

## 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:** \$63,263

Organization	Type	Type	Sub-Award Amount
Way Finders, Inc.	M. Nonprofit with 501C3 IRS Status	M. Nonprofit with 501C3 IRS Status	\$63,263

## 2A. Project Subrecipients Detail

**a. Organization Name:** Way Finders, Inc.

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

**c. Employer or Tax Identification Number:** 04-2518368

	<b>* d. Organizational DUNS:</b>	087452496	<b>PLUS 4</b>	
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### e. Physical Address

**Street 1:** 120 Maple St. 4th Fl.

**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:** \$63,263

### j. Contact Person

**Prefix:** Ms.

**First Name:** Deborah

**Middle Name:**

**Last Name:** McPartlan

**Suffix:**

**Title:** Budget & Compliance

**E-mail Address:** dmcpartlan@wayfindersma.org

**Confirm E-mail Address:** dmcpartlan@wayfindersma.org

**Phone Number:** 413-266-1657

**Extension:**

**Fax Number:** 413-731-8723

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:** MA0459

(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:** Way Finders Turning Point

**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

**7. Does this project include Replacement Reserves?** No

### **3B. Project Description**

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

Turning Point (TP) serves chronically homeless pregnant & parenting teens. Clients live in 9 units in a Way Finders-managed multi-family building, paying 30% of their income towards rent. Clients learn to manage their own apartments in a supportive setting with staff to assist them to achieve self-sufficiency. Clients are aged 18-24, are pregnant or have at least one child, and are very low-income & chronically homeless when they enter the program.

Upon entry, clients work with Way Finders staff to establish goals for education, employment, other permanent housing, etc. Clients also meet regularly with staff, who serve as role models and advisors and help clients to learn parenting skills. Clients can pursue GEDs at the Care Center or at Holyoke Community College (HCC). HCC also offers college-level courses. Participation in vocational training courses is another option. Clients typically attend school or receive job training during weekdays & return to their units late afternoon. In the evening they can participate in group workshops, meet with staff, or work on the computers in the community room. Group workshops cover life skills topics such as avoiding sexually transmitted diseases, creating a household budget, etc.

Staff offer bi-weekly home visits to ensure that clients are maintaining a safe/supportive home environment for their children. Home visits average 45-60 minutes & can consist of a counseling session or staff observation of the unit's condition & family interactions.

Projected outcomes: 75% of clients will complete their GED and 75% will continue their education beyond high school/GED &/or secure employment within 2 years of entering the program; 100% who are not receiving eligible entitlement benefits & 100% who are not receiving supportive services for a disability will begin receiving such benefits/services within 6 months of entering the program; & 75% will achieve at least 1 service plan goal within 1 year of entering the program.

We also partner with the Way Finders Employment Services team to provide workforce development services for TP Point clients, including job training, placement, & skill building. Way Finders' partner the Care Center, prepares clients for GED/HiSET, helps clients enroll at Holyoke Community College, and teaches parenting & life skills.

**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 checked="" 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	Quarterly
Assistance with Moving Costs	Partner	As needed
Case Management	Subrecipient	Weekly
Child Care	Partner	As needed
Education Services	Partner	As needed
Employment Assistance and Job Training	Partner	As needed
Food	Partner	As needed
Housing Search and Counseling Services	Subrecipient	As needed
Legal Services	Non-Partner	As needed
Life Skills Training	Subrecipient	Monthly
Mental Health Services	Non-Partner	As needed
Outpatient Health Services	Non-Partner	As needed
Outreach Services	Subrecipient	Weekly
Substance Abuse Treatment Services	Non-Partner	As needed
Transportation	Subrecipient	As needed
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:** 9

**Total Beds:** 20

**Total Dedicated CH Beds:** 20

Housing Type	Housing Type (JOINT)	Units	Beds
Clustered apartments	---	9	20

## 4B. Housing Type and Location Detail

**1. Housing Type:** Clustered apartments

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

**a. Units:** 9

**b. Beds:** 20

**3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless?** 20

**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:** 1035 Dwight Street

**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)**

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	9	0	0	9

Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Adults over age 24	0	0		0
Persons ages 18-24	9	0		9
Accompanied Children under age 18	11		0	11
Unaccompanied Children under age 18			0	0
<b>Total Persons</b>	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	0	0	0	0	0	0	0	0	0	0
Persons ages 18-24	9	0	0	2	0	7	0	0	0	0
Children under age 18	11			0	0	0	0	0	0	0
<b>Total Persons</b>	<b>20</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>7</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

