

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: \$124,078

Organization	Type	Type	Sub-Award Amount
Valley Opportunity Council	M. Nonprofit with 501C3 IRS Status	M. Nonprofit with 501C3 IRS Status	\$124,078

2A. Project Subrecipients Detail

a. Organization Name: Valley Opportunity Council

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

c. Employer or Tax Identification Number: 04-2692763

	* d. Organizational DUNS:	079234183	PLUS 4	
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e. Physical Address

Street 1: 35 Mt. Carmel Ave.

Street 2:

City: Chicopee

State: Massachusetts

Zip Code: 01013

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: \$124,078

j. Contact Person

Prefix: Ms.

First Name: Melissa

Middle Name:

Last Name: White

Suffix:

Title: Director of Programs

E-mail Address: mwhite@valleyopp.com

Confirm E-mail Address: mwhite@valleyopp.com

Phone Number: 413-552-1554

Extension:

Fax Number: 413-552-1558

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: MA0432

(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: VOC Scattered Site Family Supportive Housing

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.

VOC provides 8 units of scattered site permanent supportive housing for chronically homeless families. The program serves families that have had long shelter stays and are assessed as needing supportive housing in order to be able to exit shelter successfully.

VOC leases units from community landlords to provide units for program participants. VOC holds leases to the units, and the agency will enter into landlord-tenant agreements with program participants.

Project participants are offered regular case management to assist them in maintaining housing and working toward self-sufficiency. Services are not mandatory.

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 checked="" type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>
		Other (Click 'Save' to update)	<input type="checkbox"/>

Other:

3. Housing First

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

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

Having too little or little income	<input checked="" type="checkbox"/>
Active or history of substance use	<input checked="" type="checkbox"/>
Having a criminal record with exceptions for state-mandated restrictions	<input checked="" type="checkbox"/>
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

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

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

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

3C. Dedicated Plus

Dedicated and DedicatedPLUS

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

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

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

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

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

4A. Supportive Services for Participants

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

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

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

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

The following list summarizes each housing site in the project. To add a housing site to the list, select the icon. To view or update a housing site already listed, select the icon.

Total Units: 8

Total Beds: 20

Total Dedicated CH Beds: 0

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...)	---	8	20

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: 8

b. Beds: 20

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: 300 High St.

Street 2:

City: Holyoke

State: Massachusetts

ZIP Code: 01040

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

250486 Chicopee, 251074 Holyoke

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	8			8

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	0		4
Persons ages 18-24	4	0		4
Accompanied Children under age 18	12		0	12
Unaccompanied Children under age 18			0	0
Total Persons	20	0	0	20

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	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	0	0	2	0	1	0	1	0	0
Persons ages 18-24	4	0	0	2	0	1	0	0	1	0
Children under age 18	12			0	0	0	0	0	0	0
Total Persons	20	0	0	4	0	2	0	1	1	0

Click Save to automatically calculate totals

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										
Persons ages 18-24										
Total Persons	0	0	0	0	0	0	0	0	0	0



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	0

6A. Funding Request

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

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:		\$100,848	
Total Units:		8	
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
SRA	MA - Springfield, MA MSA (2501300840)	8	\$100,848

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		x	\$884	\$783	x	12	=	\$0
2 Bedrooms	4	x	\$1,117	\$939	x	12	=	\$45,072
3 Bedrooms	4	x	\$1,400	\$1,162	x	12	=	\$55,776
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	8							\$100,848
Grant Term								1 Year
Total Request for Grant Term								\$100,848

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:	\$20,000
Total Value of In-Kind Commitments:	\$12,818
Total Value of All Commitments:	\$32,818

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 payments from participants.

1b. Estimate the amount of program income \$15,406
 that will be used as Match for this project:

Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	In-Kind	Private	VOC	08/12/2019	\$12,818
Yes	Cash	Private	VOC & tenant rent	08/12/2019	\$20,000

Sources of Match Detail

- 1. Will this commitment be used towards Match?** Yes
- 2. Type of Commitment:** In-Kind
- 3. Type of Source:** Private
- 4. Name the Source of the Commitment:** VOC
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 08/12/2019
- 6. Value of Written Commitment:** \$12,818

Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.

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:** VOC & tenant rent
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 08/12/2019
- 6. Value of Written Commitment:** \$20,000

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	\$100,848
3. Supportive Services	\$20,036
4. Operating	\$0
5. HMIS	\$0
6. Sub-total Costs Requested	\$120,884
7. Admin (Up to 10%)	\$6,387
8. Total Assistance plus Admin Requested	\$127,271
9. Cash Match	\$20,000
10. In-Kind Match	\$12,818
11. Total Match	\$32,818
12. Total Budget	\$160,089

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	VOC 501c3 Letter	10/20/2015
2) Other Attachmenbt	No	VOC match	09/21/2019
3) Other Attachment	No		

Internal Revenue Service
District Director

Department of the Treasury

P.O. Box 9107

Date:

AUG 18 1980

Employer Identification Number:

04-2692763

Accounting Period Ending:

October 31

Foundation Status Classification:

170(b)(1)(A)(vi) and 509(a)(1)

Advance Ruling Period Ends:

October 31, 1984

Person to Contact:

R. McCoy

Contact Telephone Number:

223-4241

> Valley Opportunity Council Inc
36 Center St
Chicopee, MA 01013

DETERMINATION LETTER 80-2252

Dear Applicant:

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code.

