, Mass.	"
Morris V. Borenstein	25 Wyman St.	Agawam, Mass.	"
Walter M. Nagle	89 Meadowbrook Ave. W.	Springfield, Mass.	"
George W. Packard	209 Rogers Ave. W.	Springfield, Mass.	"
Alice L. Halligan	49 Northampton Ave.	Springfield, Mass.	"
Abram Sangrey	152 Sumner Ave.	Springfield, Mass.	"
John A. Larson	209 Prynwood Dr.	Longmeadow, Mass.	"
Florence Gurvitch	18 Washington Road	Springfield, Mass.	"

IN WITNESS WHEREOF AND UNDER THE PENALTIES OF PERJURY, we hereto sign our names,

this seventh day of November, 1960.

(President, Treasurer, Clerk or Secretary, and majority of Directors or of other Board, sign in space below.)

Edward B. Landis
Jean A. MacNally
Lucille Wickersham
Marcia A. Hibbard
Charles S. D'Avanzo
Ruth E. Cameron
Elizabeth V. Cheney
George E. Gaby
Emma Theobald
Florence Gurvitch
Eather R. Norkin
Henry Paar

Harold H. Rubin
Harry R. Sanofsky

THE COMMONWEALTH OF MASSACHUSETTS

WRITE NOTHING BELOW

RECEIVED

\$25.00

MAY 11 1961

CORPORATIONS FOR CHARITABLE AND CERTAIN OTHER PURPOSES

CORPORATION DIVISION
SECRETARY'S OFFICE

Mental Health Association of Greater
Springfield, Inc.

ARTICLES OF ORGANIZATION

GENERAL LAWS, CHAPTER 180, SECTION 7

Filed in the office of the Secretary of the Commonwealth
and Certificate of Incorporation issued

as of May 11, 1961

DEPARTMENT OF

MAY 11 1961

R
CORPORATIONS AND TAXATION

I hereby certify that, upon an examination of the
within-written articles of organization, the agreement
of association, and the record of the first meeting of
the incorporators, including the by-laws, duly sub-
mitted to me, it appears that the provisions of the
General Laws relative to the organization of corpora-
tions have been complied with, and I hereby approve
said articles

this 11th day of May, 1961

Ray J. Spizotto
Commissioner of Corporations and Taxation

CHARTER TO BE SENT TO

Edward P. Landis, Esq.
31 Elm St
Springfield

NOTIFICATION SENT TO

Springfield, W. Springfield, Agawam,
Longmeadow n'd 5-17-61.

A TRUE COPY ATTEST,
Paul Guzzi
PAUL GUZZI
SECRETARY OF THE COMMONWEALTH
DATE 8-19-76 CLERK *[Signature]*
THIS CERTIFICATION STAMP REPLACES
OUR PREVIOUS CERTIFICATION SYSTEM

OK
TCA



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 PSH Expansion Hampden County CoC new project application. For the operating year July 1, 2020 through June 30, 2021 MHA will use the following as match:

1. \$26,150 from funds received through a subcontract with Eliot Community Human Services, Inc. (PFS/CSPECH Project Agreement).

The total match available for the MHA PSH Expansion program is \$26,150.

Sincerely,


Cheryl Fasano
President and CEO