

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: \$301,875

| Organization | Type | Type | Sub-Award Amount |
|--------------------------------|------------------------------------|------------------------------------|------------------|
| River Valley Counseling Center | M. Nonprofit with 501C3 IRS Status | M. Nonprofit with 501C3 IRS Status | \$301,875 |

2A. Project Subrecipients Detail

a. Organization Name: River Valley Counseling Center

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

c. Employer or Tax Identification Number: 04-2174657

| | | | | |
|--|----------------------------------|-----------|---------------|--|
| | * d. Organizational DUNS: | 602809733 | PLUS 4 | |
|--|----------------------------------|-----------|---------------|--|

e. Physical Address

Street 1: 120 Maple St., #301

Street 2:

City: Springfield

State: Massachusetts

Zip Code: 01103

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: \$301,875

j. Contact Person

Prefix: Ms.

First Name: Kelly

Middle Name:

Last Name: Gloster

Suffix:

Title: Senior Program Director

E-mail Address: gloster_kelly@holyokeyhealth.com

Confirm E-mail Address: gloster_kelly@holyokeyhealth.com

Phone Number: 413-377-6414

Extension:

Fax Number:

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: MA0102

(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: RVCC CoC Program

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.

The project provides permanent supportive housing to individuals and families living with HIV/AIDS.

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 type="checkbox"/> |
| Youth (under 25) | <input type="checkbox"/> | Mental Illness | <input type="checkbox"/> |
| Families with Children | <input type="checkbox"/> | HIV/AIDS | <input checked="" type="checkbox"/> |
| | | Other (Click 'Save' to update) | <input type="checkbox"/> |

Other:

3. Housing First

3a. Does the project quickly move participants into permanent housing? Yes

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

| | |
|--|-------------------------------------|
| Having too little or little income | <input checked="" type="checkbox"/> |
| Active or history of substance use | <input checked="" type="checkbox"/> |
| Having a criminal record with exceptions for state-mandated restrictions | <input checked="" type="checkbox"/> |
| History of victimization (e.g. domestic violence, sexual assault, childhood abuse) | <input checked="" type="checkbox"/> |

| | |
|-------------------|--------------------------|
| None of the above | <input type="checkbox"/> |
|-------------------|--------------------------|

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

| | |
|---|-------------------------------------|
| Failure to participate in supportive services | <input checked="" type="checkbox"/> |
| Failure to make progress on a service plan | <input checked="" type="checkbox"/> |
| Loss of income or failure to improve income | <input checked="" type="checkbox"/> |
| Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area | <input checked="" type="checkbox"/> |
| None of the above | <input type="checkbox"/> |

3d. Does the project follow a "Housing First" approach? Yes

3C. Dedicated Plus

Dedicated and DedicatedPLUS

A "100% Dedicated" project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and families, according to NOFA Section III.3.b.

A "DedicatedPLUS" project is a permanent supportive housing project where 100% of the beds are dedicated to serve individuals with disabilities and families in which one adult or child has a disability, including unaccompanied homeless youth, that at a minimum, meet ONE of the following criteria according to NOFA Section III.3.d:

- (1) experiencing chronic homelessness as defined in 24 CFR 578.3;
- (2) residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project;
- (3) residing in a place not meant for human habitation, emergency shelter, or safe haven; but the individuals or families experiencing chronic homelessness as defined at 24 CFR 578.3 had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement;
- (4) residing in transitional housing funded by a joint TH and PH-RRH component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3 prior to entering the project;
- (5) residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions; or
- (6) receiving assistance through a Department of Veterans Affairs(VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

A renewal project where 100 percent of the beds are dedicated in their current grant as described in NOFA Section III.A.3.b. must either become DedicatedPLUS or remain 100% Dedicated. If a renewal project currently has 100 percent of its beds dedicated to chronically homeless individuals and families and elects to become a DedicatedPLUS project, the project will be required to adhere to all fair housing requirements at 24 CFR 578.93. Any beds that the applicant identifies in this application as being dedicated to chronically homeless individuals and families in a DedicatedPLUS project must continue to operate in accordance with Section III.A.3.b. Beds are identified on Screen 4B.