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										
<b>Total Persons</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

### 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										
<b>Total Persons</b>	<b>0</b>			<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

## 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? Yes

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 type="checkbox"/>
Supportive Services	<input checked="" type="checkbox"/>
Operating	<input checked="" type="checkbox"/>
HMIS	<input type="checkbox"/>

## 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:	\$16,281
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$16,281

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	Private	Way Finders, Inc.	08/09/2019	\$16,281

## 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:** Way Finders, Inc.  
**(Be as specific as possible and include the office or grant program as applicable)**
- 5. Date of Written Commitment:** 08/09/2019
- 6. Value of Written Commitment:** \$16,281



## 6E. Summary 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 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	\$0
3. Supportive Services	\$16,838
4. Operating	\$44,575
5. HMIS	\$0
6. Sub-total Costs Requested	\$61,413
7. Admin (Up to 10%)	\$3,699
8. Total Assistance plus Admin Requested	\$65,112
9. Cash Match	\$16,281
10. In-Kind Match	\$0
11. Total Match	\$16,281
12. Total Budget	\$81,393

## 7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	Way Finders 501(c...	09/21/2019
2) Other Attachmenbt	No	Match letter	09/21/2019
3) Other Attachment	No		

OGDEN UT 84201-0038

In reply refer to: 4051091934  
May 03, 2017 LTR 4168C 0  
04-2518368 000000 00  
00030341  
BODC: TE

WAY FINDERS INC  
322 MAIN ST  
SPRINGFIELD MA 01105-2408



000385

Employer ID Number: 04-2518368  
Form 990 required: YES

Dear Taxpayer:

This is in response to your request dated Apr. 13, 2017, regarding your tax-exempt status.

We issued you a determination letter in APRIL 1994, recognizing you as tax-exempt under Internal Revenue Code (IRC) Section 501(c)(3).

Our records also indicate you're not a private foundation as defined under IRC Section 509(a) because you're described in IRC Sections 509(a)(1) and 170(b)(1)(A)(vi).

Donors can deduct contributions they make to you as provided in IRC Section 170. You're also qualified to receive tax deductible bequests, legacies, devises, transfers, or gifts under IRC Sections 2055, 2106, and 2522.

In the heading of this letter, we indicated whether you must file an annual information return. If a return is required, you must file Form 990, 990-EZ, 990-N, or 990-PF by the 15th day of the fifth month after the end of your annual accounting period. IRC Section 6033(j) provides that, if you don't file a required annual information return or notice for three consecutive years, your exempt status will be automatically revoked on the filing due date of the third required return or notice.

For tax forms, instructions, and publications, visit [www.irs.gov](http://www.irs.gov) or call 1-800-TAX-FORM (1-800-829-3676).

If you have questions, call 1-877-829-5500 between 8 a.m. and 5 p.m., local time, Monday through Friday (Alaska and Hawaii follow Pacific Time).

4051091934  
May 03, 2017 LTR 4168C 0  
04-2518368 000000 00  
00030342

WAY FINDERS INC  
322 MAIN ST  
SPRINGFIELD MA 01105-2408


Sincerely yours,

*Stephen A. Martin*

Stephen A. Martin  
Director, EO Rulings & Agreements

DOCUMENTATION OF LEVERAGED RESOURCE OR CASH MATCH

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

Name of organization providing contribution	Way Finders, Inc.
Type of contribution	Match
Numbers of clients to be served with the contribution	9 families
Value of the contribution per client	\$1,809
Total value of the contribution	\$16,281
Name of project	Turning Point-Dwight/Clinton
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	Derek J. Morris
Title of person authorized to commit these resources	Chief Financial Officer
Signature of person authorized to commit these resources	
Date	8/9/19