Because you are a newly created organization, we are not now making a final determination of your foundation status under section 509(a) of the Code. However, we have determined that you can reasonably be expected to be a publicly supported organization described in section 170(b)(1)(A)(vi) and 509(a)(1).

Accordingly, you will be treated as a publicly supported organization, and not as a private foundation, during an advance ruling period. This advance ruling period begins on the date of your inception and ends on the date shown above.

Within 90 days after the end of your advance ruling period, you must submit to us information needed to determine whether you have met the requirements of the applicable support test during the advance ruling period. If you establish that you have been a publicly supported organization, you will be classified as a section 509(a)(1) or 509(a)(2) organization as long as you continue to meet the requirements of the applicable support test. If you do not meet the public support requirements during the advance ruling period, you will be classified as a private foundation for future periods. Also, if you are classified as a private foundation, you will be treated as a private foundation from the date of your inception for purposes of sections 507(d) and 4940.

Grantors and donors may rely on the determination that you are not a private foundation until 90 days after the end of your advance ruling period. If you submit the required information within the 90 days, grantors and donors may continue to rely on the advance determination until the Service makes a final determination of your foundation status. However, if notice that you will no longer be treated as a section 509(a)(1) organization is published in the Internal Revenue Bulletin, grantors and donors may not rely on this determination after the date of such publication. Also, a grantor or donor 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 that resulted in your loss of section 509(a)(1) status, or acquired knowledge that the Internal Revenue Service had given notice that you would be removed from classification as a section 509(a)(1) organization.

District Director, Boston District

(over)

Letter 1045(DO) (6-77)

District
Director

Department of the Treasury
P.O. Box 1620, GPO Brooklyn, N.Y. 11202

Date: OCT 27 1988

Valley Opportunity Council, Inc.
36 Center Street
Chicopee, MA 01013
Attn: Edward Geaughan

Person to Contact: C. Jones

Contact Telephone Number:

1 (718) 780-6681

Re: 04-2692763

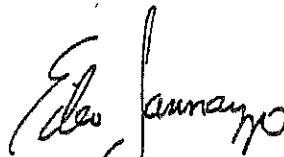
Dear Sir or Madam:

Reference is made to your request for verification of the tax exempt status of Valley Opportunity Council, Inc.

A determination or ruling letter issued to an organization granting exemption under the Internal Revenue Code of 1954 or under a prior or subsequent Revenue Act remains in effect until exempt status has been terminated, revoked or modified.

Our records indicate that exemption was granted as shown below.

Sincerely yours,



Eileen Jannazzo
(acting) District Disclosure Officer

Name of Organization: Valley Opportunity Council, Inc.

Date of Exemption Letter: July, 1980

Exemption granted pursuant to 1954 Code section 501(c) (3) or its predecessor Code Section.

Foundation Classification (If Applicable): Not a private foundation as you are an organization described in sections 509(a)(1) and 170(b)(1)(A)(vi) of the Internal Revenue Code.



DOCUMENTATION OF LEVERAGED RESOURCED OR CASH MATCH

the Business of
Opportunity
Building

35 Mt. Carmel Avenue, Chicopee, MA 01013
413.552.1554 • Fax: 413.552.1558

Stephen C. Huntley,
Executive Director

Community Action Agency
Serving Chicopee and Holyoke
and Surrounding Communities

- Energy Assistance
- Nutrition
- Early Education & Care
- Youth Services
- College Access
- Adult Education
- Senior Services
- Housing
- Money Management
- Transportation
- Preschool Enrichment Team

Information regarding the leveraged resource or cash match must be provided by this agency in the chart below.

Name of organization providing contribution	Valley Opportunity Council, Inc.
Type of contribution	Cash Match
Numbers of clients to be served with the contribution	20
Value of the contribution per client	\$1,000
Total value of the contribution	\$20,000
Name of project	VOC Scattered Site Family Supportive Housing
Name of project sponsor agency	City of Springfield
Date the contribution will be available	July 1, 2020-June 30, 2021
Name of person authorized to commit these resources	Stephen C. Huntley
Title of person authorized to commit these resources	Executive Director
Signature of person authorized to commit these resources	
Date	8/13/19



DOCUMENTATION OF LEVERAGED RESOURCED OR CASH MATCH

the Business of
Opportunity
Building

35 Mt. Carmel Avenue, Chicopee, MA 01013
413.552.1554 • Fax: 413.552.1558

Stephen C. Huntley,
Executive Director

Community Action Agency
Serving Chicopee and Holyoke
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- Energy Assistance
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- Early Education & Care
- Youth Services
- College Access
- Adult Education
- Senior Services
- Housing
- Money Management
- Transportation
- Preschool Enrichment Team

Information regarding the leveraged resource or cash match must be provided by this agency in the chart below.

Name of organization providing contribution	Valley Opportunity Council, Inc.
Type of contribution	In-Kind Match
Numbers of clients to be served with the contribution	20
Value of the contribution per client	\$640.90
Total value of the contribution	\$12,818
Name of project	VOC Scattered Site Family Supportive Housing
Name of project sponsor agency	City of Springfield
Date the contribution will be available	July 1, 2020-June 30, 2021
Name of person authorized to commit these resources	Stephen C. Huntley
Title of person authorized to commit these resources	Executive Director
Signature of person authorized to commit these resources	
Date	8/13/19