1. Indicate whether the project is "100% DedicatedPLUS Dedicated", "DedicatedPLUS", or "N/A", according to the information provided above.

4A. Supportive Services for Participants

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. For all supportive services available to participants, indicate who will provide them and how often they will be provided. Click 'Save' to update.

| Supportive Services | Provider | Frequency |
|--|-------------|-----------|
| Assessment of Service Needs | Applicant | Quarterly |
| Assistance with Moving Costs | Applicant | As needed |
| Case Management | Applicant | As needed |
| Child Care | Non-Partner | |
| Education Services | Non-Partner | |
| Employment Assistance and Job Training | Non-Partner | As needed |
| Food | Applicant | As needed |
| Housing Search and Counseling Services | Applicant | As needed |
| Legal Services | Partner | As needed |
| Life Skills Training | Applicant | As needed |
| Mental Health Services | Applicant | As needed |
| Outpatient Health Services | Partner | As needed |
| Outreach Services | Applicant | As needed |
| Substance Abuse Treatment Services | Non-Partner | As needed |
| Transportation | Applicant | Annually |
| Utility Deposits | Partner | As needed |

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

2b. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

3. Do project participants have access to Yes

SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?

3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Yes

4B. Housing Type and Location

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: 25

Total Beds: 32

Total Dedicated CH Beds: 0

| Housing Type | Housing Type (JOINT) | Units | Beds |
|---------------------------------|----------------------|-------|------|
| Scattered-site apartments (...) | --- | 25 | 32 |

4B. Housing Type and Location Detail

1. Housing Type: Scattered-site apartments (including efficiencies)

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.

a. Units: 25

b. Beds: 32

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 0

This includes both the "dedicated" and "prioritized" beds from previous competitions.

4. Address:

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.

Street 1: 120 Maple St., #301

Street 2:

City: Springfield

State: Massachusetts

ZIP Code: 01103

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

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

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 | 5 | 20 | | 25 |

| 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 | 5 | 20 | | 25 |
| Persons ages 18-24 | 0 | 0 | | 0 |
| Accompanied Children under age 18 | 7 | | 0 | 7 |
| Unaccompanied Children under age 18 | | | 0 | 0 |
| Total Persons | 12 | 20 | 0 | 32 |

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 | 5 | 0 | 0 | 1 | 5 | 0 | 0 | 0 | 0 | 0 |
| Persons ages 18-24 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Children under age 18 | 7 | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total Persons | 12 | 0 | 0 | 1 | 5 | 0 | 0 | 0 | 0 | 0 |

Click Save to automatically calculate totals

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 | 20 | 0 | 0 | 3 | 20 | 0 | 2 | 2 | 0 | 0 |
| Persons ages 18-24 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total Persons | 20 | 0 | 0 | 3 | 20 | 0 | 2 | 2 | 0 | 0 |

Click Save to automatically calculate totals

Persons in Households with Only Children

| Characteristics | Chronic Homeless Non- Veterans | Chronic Homeless Veterans | Non- Chronic Homeless Veterans | Chronic Substance Abuse | Persons with HIV/AIDS | Severely Mentally Ill | Victims of Domestic Violence | Physical Disability | Developmental Disability | Persons not represented by listed subpopulations |
|-----------------------------------|---|---------------------------------|---|-------------------------------|-----------------------------|-----------------------------|---------------------------------------|------------------------|-----------------------------|---|
| Accompanied Children under age 18 | | | | | | | | | | |

| | | | | | | | | | | |
|-------------------------------------|---|--|--|---|---|---|---|---|---|---|
| Unaccompanied Children under age 18 | | | | | | | | | | |
| 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 checked="" type="checkbox"/> |
| Operating | <input 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: | | \$232,992 | |
|--------------------------------------|---------------------------------------|-----------------------|---------------|
| Total Units: | | 25 | |
| Type of Rental Assistance | FMR Area | Total Units Requested | Total Request |
| TRA | MA - Springfield, MA MSA (2501300840) | 25 | \$232,992 |

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? 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 | 20 | x | \$884 | \$742 | x | 12 | = | \$178,080 |
| 2 Bedrooms | 4 | x | \$1,117 | \$905 | x | 12 | = | \$43,440 |
| 3 Bedrooms | 1 | x | \$1,400 | \$956 | x | 12 | = | \$11,472 |
| 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 | 25 | | | | | | | \$232,992 |
| Grant Term | | | | | | | | 1 Year |
| Total Request for Grant Term | | | | | | | | \$232,992 |

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: | \$79,165 |
| Total Value of In-Kind Commitments: | \$0 |
| Total Value of All Commitments: | \$79,165 |

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 | MA DPH HIV Bureau | 04/30/2019 | \$79,165 |

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:** MA DPH HIV Bureau
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 04/30/2019
- 6. Value of Written Commitment:** \$79,165

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 | \$232,992 |
| 3. Supportive Services | \$60,097 |
| 4. Operating | \$0 |
| 5. HMIS | \$0 |
| 6. Sub-total Costs Requested | \$293,089 |
| 7. Admin (Up to 10%) | \$17,572 |
| 8. Total Assistance plus Admin Requested | \$310,661 |
| 9. Cash Match | \$79,165 |
| 10. In-Kind Match | \$0 |
| 11. Total Match | \$79,165 |
| 12. Total Budget | \$389,826 |

7A. Attachment(s)

| Document Type | Required? | Document Description | Date Attached |
|---|-----------|----------------------|---------------|
| 1) Subrecipient Nonprofit Documentation | No | RVCC IRS letter | 11/27/2013 |
| 2) Other Attachmenbt | No | RVCC match | 09/23/2019 |
| 3) Other Attachment | No | | |

INTERNAL REVENUE SERVICE
DISTRICT DIRECTOR
P.O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date:

AUG 13 1999

RIVER VALLEY COUNSELING CENTER INC
319 BEECH ST
HOLYOKE, MA 01040-3925

Employer Identification Number:
04-2174657

DLN:
17053191759029

Contact Person:
THOMAS E O'BRIEN ID# 31187

Contact Telephone Number:
(877) 829-5500

Our Letter Dated:
April 1976

Addendum Applies:
No

Dear Applicant:

This modifies our letter of the above date in which we stated that you would be treated as an organization that is not a private foundation until the expiration of your advance ruling period.

Your exempt status under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3) is still in effect. Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the Code because you are an organization of the type described in section 509(a)(2).


Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(2) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act, or the substantial or material change on the part of the organization that resulted in your loss of such status, or if he or she acquired knowledge that the Internal Revenue Service had given notice that you would no longer be classified as a section 509(a)(2) organization.

If we have indicated in the heading of this letter that an addendum applies, the addendum enclosed is an integral part of this letter.

Because this letter could help resolve any questions about your private foundation status, please keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown above.

Sincerely yours,



District Director



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
250 Washington Street, Boston, MA 02108-4619

CHARLES D. BAKER
Governor

KARYN E. POLITO
Lieutenant Governor

MARYLOU SUDDERS
Secretary

MONICA BHAREL, MD,
MPH Commissioner

Tel: 617-624-6000
www.mass.gov/dph

April 30, 2019

Marianne Polmatier
River Valley Counseling Center
120 Maple Street, Suite 110
Springfield, MA 01103

Re: Application for McKinney-Vento funds U.S. Department of Housing and Urban
Development Continuum of Care Homeless Assistance Program

Dear Ms. Polmatier:

The Massachusetts Department of Public Health's Office of HIV/AIDS commits to making available \$79,165 in a cash match for River Valley Counseling Center's HIV/AIDS Residential Support Program. The source of these monies is the federal Ryan White Part B Program and Massachusetts state funding. The funding will be made available from July 1, 2019 to June 30, 2020. Funds deriving from the Office of HIV/AIDS are intended to provide Medical Case Management services (total funding for RVCC is \$864,100).

Please feel free to contact me with any questions.

A handwritten signature in black ink, appearing to read "H. Dawn Fukuda".

H. Dawn Fukuda, Sc.M.
Director, Office of HIV/AIDS
Bureau of Infectious Disease and Laboratory Services
Massachusetts Department of Public Health